

What does "advocacy" really mean?

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While there are numerous benefits to AMA membership, I think the two key benefits we get are industrial/legal representation and protection, and advocacy to help make a better health system for us to work in, achieving better outcomes for our patients.

Advocacy is often at the top of the priority list when members are asked what they want from a representative organisation. However, it is worthwhile reflecting on what this really means, and especially how it can be most effectively achieved. And it is worth thinking about what constitutes success in advocacy.

The dictionary definition of advocacy is "the act or process of supporting a cause or proposal". In practice, it is the act of trying to influence a policy to produce a desired (better) outcome.

I have heard it said that "all you need in Canberra is a $200k-per-year lobbyist". Well, if that's all you have, you are not going to get very far.

Lobbyists can put forward a point of view – and if government policy aligns with that view, they may get an outcome. But truly successful advocacy involves building long-term trusted relationships.

This means being involved in advising and formulating policy as much as possible from the ground up; and being prepared to compromise and deliver to government what they also see as good outcomes.

Around 90% of advocacy involves working in partnership, being proactive, and producing positive outcomes. Only a minority involves arguing and fighting against government policy.

Although when we do this, it is very important that we have political capital that is feared by government, and a public presence and reputation that is also feared.

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So how does this work in practice?

It is largely grinding, repetitive and time-consuming work to ensure we have representation at all levels – people sitting on as many government committees as possible; and regular meetings with politicians and bureaucrats. It also involves painstaking and ongoing work with non-government stakeholders.

The AMA is fortunate to have many members who contribute to this, often for little or no remuneration. But it also requires dedicated, highly skilled staff to co-ordinate and drive this. And this occurs at both state and federal level.

Your membership is effectively buying powerful influence through all the ongoing work behind the scenes. You may not think of some of this as advocacy for your issues – but this work is buying the influence that means when your issues are raised by the AMA, those in power are prepared to listen.

Underneath all this lies an awful lot of internal debate, development and review of AMA policy.

The starting point for any advocacy is to have a well-researched, sound, evidence-based policy position. Some major policies I have spent years following through internal AMA processes, external reviews, collaboration with stakeholders, and then extended discussions with government. Patience is a key element of being an effective advocate!

A side benefit of all this work is that we can often shape policy positively from the ground up. By sitting on the MBS Surgical Review Committee, for example, I was able to ensure recommendations to increase rebates for some GP items that would have been simply overlooked had I not been there. And we got a COVID vaccination after-hours item number because during a meeting I became aware it was overlooked, and insisted that it be recommended to the Minister as a necessary inclusion.

On numerous occasions, policy ideas that would have been disastrous have been floated within committees, and we have had the opportunity to shut down or modify these. Unfortunately, this is the kind of thing we cannot publicise to members, as we are usually constrained by confidentiality clauses. And it's pretty hard to make a big deal about something that never saw the light of day!

How do we measure success?

This is a key question, as it is not often we get everything we want handed to us. I have sat on committees such as the Wound Management Working Group, the MBS review and the ECG committee, and only seen results years down the track – and, in some cases, only partial implementation.

Please continue your support and encourage your colleagues to do so. The stronger the AMA, the better the outcomes for us all.

However, we have to remember that if it wasn't for the AMA being in there and doing this work, we would not have got anything. Progress in Australian health is nearly always incremental. But we must not lose sight of the vision and the path we want to follow.

Another measure of success is who will pick up the phone, and who will meet with you upon request. I have personally seen Health Ministers and Prime Ministers do this for the AMA, and ask for (and appreciate) valuable confidential advice in difficult situations. And I have seen some policies where the AMA logo has simply been replaced by a government one and the AMA policy adopted in its entirety. That is surely one definition of successful advocacy.

I hope this gives some flavour of what goes on behind the scenes. We all wonder where our membership money goes. To be truly effective requires all this major ongoing effort by the AMA. Without it, you would have no voice at all.

The alternative to AMA advocacy is to be entirely at the mercy of government, with no influence. Over the years, we have managed to change a lot of things, and we are still doing so. Please continue your support and encourage your colleagues to do so. Your money is being well spent. And the stronger the AMA, the better the outcomes for us all. ■