



**AUSTRALIAN MEDICAL ASSOCIATION**  
(SOUTH AUSTRALIA) INC.  
ABN 91 028 693 268

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Dear Dr Russ

**Re: ICAC 'Lobbying and Influence' discussion paper**

On behalf of the Australian Medical Association in South Australia (AMA(SA)), thank you for the opportunity to provide feedback on the Independent Commission Against Corruption (ICAC) 'Lobbying and Influence' discussion paper. Over time, AMA(SA) has had cause to comment on several of the important matters ICAC has investigated and examined, including possible 'double dipping' in employee payments and calls for an open inquiry into maladministration of the Oakden mental health facility. We have appreciated the opportunity to provide this input and hope it has been valuable in determining ICAC actions and outcomes.

In providing feedback to 'Lobbying and Influence', AMA(SA) notes the comment on page 1, sourced from the OECD, that:

'(l)obbyists, as well as advocates and all those influencing governments, represent valid interests and bring to policy makers' attention much needed insights and data'.<sup>1</sup>

As a branch of the federal Australian Medical Association, AMA(SA) is such a 'lobbyist' – an organisation that capitalises on its membership and position of trust in the community in gaining access to politicians and leaders of government departments, and particularly in this state the Department of Health and Wellbeing. We appreciate this access and the ability it confers in explaining to decision-makers why health-related policies and practices are advisable or otherwise. As such, we are aware of the potential benefits of lobbying and lobbyists in the operation of governments and other enterprises.

However, the possibility exists that this access – direct or otherwise – can be used for less than altruistic purposes, and AMA(SA) appreciates the work of ICAC in identifying and illuminating instances where this can occur or there is a risk of it occurring. As highlighted in the *Yes Minister: Corruption risks associated with unsolicited proposals* report released in February 2023, influential players, inside and outside government, can purposefully or innocently influence decisions with significance for South Australians, their businesses and their wellbeing.

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<sup>1</sup> OECD, Recommendation of the Council on Principles for Transparency and Integrity in Lobbying, OECD/ LEGAL/0379, quoted in 'Lobbying and Influence' discussion paper, page 1

In this submission, AMA(SA) limits its comments on the paper that relate directly and indirectly to areas that may affect the operations, capacity and transparency of the health system in this state.

We believe it is of utmost importance that all procedures and policies within the health system, including those relating to financial matters but also those that establish practices and protocols across the health system, both public and private are, and are seen to be, free of corruption and act to minimise the possibility of mismanagement. Similarly, the interactions between the private and public sectors of the health system must be free of corruption and can be trusted by everyone involved as being free of corruption. As we have commented previously, as both taxpayers and members of the state's health system, the clinicians who comprise our membership expect that systems are in place to ensure issues relating to financial mismanagement are identified and addressed as quickly as possible, with the openness and transparency required of a publicly funded entity. There must be scrutiny of the financial arrangements for all staff members, contractors and consultants, such that any opportunity for or incidence of practices such as 'double dipping' that have been examined by ICAC in the past and may add costs to the health system and do not 'pass the pub test' are highlighted and addressed.

We know, too, that any inquiry of misconduct, corruption or other malfeasance can affect not only those being questioned but others in the workplace who are acting ethically and with the utmost integrity. As we noted in an earlier submission, it is this 'ripple effect' that can affect the morale and culture of a workplace. While AMA(SA) is supportive of investigations that illuminate and eventually abolish corruption, at the time and in future, we ask that consideration always be given into how these investigations may affect a workplace and staff, especially in a period of excessive workloads such as that health workers have endured for the past four years.

**1. The definition of 'lobbying' and 'lobbyist'**  
**2. The regulation of the 'lobbied' party**

As noted above, AMA(SA) acknowledges that it 'lobbies', and so collectively we are a 'lobbyist'. However, our activity is solely as an advisor; we act on behalf of the medical profession in its efforts to support and improve the health system and its capacity to offer best-practice care for South Australians.

There are frustrations when our efforts are countered by other 'lobbyists' with significant financial resources or relationships that can be exploited for profit. For example, in the federal sphere, the recent work by AMA to introduce 60-day dispensing of prescriptions, which will reduce the cost of some medications for consumers already challenged by cost-of-living increases, have been stymied by Pharmacy Guild arguments that we on the record as suggesting are not altruistic in intent yet are having an impact on some decision-makers.

As such, we suggest that lobbying disclosure requirements should be increased and that the lobbying of government officials be a matter of public record, including the cross-referencing of interactions of any kind, including those that may influence legislation or decisions about projects or policies.

We also recommend broadening the definition of 'lobbyist'. As explained on page 7 of the discussion paper, the Act prohibits a person from engaging in lobbying unless they are registered, yet 'lobbying' conversations can occur between individuals at events ranging

from private events to pre-Budget media releases outlining Budget priorities for their sectors. We suggest the term 'lobbyist' be reviewed for its usefulness and relevance.

### ***In-house lobbyists***

... (A) person does not engage in lobbying if they act as an 'in-house lobbyist'; that is, if they communicate with a public official on behalf of an organisation or individual by whom they are directly employed.<sup>2</sup>

We suggest that the exception to the definition of lobbying, in excluding in-house lobbying, does not 'pass the pub test' and recommend it be reviewed and updated. For example, we suggest a member of the public would consider an employee of a radiology services provider speaking to the Minister of Health or Minister for Trade and Investment and Planning about building new premises on parklands to be 'engaging in lobbying'.

### **3. The 'revolving door' of lobbying**

AMA(SA) recognises the value of corporate knowledge and 'history' within an organisation. As such, there are times when it is advantageous to appoint former public officials to lobbying or other positions. However, as noted in the discussion paper, these moves can bring risks to the integrity of all parties involved in future interactions, which may be, or seen to be, influenced by the lobbyist's past position and relationships.

As an organisation with and founded on clear and publicly available ethical values, AMA(SA) supports greater transparency on the individuals lobbying government decision-makers and the entities and causes they represent. We suggest post-separation employment reporting requirements that include publicly accessible records would help ensure open and transparent operations of lobbyists and decision-makers.

### **4. Lobbying and local government**

AMA(SA) suggests local government activities should be captured in efforts to identify and record lobbying efforts.

AMA(SA) welcomes opportunities to discuss means to increase the openness and transparency of Department of Health and Wellbeing operations and policies. Please contact me at any time if you wish to discuss any of the issues raised in this letter, by calling or emailing Executive Assistant Ms Leonie Thomson on 8361 0109 or at [president@amasa.org.au](mailto:president@amasa.org.au).

Yours sincerely



**Dr John Williams**

President AMA(SA)

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<sup>2</sup> 'Lobbying and Influence' discussion paper, Appendix A, page 7