COPS Submission - Inquiry into access and affordability of medical specialists

> *"More Australians visited medical specialist in the last year and more regularly. With no change to the average amount they spent per visit, it was this volume that helped drive overall spending higher."* – CommBank Insights Series 2026, Household spending on Health Services in Australia

1. The Council of Procedural of Specialists (COPS) welcomes the opportunity to examine the important issue of Australians' ability to access medical specialist care, including the affordability of medical specialist care.
2. Medical specialists including procedural specialists treat around a third of the Australian population every year and are acutely aware of the financial pressure and hardship that many Australians are facing due to individual circumstances and general increases in the cost of living.
3. Australia's medical specialists, including procedural specialists, are highly regarded and trusted by Australian patients because of their ability to deliver highly valued innovative quality-of-life medical treatment that relieves pain, restores health and function, and enhances life and workforce productivity.

COPS supports:

1. The **freedom of Australians** to choose their own doctor without commercial or government interference or coercion.
2. The **independence of the Australian medical profession** to act in the patient's interest, free from the influence or coercion of government or commercial agendas.
3. The **protection of patients via a legal duty of care** which holds all medical practitioners legally liable for all treatment they deliver.

4. The **maintenance of quality standards of medical training, service delivery and ethical behaviour** through independent medical colleges and clinician-led medical registries to support evidence-based medical practice.

5. The **requirement for informed consent** to all medical treatment and the associated costs before treatment commences, and college-led standardisation of informed financial consent procedures.

6. The **maintenance of Australia's balanced public / private healthcare sectors**, which has resulted in the delivery of world's best health outcomes[1] and has preserved essential freedoms for Australians, including the freedom to choose a medical practitioner.

7. The urgent **expansion of public hospital outpatient clinics** to provide additional medical specialist services to Australians who are unable to afford private specialist services, supported by the **appropriate financing of public hospitals** (Hospital Medicare) and the **Medicare safety net** (Medical Medicare).

8. The **contribution of private medical specialists to the public hospital system** through Visiting Medical Officer (or equivalent) roles, where procedural specialists bear the fixed and ongoing costs of maintaining private practices while undertaking public hospital work.

9. The **removal of restrictions on the publication by medical associations of indicative fee schedules** to inform patients of the range of fees being charged in any particular medical specialty, in addition to the Medical Cost Finder website.

10. The **right of medical practitioners** who have successfully met the qualification requirements to become a medical specialist to establish a private practice and **to independently value their own services** (and hence obtain a return on their investment in education and training) within appropriate consumer protection legislation.

11. **Accountable and transparent fee-for-service medicine** as the most efficient and effective way of ensuring the ongoing supply of quality medical services in the private sector, working alongside and in co-operation with Australia's public hospital system.

12. The principle of **community rated private health insurance** supported by tax incentivised health savings accounts.

[1] Commonwealth Fund Report Sep 2024

COPS does NOT support:

1. **Government or commercial intervention into the doctor/patient relationship**, or arrangements that amount to the micro-management or direct or indirect coercion of clinical medicine by third parties.
2. **Opportunistic behaviour by medical or health practitioners** regarding third party payment systems, and/or the exploitation of patients.
3. **The differential rebate scheme** where patients who choose doctors outside insurer preferred provider networks are penalized with lower rebates (larger out of pocket payments). Patients should receive the same rebate for the same medical service regardless of choice of doctor.

The Facts

1. **The percentage of Australians reporting financial hardship which delays their ability to access private medical specialist care is a problem that has been relatively constant over the last 15 years.**
    b. ABS data shows that in 2010, 11.9% of Australians reported delaying specialist treatment due to costs. In 2024-25 the figure dropped to 8.6%.[2] (This is an average of 8.4% of Australians per annum.[3]) (See Table 2)
    c. The annual percentage ranged from 5.9% (2020-21) to 11.9% (2010-11).[4]
    d. In 2024/25, 9.8m (37%) Medicare-subsidised specialist consults were bulk billed.[5]
2. **Australia's private medical specialists are supplying an increasing number of private medical services to Australian patients.**
    a. In 2024-25, Australia's medical specialists delivered 35.6 million attendances (26.8 m non-hospital & 8.8 m in hospital).[6]
    b. In the 10-year period to 2024-25, medical specialists' attendances grew by 23.6% (AIHW) compared to 15.9% increase in population (ABS).[7]
    c. In 2026, the average patient visit frequency to medical specialists was 5.5 p.a., an increase of 2.4% on the previous year.[8]

[2] ABS Patient Experiences 2024-25
[3] ABS Patient Experiences 2024-25
[4] ABS Patient Experiences 2024-25
[5] AIHW Referred Medical Specialist Attendances, 9 July 2026
[6] AIHW Referred Medical Specialist Attendances, 9 July 2026
[7] ABS National State and Territory population, June 2025
[8] CommBank Insights 2026 Patient Experiences – Household Spending on Health Services in Australia

d. The percentage of the Australian population accessing private medical specialist Medicare-rebated services since 2010 has been consistent at around 33% each year.[9]

e. Australia's total clinical specialist workforce increased from approximately 24,500 in 2011 to 46,399 in 2024, an increase of about 89%.[10] Additionally, in 2024, there were 19,428 specialists in training. [11]

f. Despite an aging patient population, Australian medical specialists have maintained their level of service to the Australian population at 115 consultations per 100 people over the decade 2014/15 – 2024/25.[12]

g. In 2024–25, there were 3.1 million hospitalisations involving surgery, with 58% occurring in private hospitals and 67% of elective hospitalisations involving surgery being performed in private hospitals. [13]

3. **Australian private medical specialists have been rapid adopters of new medical technology and treatment modalities, including telehealth, day surgery and minimally invasive procedures.**

   a. Over the last decade, specialist telehealth consultations have increased from approximately **100,000 per year to around 4 million per year**,[14] significantly expanding access to specialist care, particularly for patients in regional and remote Australia.

   b. Australian medical specialists have also been early adopters of advances in **day surgery and minimally invasive surgical techniques**, including laparoscopic procedures, which developed internationally from the 1960s and were subsequently adopted and refined in Australia.[15]

   c. These innovations have enabled many procedures that previously required longer inpatient hospital stays to be performed with shorter admissions or as day procedures, improving patient convenience, increasing hospital efficiency and contributing to the accessibility and affordability of specialist procedural care.

   d. By 2014–15, private medical specialists in private hospitals were responsible for about **70% of same-day elective surgical admissions.**[16]

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[9] AIHW, Referred medical specialist attendances**,** 9 July 2026
[10] AIHW Medical Workforce 2011, Federal Department of Health Summary Statistics Medical Profession, 18 Sep 2025
[11] Federal Department of Health, Summary Statistics Medical Profession, 18 Sep 2025
[12] AIHW, Referred medical specialist attendances, updated 9 July 2026, Age-adjusted Consultations Measure
[13] https://www.aihw.gov.au/hospitals/topics/admitted-patient-care/surgery-and-other-interventions
[14] AIHW, Referred medical specialist attendances, section on telehealth, 2026
[15] Advances in Germany, UK and the US all contributed during this period.
[16] AIHW, Admitted patient care 2014–15: Australian hospital statistics, Table 6.37

> *"The growth in payments for online consultations was faster than in-practice, signalling higher adoption of telehealth services among specialist patients. Younger patient spending was also at or near the national average and the growth rate for regional areas was higher for most states and territories"* – CommBank Insights Series 2026, Household spending on Health Services in Australia

4. **Direct spending by Australians on their healthcare has remained consistent over the last 15 years.**

   a. Australians pay 100% of Australia's total healthcare bill either by taxation, Medicare levy, private health insurance premiums or out of pocket costs (direct spending).

   b. Direct spending by individual Australians on their healthcare has averaged 16.4% of all healthcare spending over the last 15 years.[17]

   c. The direct spending share of total healthcare spending fell from 17.1% in 2009–10 to 16.3% in 2023–24**,** a decline of 0.8 percentage points.[18] (See Graph 1)

   d. In the 12 months to 31 Jan 2026, the average spend per visit on medical specialists declined by 0.1%[19] and Australians spent more on an average visit on veterinary care than they did on medical specialists, pharmacy, dental or allied health.

	Average spend per individual, year to 31 Jan 2026	Percentage increase from previous 12 months	Average spend per visit, year to 31 Jan 2026	Percentage increase from previous 12 months
Medical Specialist	$853	+2.3%	$155	-0.1%
Pharmacy	$750	+7.9%	$45	+7.3%
Dental	$790	+3.0%	$330	+2.9%
Allied Health	$451	+5.2%	$82	+4.1%
Veterinary	$898	+4.1%	$265	+6.0%

Source: CommBank Insight Series 2026 Household Spending on Health Services in Australia.

[17] AIHW Health expenditure Australia annual series, Health Expenditure by Source of Funds, Data Tables 2010-2024
[18] AIHW Health expenditure Australia annual series, Health Expenditure by Source of Funds, Data Tables 2010-2024
[19] CommBank Insight Series 2026 Household spending on Health Services in Australia

5. **Private medical specialist fees need to be seen in their context.**

   a. Medical specialists in private practice have set their own fees since the start of European settlement in 1788. This period included the Great Depression and 2 World Wars.

   b. This period has also seen a consistent expansion in the private healthcare sector and in the number of private medical practitioners delivering highly valued services to an increasing number of Australians.

   c. The AMA Fee schedule uses standard economic methodology to adjust for rising practice costs and is a relevant measure of private specialist fee movements. It is also the only fee schedule authorised by the ACCC.

   d. Private medical specialist fees are set in a competitive market, with patients having unrestricted choice of specialist.

   e. Fees charged for private specialist care are practice revenue, not specialist income. There is a wide mix of business and practice models in the private healthcare sector, including solo specialist, specialists in group practice, practices with high capital and technology needs, and multi-disciplinary team practices. One size does not fit all.

   f. Private medical practitioners charge fees, not gaps. Out of pocket costs occur when Medicare and private health insurance rebates do not fully cover the specialist fee.

   g. The value added by private medical specialists is reflected in the medical fee. Under competition law, each medical practitioner is required to independently value their services. The valuation of any service, including a medical service, is ultimately determined by the end-user. Medical practitioners cannot be successful without patients valuing their service.

> *I'm not going to get into arguments about whether they're too much or too little. The reasons for specialist fees can vary. The costs of specialist practice are quite expensive. The training is now very prolonged. Many people go into medicine after a first degree. Their medical degree is their second degree and their specialist qualifications are often their third degree. The costs of running a practice, including insurance, have increased a lot. Rents have increased a lot. Equipment fees, which some specialists, such as ophthalmologists, require have become more and more expensive. The Medicare rebates haven't kept pace with the actual costs of doing medical business, if I can put it that way.*
>
> – Dr Michael Freelander, Member for Macarthur & Chair of the House of Representatives Standing Committee on Health, Aged Care and Disability, Hansard 25 March 2026

6. **Attributing rising out of pocket costs only to increasing medical fees is misleading and factually incorrect.**

   a. COPS strongly refutes the inference that increases in patient out of pocket costs for medical specialist consultations are the result of escalating private medical fees.

   b. Prof Murphy quotes **an increase of 136% in the average out of pocket gap payment over 15 years** for patient-billed, out of hospital specialist attendances (citing $49.56 in 2010/11 and $117.18 in 2023/24).[20]

   c. The above is being used as justification for government intervention into medical fees.[21] However, the facts are that **the AMA fee for consults over the same 15 year period increased by 50%** (not the 136% that is implied).[22]

   d. Calculating **the average fee charged for specialist consultations** (Item 104) by adding the MBS rebate and the average out of pocket cost reported by Prof Murphy shows an increase from $118.31 in 2010 to $201.33 in 2024, **an increase of 70%**.

   e. Over the same period, **the Medicare rebate increased by only $15.40** (over 15 years), **or 22%**.[23]

   f. The above figures do not include any bulk billed specialist attendances.

   g. In 2010, the average medical specialist consultation fee was 81% of the AMA Schedule fee. In 2024, the average medical specialist consultation fee was 91% of the AMA Schedule fee, an increase of 10 percentage points over 15 years.

	2010	**2024**	**$ Increase 2010-2024**	**% Increase 2010-2024**
MBS Benefit for specialist consultation (Item 104 - 85%)	$68.75	$84.15	$15.40	22%
Reported **average patient out of pocket** for specialist consultation (Murphy)	$49.56	$117.18	$67.62	136%
Average fee charged (MBS benefit + patient OOP)	$118.31	$201.33	$83.02	70%

[20] Brendan Murphy, Specialist Fees and Out of Pocket Costs: A Challenge of our time, MJA 223 (10), November 2025
[21] Federal Department of Health Consultation Paper, Specialist Affordability: Options to address excessive fee charging
[22] AMA Fee Schedule
[23] CMBS online

AMA Schedule Fee (AC 500 – Specialist consultation)	[redacted]	[redacted]	$74.00	50%
Difference between Average fee charged and AMA Schedule Fee	[redacted]	[redacted]		
Average fee as percentage of AMA Schedule Fee	[redacted]	[redacted]		

Source: MBS July 2010 and July 2024

h. Hence the average medical fee increases of 70% are not the sole reason for the 136% increase in out-of-pocket payments for out of hospital specialist consultations in nominal terms. To suggest this is the case is misleading.

i. Medicare freezes, COVID-19 impacts, rising medical indemnity premiums, and changes in service mix all impact out of pocket costs.

j. Comparisons of medical data can vary widely depending on the starting point. Using the period 2005 to 2015, Prof Anthony Scott concluded, *"The volume of Medicare services provided by specialists grew by 4.3 per cent per year over the 10 years up to 2015–16. This growth accounted entirely for the growth in total fee revenue.* ***Prices*** *(average fee charged per service, including Medicare rebate plus out-of-pocket payment)* ***fell in real terms*** *by 0.15 per cent per year.* ***The median hourly earnings of specialists, from both the public and private sector, increased by just over 1 per cent per year.*** *This is less than real wage growth in the economy."*[24]

k. Prof Scott also explained the relationship between out-of-pocket payments and fee revenue: "*Total revenue earned by specialists from private fees grew by 7.1 per cent, or 4.1 per cent per year in real terms, over the 10-year period between 2007–08 and 2016–17 (Medicare Australia, 2018). This does not, however, mean that prices (total fee charged per service or out-of-pocket payments) have grown by this amount, as fee revenue is equal to the fee charged per service multiplied by the volume of services provided. Breaking these down, the volume of services provided grew by 4.3 per cent per year over the period.* ***The change in fee revenue per service provided was negative at –0.15 per cent per year in real terms****."*[25]

7. The AIHW ten-year reporting period for medical specialist fees is an accepted measure.

[24] Professor Anthony Scott, ANZ – Melbourne Institute Health Sector Report Specialists, 2018
[25] Professor Anthony Scott, ANZ – Melbourne Institute Health Sector Report Specialists, 2018

a. Over the 10 years to 2024/25, the **average referred medical specialist attendance fee increased in real terms by 0.9% p.a.**, rising from $156 in 2014/15 to $170 in 2024/25.[26]

b. *"During this period, the proportion of referred medical specialist attendance fees covered by Medicare decreased from 65% to 55%. This reflects a faster growth in specialist fees (36%) compared with the growth in Medicare benefits (14%)."*[27]

c. Over the 10-year period of 2014 - 2024, the AMA fee for consultations rose by an average of 33.7% against the CPI increase for the same period of 31.27% and the average public sector senior executive service salary increase of 36.58%. [28] (See Table 1)

d. Over the period 2014 – 2024, the AMA fees for 10 major procedures increased by an average of 33.40% (range was 33.17% to 33.57%). (See Table 3)

Table 1: Cost movements over 10-year period from 2014-2024

Measure	Percentage increase	Primary source
CPI	+31.27%	ABS CPI Tables 1-2
AC 500 AMA Fee Specialist consultation	+34.1%	AMA Fees List
AC 500 Medicare benefit — out of hospital (85%)	+15.67%	MBS Online
AC 500 Medicare benefit — in hospital (75%)	+15.65%	MBS Online
AC 510 AMA Fee Specialist consultation	+33.3%	AMA Fees List
AC 510 Medicare benefit — out of hospital (85%)	+16.52%	MBS Online
AC 510 Medicare benefit — in hospital (75%)	+16.53%	MBS Online
AMA fees for 10 major procedures	+33.4%	AMA Fees List (see table 3 in the Appendix)
AIHW reported increase in aggregate total fees for Medicare-subsidised specialist consultations (real)	+36%	AIHW Referred Medical Specialist Attendances
AIHW reported increase in aggregate Medicare benefits for specialist attendances (real)	+14%	AIHW Referred Medical Specialist Attendances
Full-time adult AWOTE (Average Weekly Ordinary Time Earnings)	+35.53%	ABS Average Weekly Earnings
Private-sector full-time adult AWOTE	+35.2%	ABS Average Weekly Earnings

[26] AIHW Referred Medical Specialist Attendances, 9 July 2026
[27] AIHW Referred Medical Specialist Attendances, 9 July 2026
[28] AMA Fee Schedule, ABS CPI Tables 1 & 2, 2014/15-2024/25, APSC Average Base Salary Measures not total remuneration.

Average taxable income – surgeons	+25.31% (2014-15 to 2022-23)	ATO / data.gov.au
Australian Public Service Senior Executive Service average base salary	SES1 +37% SES2 +35.83% SES3 +36.93%	APSC
Industry-average Private Health Insurance (PHI) premium increase (2015–2025)	+50.7%	Department of Health

8. **Private medical services are subject to consumer protection legislation in all states as well as under the National Law.**

    a. Under the National Law governing medical practitioners, the regulator has the power to sanction and remove medical practitioners who are found guilty of unprofessional conduct.

    b. State and Territory consumer legislation also protects patients from opportunistic and exploitative behaviour by unethical providers. All medical services must be delivered in a way that does not deceive the patient. State and Territory governments already have the power to introduce legislation and regulations that target unacceptable business practices.

9. **Private medical practitioners set their fees with consideration to the following.**

    a. Unlike other professions, private medical practitioners do not have corporate clients. To be successful, they must provide highly specialised and individualised professional medical services. This high level of service can only be maintained with the support of specialised and highly trained medical practice administrators and support staff, and up-to-date systems.

    b. All medical practitioners owe a legal duty of care to every individual patient for all advice given and any procedures undertaken. Medical indemnity cover is an essential insurance for a specialist medical practice regardless of its cost. Since premiums for medical indemnity insurance are calculated on a forecast risk-exposure model for the practice and for the class of procedures being delivered, there is considerable uncertainty as to sudden costs escalation. Any increase must be paid for from fee revenue.

    c. Private medical practitioners, like all businesses, must ensure that their practice is run profitably and in accordance with ASIC and all other applicable regulations.

d. Private medical practitioners operate under a high level of public scrutiny and professional accountability, creating significant reputational and clinical risk. Maintaining professional standing requires substantial ongoing investment in continuing education, credentialing, quality assurance and clinical risk management.

e. Private medical specialists need to recover the costs associated with lengthy training, periods of reduced earnings while qualifying, the risk of career-ending illness or injury, and the need to fund retirement from what may be only 15–20 years of practice at full professional capacity. These whole of life factors necessarily form part of the cost base considered when setting private fees.

f. Specialist medical practitioners, including those in private practice, have education and training requirements that can span between 15 and 19 years. By any professional standard, this is a considerable investment of time and lost income.

g. In medical specialties with high requirements for manual dexterity and precision, an adverse health event such as a tremor or injury can be career ending. There is also a limited time span of peak mental and physical performance.

h. Medical specialists work under Australian Competition laws which require them to independently value their own service and prohibit any collusion regarding the setting of medical fees. Australian Competition law is a framework set up by parliament for all professional services.

10. Successive Australian governments have failed to maintain realistic Medicare rebates

a. The table below shows the impact of declining Medicare rebates on various types of health services.

Type of service	**Percentage of provider fees covered by MBS March 1984**	**Percentage of provider fees covered by MBS March 2024**
Anaesthetics	83.58%	38.16%
Diagnostic imaging	89.82%	85.08%
GP attendances	88.62%	83.72%
Obstetrics	88.05%	36.87%
Operations	90.29%	47.53%

Optometry & Allied Health	93.55%	72.17%
Other MBS	87.29%	86.08%
Pathology	90.88%	94.04%
Specialist attendances	86.44%	51.19%

Source: AIHW Medicare Benefits Scheme MBS funded services - Supplementary data tables

11. Access to medical specialist services in public hospitals is rationed.

a. Although Australia has 47,147 FTE medical specialists and 21, 282 FTE specialists in training, public patient access to their services is determined by government policy. Private specialist orthopaedic surgeons working as Visiting Medical Officers or equivalent in the public hospital system consistently report considerable restrictions on the amount of operating time they are allowed for public elective surgery, whilst younger surgeons looking for VMO public hospital appointments are reporting fewer opportunities.

b. The bottom line is that **access to elective surgery in public hospitals for low-income patients is constrained by government policy**, i.e. rationing, not by any lack of desire by private medical specialists to provide services to vulnerable Australians in the public hospital system.

12. Patient affordability of private treatment in private hospitals is impacted by changes in private health insurance.

a. Private medical procedures mainly take place in private hospitals utilising private health insurance.

b. In the last 10 years, **the number of private health insurance policies with exclusions increased by 112%**,[29] leading to a significant increase in the out-of-pocket component of treatment costs (cover gap). See Graph 2.

c. In the last 10 years, industry **average private health insurance premiums have also increased by 50%**,[30] adding momentum to the above.

d. According to the AMA Private Health Insurance Report Card 2025, "*in June 2025, 360,000 fewer gold-tier policies (covering 743,000 Australians) were held compared with the start of the pandemic (March 2020 quarter). This occurred despite a total increase of 640,000 policies (covering 1.3 million*

[29] https://www.apra.gov.au/sites/default/files/202508/Quarterly%20Private%20Health%20Insurance%20Membership%20Trends%20June%202025.xlsx

[30] Compounding the Department of Health industry-average approved annual premium changes from 2015 through 2025 gives approximately 50.66%. Individual policy changes can differ from the industry average.

people) over the same period. Since the September 2023 quarter, there have been more silver than gold-tier policies held in Australia."

e. The above highlights the fact that while more are insured, less is covered.
f. Many patients will only realise the extent and impact of deficiencies (exclusions) in their private health insurance cover immediately prior to undertaking a medical procedure in the private sector.
g. According to the Commonwealth Ombudsman State of the Health Funds Report of March 2026, an average of 89% of hospital related charges were covered by private health insurance and 87% of medical services had no gap. A further 10% of medical services were covered by the health fund no gap schemes, resulting in **97.1% of medical services being covered by no or known gap schemes**.[31]

Summary

1. The proposition that a recent rise in Australian medical specialist fees is responsible for the difficulties some Australian face accessing specialist medical care is **not supported by the evidence**.

2. The evidence shows that issues associated with affordability of specialist care for vulnerable Australians are long standing and ongoing issues of public sector capacity and **need to be addressed with urgency**. (See recommendations.)

3. Government co-operation with and support for Australia's medical specialists, rather than punitive approaches, is the best way to address this long-standing difficult issue.

4. Australia's private medical specialist workforce can be better utilised to provide more public sector medical services for vulnerable Australians.

5. Existing consumer legislation in all States and Territories is able to provide scrutiny and redress for opportunistic and exploitative behaviour of all businesses, including private medical practices.

6. Private medical practice in Australia is not perfect. But Australia's private public health sector balance is infinitely superior to US style managed care or the UK government-controlled NHS and has significantly contributed to Australia's world's best outcomes.

[31] https://www.ombudsman.gov.au/__data/assets/pdf_file/0031/325786/State-of-the-Health-Funds-2024-25-2.pdf

Recommendations

1. The **restoration and expansion of public hospital specialist clinics**, utilizing both junior and senior doctors as Visiting Medical Officers to address the problem of delayed medical services due to inability to meet the cost of consultations and treatment.
2. The **restoration of Honorary Medical Officer roles** to enable senior specialists to continue to contribute to the public hospital system.
3. The **removal of restrictions on the publication by medical associations of indicative fee schedules** to inform patients of the range of fees being charged in any particular medical specialty.
4. The **use of existing state and territory consumer protection legislation** to regulate specific occurrences of exploitative behaviour by any health professional.
5. **Increased expansion of and investment in Australia's public hospital infrastructure** with increased opportunities for younger doctors to obtain public hospital appointments.
6. The **creation of tax-incentivised health savings accounts** to cover specific out of pocket costs for a defined schedule of health expenses.

The Council of Procedural Specialists is a committee of national procedural specialist organisations who formed to provide a voice for Australian medical practitioners involved in procedural medicine. Members of its constituent organisations practise in both Australia and New Zealand.

The organisations comprising its membership are the Australian Society of Ophthalmologists; the Australian Society of Orthopaedic Surgeons; the Interventional Radiology Society of Australasia; the Australian and New Zealand Association of Oral and Maxillofacial Surgeons; the Australian and New Zealand Society for Vascular Surgery; the National Association of Specialist Obstetricians & Gynaecologists; the Medical Surgical Assistants Society of Australia; and the Australian Society of Anaesthetists.

The Council of Procedural Specialists is willing to co-operate with state, territory and federal governments to help maximise the contribution of private medical specialists, and in particular procedural specialists, to the health and welfare of all Australians.





A Prof David Scott OAM

Chair, Council of Procedural Specialists

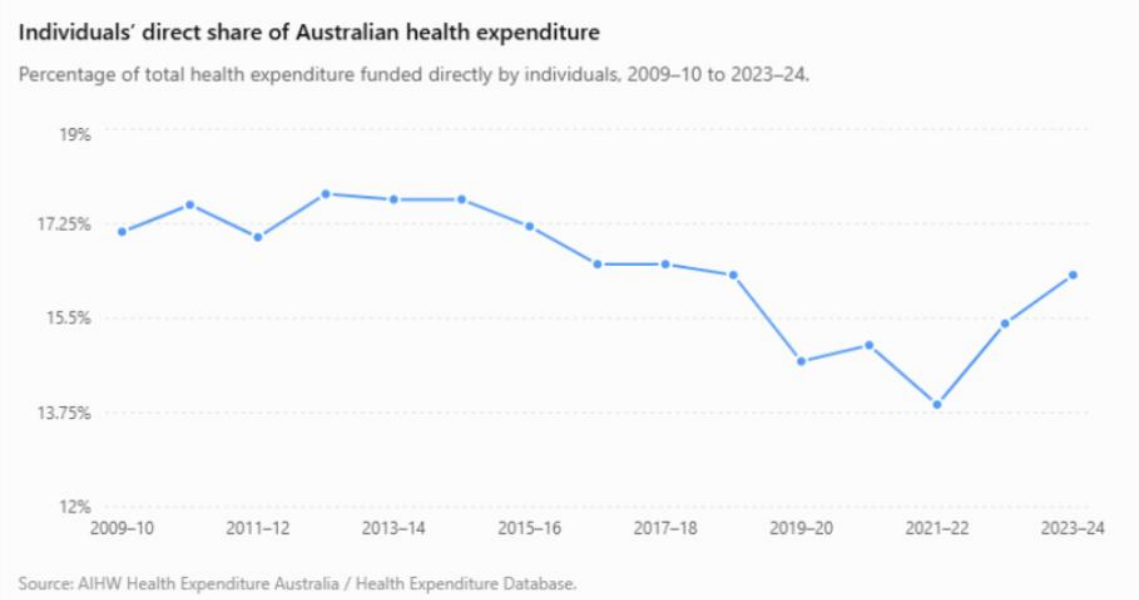
Mr Stephen Milgate AM

CEO, Council of Procedural Specialists

2 October 2026

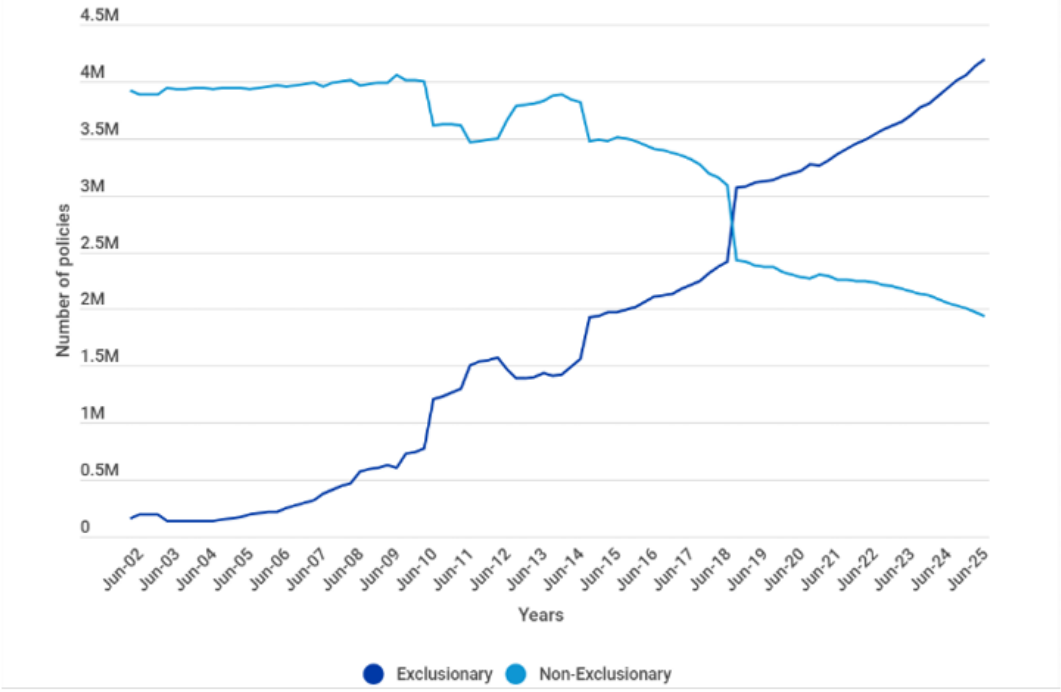
APPENDIX

Graph 1: Direct payments by individuals for healthcare cost, 2009-2024



Graph 2: Increase in exclusions in private healthcare coverage

Figure 7: Change in private health insurance hospital treatment exclusionary and non-exclusionary policies, June 2003–June 2025[xxi]

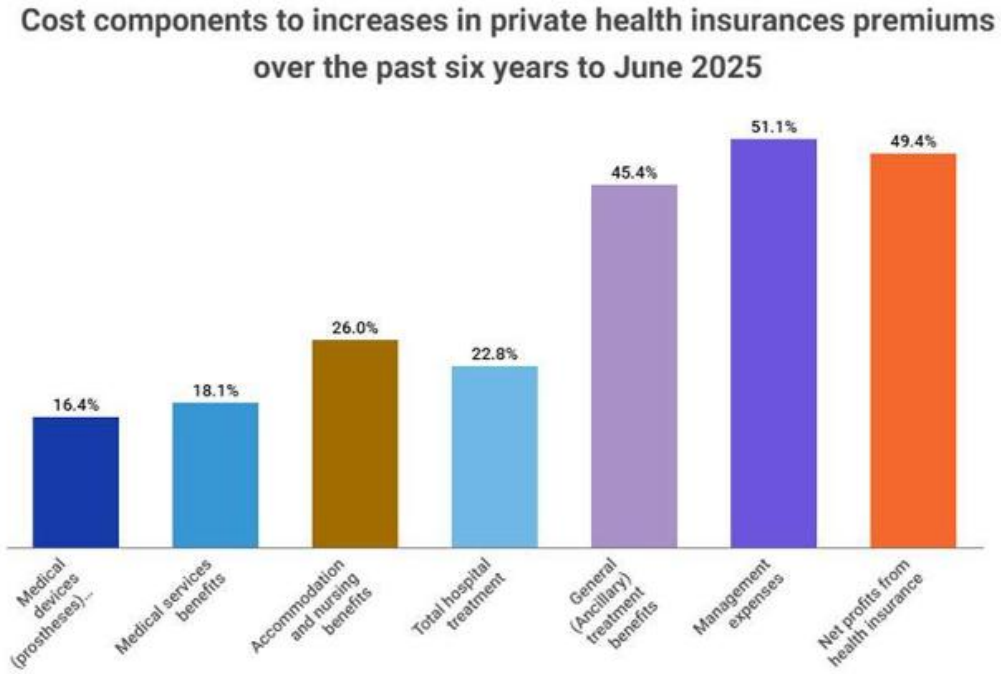


Source: APRA.

Source: AMA 2025 Private health insurance report card

Graph 3: Private health insurers spend on premiums collected

Figure 9: How private health insurers spend the premiums they collect[xxvii]



Note: The financial year ending June 2019 has been used as the base year, as the most recent pre-pandemic annual period. Re the 'net insurance profit' column, only net investment income attributed to private health insurance has been included, and tax paid is excluded, along with other revenue from health-related business and net investment income from other health-related business.

Source: APRA.

Source: AMA 2025 Private health insurance report card

Table 2: ABS Survey of Australians who delayed medical specialist care due to cost

Survey Year	Verified ABS Figure
2009	9.7%
2010/11	11.9%
2011/12 *	8.4%
2012/13	7.8%
2013/14	7.9%
2014/15	8.1%
2015/16	8.1%
2016/17	7.3%
2017/18	7.9%

2018/19	7.7%
2019/20	8.0%
2020/21	5.9%
2021/22	8.0%
2022/23	10.5%
2023/24	9.8%
2024/25	8.6%

*Change in methodology

Table 3: AMA Fee increase over 10-year period from 2014-2024

Measure	Percentage increase	Primary source
CPI	+31.27%	ABS CPI Tables 1-2
HH 600 - DIVISION OF ACCESSORY PATHWAY	+33.53%	AMA Fees List
MG 135 - Amputation at hip	+33.43%	AMA Fees List
EJ 705 - ENDOSCOPIC SPHINCTEROTOMY	+33.21%	AMA Fees List
HE 300 - PROSTATIC ABSCESS	+33.17%	AMA Fees List
MT 620 - SHOULDER, repair of rotator cuff	+33.54%	AMA Fees List
MZ 640 - SCOLIOSIS OR KYPHOSIS	+33.57%	AMA Fees List
BT 500 - MANAGEMENT OF VAGINAL DELIVERY AS AN INDEPENDENT PROCEDURE	+33.33%	AMA Fees List
FA 100 - LUMBAR SYMPATHECTOMY	+33.42%	AMA Fees List
MD 410 - OESOPHAGEAL ATRESIA	+33.47%	AMA Fees List
AVERAGE of above	**+33.40%**	