



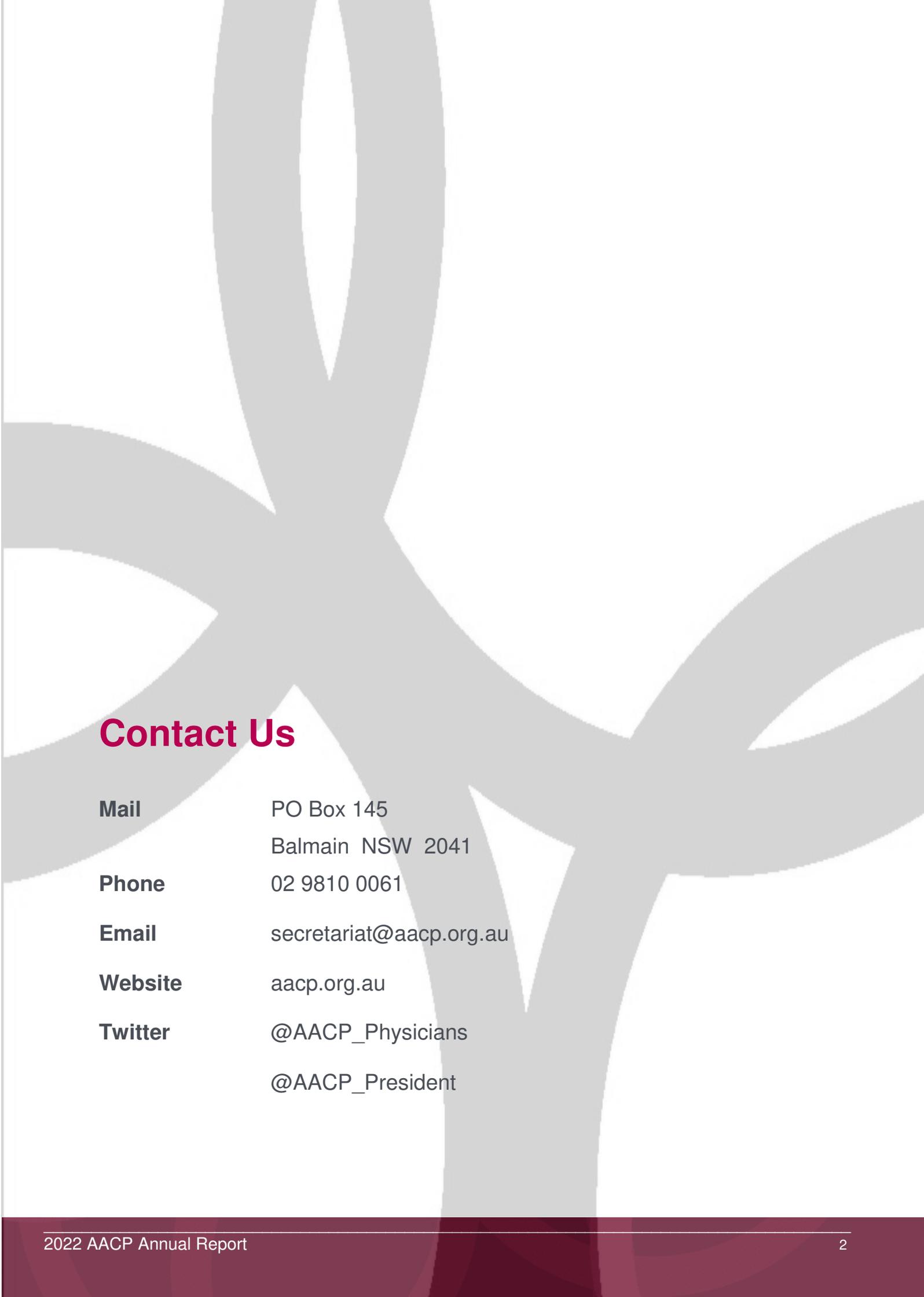
AACP

AUSTRALIAN ASSOCIATION  
OF CONSULTANT PHYSICIANS

**Australian Association of  
Consultant Physicians Ltd**

# **Annual Report**

**2022**



## Contact Us

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# CONTENTS

Contact Us	2
<b>Our Priorities</b>	
Our Mission	4
Our Vision	4
Our History	4
<b>Our Association</b>	
Who we are and what we do	5
Our People	6
Structure & management	6
<b>Our Advocacy</b>	
Message from our Chair	7
Our Objectives	8
Year in Review	9
<b>Our Finances</b>	
Financial Summary	10
<b>Forward Planning</b>	
Looking to 2023	11

## Our Mission

To provide national leadership in **advocating** for the professional interests of Australian consultant physicians and consultant paediatricians (CPP) and in so doing to build a workforce which meets the changing health needs of the Australian community.

## Our Vision

- Make CPP practice an attractive, **REWARDING**, and viable career pathway for medical graduates.
- Undertake activities that **ENHANCE** the sustainability of CPP practice.
- **IMPROVE** the level of fees for Medicare benefit for CPP services.
- Be a self-sustaining organisation that adds **VALUE** to CPPs in Australia.

## Our History

The AACP was founded in **1989**. The original charter sought to promote maintain and improve the highest standards of patient care in the community as well as to represent the professional interests of consultant physicians.

In **2005** the AACP embarked on a new program to promote the professional interests of the consultant physician and paediatrician workforce and to support them in delivering high quality care to their patients.

## Who we are and what we do

The Australian Association of Consultant Physicians (AACP) is the only organisation that represents all Australian consultant physicians and paediatricians in practice, economic and related workforce matters that affect the sustainability of consultant physician and paediatrician practice.

The AACP seeks to enhance the level of Medicare rebates available to your patients for your services and to achieve appropriate ongoing recognition of the advanced training and skills of all consultant physicians and paediatricians.

There is a complementary working relationship between the AACP and the Royal Australasian College of Physicians (RACP). However the RACP, under its Memorandum and Articles, cannot engage directly in matters such as Medicare fees and the rebates available to your patients. For this reason, the AACP was formed.

### The AACP focuses its efforts in the following areas:

- **influencing government policy** on a range of issues particularly relevant to consultant physicians and paediatricians.
- **increasing the Medicare benefits** available to patients for professional attendance items for consultant physicians and paediatricians, with particular recognition of the increasing complexity of care required by many patients.
- **improving the level of Medicare benefits** available to patients of all Fellows of the RACP.
- **supporting consultant physicians and paediatricians** who practice in outer urban, rural and remote areas through representations on issues that affect non-metropolitan practice.
- **encouraging career development** across the consultant physician and paediatrician workforce.
- **working with the RACP** on issues relevant to the consultant physician and paediatrician workforce where a joint approach is appropriate

## Our people

AACP has a dedicated Board of Directors who generously share their time, knowledge and expertise to progress the mission and purpose of the AACP.

### Board Members

Name	Position	Director Since
<b>Terry Stubberfield</b> MBBS (Hons), DipRACOG, DCH, FRACP	President	2017
<b>John Swieca</b> MBBS, FRACP	Vice-President	2019
<b>Nancy Bilkhu</b> MBBS, MD, FRACP	Treasurer	2018
<b>William Heddle AM</b> MBBS, MD, FRACP, FCSANZ, FHRS	Director	2005
<b>Andrew Nunn</b> MBBS FACRM, FAFRM	Director	2005
<b>Anthony Roberts</b> MBBS, FRACP	Director	2020

AACP employs two part time staff members.

### Staff

Name	Position	Employee Since
Janine Sargeant AM	Secretary and Executive Officer	2008
Kyla Egan-Hirst	Administration Officer	2007

## Structure & Management

The AACP is incorporated as a Company limited by guarantee operating as a not-for-profit organisation.

In accordance with the AACP's charter (**AACP Memorandum and Articles**), its activities are directed by a Council.

## Message from our Chair



**Dr Terry Stubberfield**  
President, AACP

**I am pleased to present the AACP's first Annual Report. This report highlights our commitment to the consultant physician and paediatrician (CPP) workforce.**

First, I would like to thank my fellow Board members for their contributions and commitment to the AACP throughout the year.

There is much to reflect on and hurdles to consider in continuing to advocate for and respond to the many current issues confronting CPP's.

Central to the role of the AACP and other physician specialty organisations is improving the understanding on the part of policy makers of the role CPP's have in providing complex medical care to members of the Australian community.

In addition to the AACP's activities in relation to maintaining the relevance of the MBS to the role of CPPs, the AACP has responded to the changing health environment that has been driven recently by the COVID pandemic and more recently by the new Federal Government which is implementing its health policies. The AACP is seeking recognition of the increasing role of CPPs in medical education, at all levels, and is engaged in establishing a closer relationship with our College and associated organisations.

### **Thank you**

Finally, on behalf of the Board I would like to thank all our valued members for their continued support throughout the year.

## Our objectives

### National leadership and advocacy

Provide strategic leadership to inform and influence policy development and its implementation on issues of significance to the consultant physician and paediatrician (CPP) workforce.

Identify issues and establish an agenda of priorities to build capacity in the CPP workforce.

### Establish / maintain credibility

Establish effective linkages to and with members of Government and Opposition as well as senior officers of the Department of Health.

Identify effective mechanisms for communication and consultation with key stakeholders: RACP, the CPP workforce and in particular the membership of the AACP.

Develop strategic alliances with appropriate national bodies advocating the interests of the medical profession.

### Policy development and project planning

Set agenda by identifying issues of significance to CPP workforce.

Establish operational framework and resources for policy development.

Establish consultative framework for policy development, submissions and reports with members and appropriate organisations.

### Sustainable organisation

Ensure financial security.

Establish effective operational management.

Implement effective corporate governance.

## Year in Review

Over the past few years our association has been challenged by the COVID-19 pandemic. As the pandemic continued to impact consultant physicians and paediatricians the AACP's main focus was on providing timely support to our members. We look forward to continuing to bring new initiatives and value to our members now the pandemic is being managed as part of ongoing health care.

Following are the highlights of the activities the AACP undertook to achieve our objectives.

### Telehealth – A key issue in 2022

In July 2022, the Government decided cease Medicare benefits for all but one of the telephone consultation items, while retaining access to all video items. The AACP advocated strongly for the creation of the telephone and video items at the beginning and throughout the COVID pandemic when patients were unwilling or unable to attend consultations personally. Telehealth ensured that essential medical care was able to be maintained through this period. However, the telehealth arrangements also highlighted a deficiency in the existing attendance items which, to some degree, has been addressed with the retention of the video and one telephone items.

### Submissions

The AACP made a number of submissions including to the Australian National Audit Office (ANAO) regarding a performance audit of telehealth and presented Budget Briefing and Health Policy documents (*Priorities for The Federal Budget Discussions and Medicare Funding In 2022-23 And Beyond*) to both the previous and present Governments.

The AACP has continued to advocate for recognition in the MBS of the need for longer consultations for any patient with very complex medical needs.

### Media

#### Media releases

AACP's media statements on telehealth included the following in relation to the cessation of most telephone items:

#### **GOVERNMENT'S DECISION REMOVES ACCESS TO PHONE CONSULTATIONS**

*The Federal Government today decided not to extend access to telephone consultations for patients of consultant physicians and paediatricians. AACP President Terry Stubberfield, a rural paediatrician, said:*

*"This decision will have a major impact on many patients – the elderly, the immuno-compromised such as patients undergoing cancer treatment, those with chronic conditions, those living in rural and remote areas – for various reasons these patients will be the most disadvantaged due to their lack of internet, their inability to use the technology, the need to travel long distances, or the need to avoid crowded situations and travel if at all possible."*

#### Social media

In recent years it became apparent that the AACP needed to modernise the way we engage with our members. With the challenges that the pandemic brought it showed that the most effective way to engage with our members was online and via social media. We continue to increase our use of these platforms.

## Communication

### eNews

The AACP has increased the frequency of communication with members via our e-news. This became an important way for distributing information during the pandemic when there were rapid changes to health policy that affected our members.

Our average email open rate is **59%**, and our click rate is **10%** - both well above industry averages, and an increase from the previous 12 months.

### New Website

In January 2022 AACP launched a new website which included the member portal. The member portal allows members to update their details and renew their membership online. It also allows greater flexibility for the Secretariat when working remotely. The website will be an active resource for our members providing up-to-date information relevant to members. We hope you enjoy using it.

## Membership

The AACP membership totalled 407 at 31 December 2021 (membership year aligns with the calendar year, 1 January – 31 December).

As growth of our membership is essential for the viability of the AACP we continue to refine our membership offerings and have introduced an Advanced Trainee membership category. This membership category is free for the duration of their training, and will allow the AACP to engage with more of the profession and grow our membership base to strengthen our representation.

The AACP is a not-for-profit association with a volunteer board and a part time Secretariat.

Membership fees go directly towards supporting the advocacy work of the Board and Executive representing the Association.

## Financial summary

The 2021-22 financial year shows AACP's revenue was lower than the previous year, with a decrease in membership revenue. This was budgeted for as we were in the height of COVID-19 lockdowns and membership recruitment activity was adjusted.

It should be noted that AACP's activities are funded solely by membership revenue.

Detailed financial information may be found in *The Australian Association of Consultant Physicians Limited (a company limited by guarantee) ABN 91 003 881 230 Financial Report for the Year ended 30 June 2022 and the Independent Audit Report to the Members of The Australian Association of Consultant Physicians Limited.*

## Looking to 2023

As the restrictions in relation to COVID-19 have largely been removed there are more opportunities for engaging with Government and advocating on behalf of consultant physicians and consultant paediatricians. We are hopeful that we will also see an increase in member numbers.

The change in Federal Government inevitably has changed priorities for health and the concerns about general practitioner shortages across the country. At the same time the lack of interest among medical students in Australia to take up general practice has highlighted the need for different approaches to the delivery of consultative medicine. The AACP is responding to these issues and has identified to Government the ongoing and valuable role of consultant physicians and consultant paediatricians in contributing to the delivery of primary care and the management of chronic medical conditions, in addition to their provision of secondary and tertiary care for patients referred by GPs.

These are important partnerships in the delivery of medical care and need to be reflected in Government policy and assessment of future demands and solutions, an issue that is being addressed by the AACP.

The MBS Review that was completed in 2021 is understood to be the subject of further discussion by the Department. The AACP remains concerned about the recommendation that time-based consultations be introduced. There has been no compelling reason given for this recommendation and a lack of economic detail has prevented proper consideration of the proposition. The AACP has opposed such a change without evidence that a time-based structure will benefit both patients and CPPs.

## Planned activities

The AACP will continue its advocacy in a number of areas including:

- greater recognition of the expanded role of CPPs in supporting primary care and the management of chronic medical conditions, in addition to their provision of secondary and tertiary care for patients referred by GPs.
- the capacity of CPPs to assist in addressing the general practitioner shortages across the country through their management of patients with chronic and complex conditions;
- to work with the RACP to enhance understanding of the valuable role of consultant physicians and consultant paediatricians;
- for greater understanding of the role of CPPs to be reflected in Government policy and assessment of future health system demands and solutions;
- tangible support for CPPs who provide training and education to medical students, interns and GP registrars where there is presently no support provided;
- opposition to the introduction of time-based attendance items; and
- recognition in the MBS of the need for longer consultations for any patient with very complex medical needs.