



Annual Review

# 2024-25





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# Private Hospitals at a Glance

THE Australian Private Hospitals Association compiles PH Facts based on annual data. It is updated as authoritative facts, figures and research about private hospital contribution and activity in Australia are published, citing fully attributed data from independent sources.

Do you know private hospitals perform 70% of planned surgeries in Australia – **1.7 million a year?**

Or that they provide **1.6 million medical treatments** each year?

Do you know **20 private hospitals have closed** across Australia over the last three years and **70 services in other hospitals have shut down** as insurance companies underpay hospitals on treatment costs?

Where would Australia's public hospitals be without a viable private sector when they do the heavy-lifting across so many areas?

While private hospital closures and service cancellations have marred recent years and plunged both private healthcare and public hospitals into crisis, the contribution of private hospitals to the health and wellbeing of Australians, and the health system as a whole, remains pivotal.

It is a credit to private hospital operators and their staff that the sector managed to care for the surgical, medical, psychiatric and rehabilitation needs of some 5,000,000 admitted patients last year, despite combating an ever-deepening existential threat.

Australians reap a massive return on zero investment in private hospitals. While 695 public hospitals are funded by taxpayers to



















the tune of around \$300 billion over five years, private hospitals receive no funding from taxpayers.

Yet, Australia's 635 private hospitals account for 70% of all planned surgeries, 62% of acute mental health care, 80% of rehabilitation hospitalisations and 1.6 million medical treatments each year, including 54% of all chemotherapy.

With 12.3 million Australians (or 46% of the population) holding private hospital insurance, the sector's fundamental importance to the lives of those directly relying on it traverses all walks of life across metropolitan, suburban, peri urban, regional and rural Australia. It also indirectly positively impacts the lives of all Australians, shouldering a healthcare burden that would otherwise see the public health system collapse.

Directly employing 69,300 Australians, including 38,300 nurses, private hospitals are vital community assets and a mainstay of the national economy representing some \$22 billion-a-year in direct activity, as well as underpinning and driving multiple layers of jobs and economic activity through their upstream and downstream supply chain interactions.

Private hospitals perform most of the treatments for:

 <b>95%</b> Obesity and Overweight	 <b>66%</b> Carpal Tunnel Syndrome
 <b>88%</b> Eye Disorders	 <b>65%</b> Spinal Disorders
 <b>80%</b> Inpatient Rehabilitation	 <b>63%</b> Hernias
 <b>78%</b> Skin Grafts	 <b>62%</b> Psychiatric Inpatient Care
 <b>75%</b> Knee Replacements	 <b>62%</b> Male Reproductive Disorders
 <b>74%</b> Hip Replacements	 <b>61%</b> Female Reproductive Disorders
 <b>74%</b> Coronary Procedures	 <b>55%</b> Malignant Breast Cancers
 <b>73%</b> Sleep Apnoea	 <b>54%</b> Ear, Nose & Throat Diseases
 <b>70%</b> Malignant Skin Cancers	 <b>54%</b> Chemotherapy

## About Australian Private Hospitals Association

AS the peak national body representing private hospitals across Australia, encompassing for profit and not-for-profit providers, the Australian Private Hospitals Association (APHA) membership comprises small, medium and large hospital groups; small, medium and large independent hospitals; specialist psychiatric hospitals and rehabilitation hospitals; and day surgeries.

Representing the lion's share of operators across the nation, APHA is committed to the responsible promotion of the contribution and importance that private hospital activity provides through policy and research development, political and public advocacy, engagement with multiple and varied stakeholders and forums, and the vital two-way communication with its members.

Established in 1981, APHA has earned a reputation as a leader in the identification, development and achievement of positive policy and technical outcomes to champion issues affecting private hospitals and suppliers, the broader healthcare sector and the clinical needs of, and value for, patients.

We are dedicated to generating more informed understanding and appreciation of the evolving role private hospitals play today,

and must play into the future, to deliver the choice, access, quality, reliability, affordability and timeliness expected by patients.

Indeed, these have been hallmarks of Australia's complementary public-private hospital system, differentiating it from the undesirable polar extremes of the UK's NHS and the US insurer-dominated systems.

The APHA is served by a National Board, elected every two years. Board members are elected from the APHA Council, who are elected representing member constituencies ranging from small, medium and large hospital groups; small, medium and large independent hospitals; specialist psychiatric and rehabilitation hospitals; and day surgeries.

## The APHA's key activities and aims include:

### Provide access and choice in healthcare

To ensure that Australians are empowered with personal choice and rapid access to affordable hospital care of the highest quality.

### Achieve autonomy

To continue governments recognition of the comprehensive role private hospitals have in providing a full range of healthcare services and their commitment to adequate self-regulation and review – thus ensuring the highest standards in quality care.

### Promote the role of private hospitals

To adopt all measures necessary to emphasise the rightful place of private hospitals in Australia's unique balanced health care system.

### Drive excellence

To champion the cause of private hospitals in delivering the very best in hospital care to patients.

### Sustainable change

To promote and protect the interests of private hospitals, their owners and operators, and to proactively interact with members, to ensure private health care continues to be dynamic in meeting the ever-changing needs of the Australian community.

### Celebrate

Promote and recognise the highest professional and ethical standards, health service delivery achievements and innovative medical and non-medical treatments for the betterment of patient and community wellbeing.

### Collaborate

Initiate, foster and maintain a consultative, cooperative and communicative approach to dealing with governments, bureaucracies, other health and health-related organisations, media, community groups and the public.

### Inform

Stimulate greater awareness of private hospital excellence through improved communication between hospitals and the Australian community.

### Lobby

Act as the principal coordinating and peak lobbying body for private hospitals and day surgery facilities.

### Unify

Encourage and facilitate united positions among member and non-member private hospitals, as well as all other relevant bodies, to achieve consensus in the policies and issues advanced.

## APHA Strategic Plan 2025-28

IN December 2024, the Australian Private Hospitals Association (APHA) Board unanimously endorsed a new Strategic Plan and Communications Strategy 2025-28 to guide the organisation's priorities, including engagement and messaging.

It unashamedly embarks on initiatives to positively re-position the private hospitals sector, to differentiate it from private health insurance, demonstrate its vital role in modern healthcare delivery and see it recognised for the world-leading surgical, medical, psychiatric and rehabilitation care it provides.

It also takes a proactive approach to advancing the issues the sector faces and, in doing so, to champion the interests of members.

Supported by market research (undertaken by Crosby Textor for APHA in 2020) and substantive research (undertaken by Ernst and Young for APHA in 2024, along with internally gathered data principally sourced from the Commonwealth Department of Health and Aged Care and the Australian Institute of Health and Welfare), this Strategy seeks to drive key issues and agendas of importance to APHA members and make those issues and agendas relevant to key stakeholders and the broader community.

This strategy is underpinned by the principles and desired outcomes, of social marketing, namely:

1. **RAISE** the profile of private hospital issues, their contribution and the world-leading procedures and treatments, care and services they provide;

2. In doing so, **BUILD** awareness of private hospitals' role and value to the community and stakeholder groups;
3. Thereby, **ESTABLISH** confidence, trust and credibility in the care, services, expertise and endeavours of private hospitals, bringing the community and stakeholders along on these issues and focusing attention accordingly; and, ultimately
4. **INFLUENCE** community and stakeholder attitudes, behaviours, decisions and choices.

These efforts aim to generate a positive perception of private hospitals, while wearing down ingrained negative attitudes or misconceptions.

The Association's stakeholder engagement across political (including the public service), public, stakeholder and membership, is supported by progressive policy development based on sound research, analysis and expert commentary, proactive media and community engagement, and the development of the sector's specialist workforce.

## President's Report with Christine Gee AO



AS President of the Australian Private Hospitals Association (APHA), I am pleased to share this message as part of our 2024-25 Annual Review.

The past year has been one of both challenge and opportunity for Australia's private hospital sector. We continue to operate under growing financial strain, impacted by rising costs, regulatory complexity, and workforce shortages. These pressures have been further amplified by increasing patient demand and shifting expectations around how care is delivered.

Despite this, the private hospital sector has remained committed to delivering high-quality care across Australia. The resilience and professionalism demonstrated by our members have ensured that patients continue to receive the care they need—even as hospitals face significant operational and financial headwinds.

The Federal Government's Private Hospital Viability Health Check confirmed the severity of the issues many of us have long observed. Key service areas such as mental health and maternity care are particularly vulnerable, with the combined pressures of increasing operational costs, workforce shortages, and limited revenue growth creating a fragile financial outlook.

In response to these mounting pressures, APHA published a comprehensive policy paper in late 2024, outlining both urgent and long-term reforms needed to stabilise and support the sector. These included proposals such as direct government purchasing of

services from private hospitals to ease the burden on the public system, funding wage growth to retain and attract healthcare workers, and reducing capital reserve requirements for private health insurers to free up investment in hospital services. The paper also recommended adjusting reimbursement rates to better reflect the actual costs of delivering care—particularly in critical areas such as mental health and maternity—alongside regulatory reforms to reduce administrative burdens and improve operational efficiency.

At the same time, APHA welcomed the establishment of the Private Health CEO Forum and the federal government's financial health check of the sector, both intended to inform future reform. Together, these initiatives offered a clear and achievable roadmap toward sector sustainability. However, despite these efforts, there has been no action from government to date. While the Minister for Health has made recent commitments to address payment issues in the private sector, the timing of these interventions remains uncertain. For many hospitals already operating on the edge, the delays may prove to be too little, too late.

We've also seen continued increase in demand for private care, reflected in a rise of more than 307,000 people joining the private health insurance system over the past year. This is a promising sign of confidence in the private system. However, it brings with it new challenges. Exclusionary insurance products are becoming more common, often limiting access to essential services or increasing

out-of-pocket costs for vulnerable patients. Without regulatory safeguards, these trends risk undermining the very purpose of private insurance: to provide timely, comprehensive access to care.

The past year also saw a shift in environmental expectations. As one of the largest energy-consuming sectors, healthcare must find ways to improve sustainability without compromising patient outcomes. Hospitals are adapting to new environmental regulations around waste, energy use, and procurement, all while managing significant financial pressure. Simultaneously, the rapid emergence of artificial intelligence and digital health tools presents both opportunity and complexity. AI is already transforming diagnostics, patient management, and treatment planning. However, its safe and ethical integration into healthcare delivery requires careful regulation and collaborative planning.

While some reform efforts have moved forward, many crucial proposals did not progress through the legislative process. These include increased government funding for private hospitals, targeted workforce development initiatives, regulation of exclusionary health insurance products, improved transparency around premium increases, and expanded mental health coverage. Their failure to proceed has left critical issues unresolved and has added to the pressure on an already stretched system.

*This lack of action affects not just private hospitals but the entire health system. Private hospitals account for the majority of planned surgeries, more than half of all chemotherapy, over 60% of acute mental health care, and the vast majority of rehabilitation services. If this sector is allowed to deteriorate further, the burden will fall squarely on the public system, which is already under intense pressure.*

We have also seen significant change in the area of prostheses funding. Reforms aimed at

aligning private sector prosthesis costs with public sector benchmarks were implemented, expected to save up to \$900 million over four years. While beneficial for insurers, the reforms have eroded hospital margins, as purchase prices have continued to rise while reimbursements have decreased. This highlights the importance of ensuring that cost-saving initiatives do not come at the expense of hospital viability.

It was equally disappointing that, during the recent federal election, the Opposition failed to offer a clear position on private sector funding reform. Ensuring the viability of private healthcare must be a national priority, not a partisan issue. We need leadership on both sides of politics to commit to meaningful, lasting reform.

I want to be clear. The issue facing private hospitals is not one of patient volume. The sector continues to provide care at scale. The issue is underpayment. When reimbursement does not reflect the true cost of delivering care, additional activity only compounds financial losses. Both for-profit and not-for-profit hospitals need sustainable margins to reinvest in staff, services, and technology. Without this, patient care—and the broader healthcare system—are at serious risk.

On behalf of the APHA, I extend my deepest thanks to our members for your commitment, professionalism, and resilience during a year of profound uncertainty. We remain dedicated to advocating for meaningful reform and to working with all stakeholders to build a healthcare system that is sustainable, equitable, and capable of meeting the needs of all Australians.

Christine Gee AM  
President



## CEO's Report with Brett Heffernan



IT'S been a whirlwind start. But it's been worth the effort, with the Association well-positioned at the end of our 2024-25 operating year and focused on where we're going next and how we're going to get there.

APHA has embarked on a substantial overhaul of its staffing, resource allocation, strategic priorities, public positioning and engagement approach.

In policy development, public and events engagement, and financial management the Association punches well above its weight.

Members rightly value APHA efforts in this space. And for good reason. These efforts are well regarded because they involve the membership in committees and taskforces, with the Association actively sought by government and non-government bodies for advice and input.

Greater emphasis was identified by the Board on honing these strengths and leveraging them into potent, persuasive cases that influence opinions and outcomes.

From my end, the focus has been to harness this exceptionally strong base and turn it into political and public recognition for the sector and influence policy directions. This is beginning to bear fruit, with federal and state government engagement recognising the role private hospitals play now and must play into the future.

This year the APHA Board approved the Strategic Plan and Communications Strategy 2025-28, informed by market analysis, substantive research and member

engagement. Our four pillars underpinning this approach encompass:

- › **Political engagement** – to inform politicians across the political aisle, including the public service and government agencies. This has now been expanded to include a comprehensive federal effort, as well as encompassing state and territory governments and opposition parties.
- › **Public engagement** – to mount a persuasive, fact-based case in the mainstream media and other channels advancing the sector's contribution today and into the future and the threats it faces to win in the court of public opinion.
- › **Third-Party Allies** – to forge alliances and build collaboration among groups for, as much as possible, a united front to decision-makers, armed with quality data and consistent messages.
- › **Membership** – to engage in a two-way street. Drawing on the expertise, knowledge and insights to propel our agreed priorities forward. Likewise, we need to communicate to members what we're doing and why.

Our starting point has been facts. If you're a community group you need only be armed with concerns. When you're a peak body, your facts, figures and arguments need to be bulletproof. We will be developing this more formally over the coming 12 months.

That our sources are government bodies is critical. It means no-one can argue with the data. When private hospitals account for

five million admissions a year, 70% of planned surgeries, 62% of acute mental health care, 80% of rehabilitation hospitalisations, and 1.6 million medical treatments, including 54% of chemotherapy, there can be no mistaking the vital need for a viable private hospital sector.

Since briefing federal and state governments, opposition parties, government departments and agencies, and independent stakeholders, APHA has had universal agreement for the role private hospitals must play as part of Australia's balanced healthcare mix.

We have put together an informed government relations and public positioning approach, designed to fill information gaps, differentiate private hospitals from health insurance, and highlight the irreplaceable contribution of private hospitals.

We have compiled electorate-by-electorate information, combined with the research pieces, so we can be relevant at the local, state and federal levels regardless of party lines.

In the two-month hiatus before coming to the APHA CEO role, my advice to the Board was to maintain the relationship with Minister Butler's office, shun media commentary and be collegiate in demonstrating goodwill as the conduit for the funding model reforms necessary to restore hospital viability.

Over the last two-and-a-half years private hospitals have taken multiple research papers by Ernst & Young directly to Minister Butler and his Department, as well as taking the unprecedented step of opening their books to show the glaring gap between healthcare costs and payments from insurers.

This precipitated Minister Butler's much-hyped Private Hospitals Viability Health Check. Promised by August 2024, not released until November 2024.

For many months the Minister was on the public record throughout 2024 recognising the profound funding shortfall. Private hospitals thought reform solutions would be coming.

Instead, despite being promised a heads up on the report, we got it when it was released. And

that's not a surprise, given there was nothing in it. That's not a figurative nothing... it was actually nothing. Not so much as a thought-bubble.

*In my view, the Minister and his Office made the political call to trash the goodwill shown and expected the standard line from the sector would be... 'we're disappointed, but keen to keep working with government'. However, there is clearly no relationship to protect. The Office lied about a heads up and two years of goodwill by hospitals was summarily dismissed. Apparently, the government deemed it could do so with impunity.*

The Government's Health Check did confirm that one-third of private hospitals are operating at ongoing losses. Of the remainder, most are simply breaking even. Just a few are operating at a profit, but this is only at margins of 1-2%.

To put this in context, Ernst & Young reported that hospitals need a minimum 5% return in order to invest in the technologies, procedures and services expected of them. Further complicating this financial crisis, banks will not lend to hospitals when returns are below 10%.

At this point, politically, all bets were off. We hadn't been on the public record holding the government to account yet. Though, in meetings in Canberra it was made clear to me that "the Minister has no appetite to act in this space".

The funding shortfall to hospitals from insurers in 2022 was \$660 million. That should have had the Minister on the phone to the insurers telling them to pull their heads in or they'll be regulated. That didn't happen.

That, likely, emboldened insurers, who then withheld \$1.135 billion in 2023. Again, no ministerial pushback. And, last year, a whopping \$1.254 billion. Zip again from the Minister.

Whether you're the Minister for Health or tiddly winks, when you have ignored the crisis deepening in your portfolio, you have to expect to be held accountable.

In the context of the federal election Minister Butler dropped a bombshell in the media, reciting APHA's issues about higher insurer profits, higher management fees and falling funding benefit ratios. He demanded the insurers pay more to private hospitals or he will instruct his department to regulate to make it so within three months.

Despite there being no detail around the proposal, we welcome the election commitment. It has come two-and-a-half years too late for many hospitals and will come too late for those on the brink of collapse now.

It's fair to say that after two-and-a-half years of nothing, that the government has been dragged to this position on the back of APHA's public positioning.

That's not easy and the APHA Board deserve kudos for staying the course.

Communications is interwoven within all aspects of what APHA does – across political, regulatory, allied industry, public positioning and membership engagement.

Over the last eight months, APHA has taken a decidedly proactive approach to media engagement. We've achieved widespread coverage with almost every item we've taken to the media and now media are seeking us for comment and information.

But the measure of effective media use isn't coverage. That's easy. To be effective we need three things:

- › prominence,
- › volume, and
- › being on-message.

So far, we've ticked every box.

While the Public Affairs section of this Annual Review addresses the details, APHA has achieved solid news coverage and seen opinion editorials in mainstream metropolitan newspapers.

We gratefully welcomed new members over the year, bolstering APHA's ability to represent

a broad cross-section of the sector, which is one of its great strengths.

But we've been flying while still building the plane. It is armed with rigorous data, informed messaging and a unity of purpose that we plan to take that to another level in 2025-26 and beyond.

Finally, I want to thank the APHA Board and all of our members for their unwavering support over these eight months. It's fair to say we've ushered in some substantive changes, pushed a few boundaries and traversed new territory for APHA.

At every step, those challenges have been met with enthusiasm, grace and good humour by the Board, Council and staff, alike, in pursuit of outcomes for members. For which I am deeply grateful.

Brett Heffernan  
Chief Executive Officer

# Key Achievements

THE Australian Private Hospitals Association (APHA) has been pivotal in advocating for the sustainability and resilience of Australia's private hospital sector during a year marked by significant challenges.

## Policy and Research

Through strategic engagement with government and stakeholders, APHA has championed reforms that prioritise patient care, clinician autonomy, and financial viability.

APHA successfully influenced the Federal Health Minister to pledge regulatory action compelling insurers to increase payments to private hospitals, addressing a critical funding imbalance. This commitment represents a significant step towards stabilising the sector and ensuring equitable access to healthcare services.

### GUI Retention

APHA's advocacy led to the retention of General Use Items (GUIs) on the Prescribed List (PL), safeguarding equitable access to essential surgical tools and mitigating financial strain on hospitals. This decision reflects APHA's commitment to maintaining high standards of care and operational efficiency.

APHA played a pivotal role in highlighting the adverse impacts of eliminating PL funding of technical support services associated with cardiac implantable electronic devices (CIEDs), ensuring that follow-up services remain guaranteed within patient care pathways.

APHA's submission to the evaluation of the Prescribed List reforms provided comprehensive insights into the financial and

operational challenges introduced by the PL reforms, influencing policy discussions and forcing reflection and remedial action by the Department of Health.

### Viability of Private Hospitals

Ernst & Young's viability analysis of the private hospitals sector has been crucial in raising awareness of the issue the sector faces in the wake of unbridled profiteering by health insurers, while short-changing hospitals in contracts.

Year-on-year annual record profit of \$2 billion, plus an 18% hike in 'management fees' for another \$3.5 billion a year windfall, makes of mockery of the insurance industry's catchcry that it cannot afford to meet the actual costs of insured patients in private hospitals.

That the shortfall in funding to private hospitals has been over \$1 billion each year is damning of an insurance industry reneging on its pact with its customers and, instead, milking premiums for profit rather than healthcare delivery. It is also damning of a government content to watch the sector burn.

### Deferral of Intravitreal Eye Injections Reclassification

We advise Members that the reclassification of intravitreal eye injections (MBS item 42738)

has been deferred for 12 months, from 1 July 2025 to 1 July 2026, to allow for further consultation.

As outlined in the 2024-25 budget, the Australian Government had planned to reclassify intravitreal eye injections performed without an anaesthetist (MBS item 42738) from a Type B to a Type C procedure, reflecting that the procedure can typically be safely performed outside of a hospital setting. No changes were proposed for MBS item

42739, which covers intravitreal eye injections administered with anaesthesia by an anaesthetist.

This deferral will allow for additional consultation to better understand the potential impact on patients and to explore options for improving access to affordable treatment.

The APHA will fully participate in the ongoing consultation process, and we extend our thanks to all members who contributed to the submission process over the past 12 months.

## Communication and Marketing

### Strategic Plan and Communications Strategy 2025-28

In November 2024 the APHA Council enthusiastically supported the outline of the Strategy and provided member input to aid its further development.

In December the APHA Board unanimously endorsed the Strategy, including research-based data, messaging and proactive execution.

After several months of pressing the case of the Federal Government to act to address the \$1 billion-a-year funding shortfall by health insurers, in March 2025 Federal Health Minister Mark Butler publicly noted APHA's core issue of higher insurer profits, higher management fees and falling benefit ratio to hospitals.

His pre-election and, later, election campaign public instruction for the insurers to rectify this or be regulated to do so, is a welcomed development.

### Media Activity

Meltwater media monitoring reveals APHA-led issues over the 10 months between 1 July 2024 and 1 May 2025 achieved 1,455

major metropolitan, regional and specialist media stories, including press, radio, online and television coverage. The reach for these stories was 804 million readers/listeners/viewers.

APHA also secured prominent coverage with numerous Opinion Editorials being published in major metropolitan newspapers.

Over 2024-25 APHA achieved a high 'on message' rating of 94% – combined with high prominence and rising volume – to ensure APHA-led key messages are getting through across media coverage.

### 2025 National Congress

Over 200 people attended the 42nd APHA National Congress in Darwin over 2-4 April 2025. In addition to the program of speakers, the event provided a range of different networking opportunities for delegates.

Survey responses showed 90% of delegates were very likely or likely to attend a future APHA Congress and 88% said they would recommend it to a friend or colleague. On average, 80% of respondents said APHA Congress topics and presentations were relevant, reflecting the overall positive comments about the program.



## Policy & Research with Takudzwa Gandanhamo

IN 2025, Australian Private Hospitals Association focused on addressing critical challenges in the private healthcare sector, including financial pressures, workforce shortages, and regulatory burdens. Key initiatives included advocating for government support, reimbursement adjustments, and regulatory reforms to stabilise hospital operations

Despite an increase in private health insurance membership, exclusionary policies and rising costs remain concerns. The Prescribed List reforms aimed to reduce costs but inadvertently impacted hospital earnings.

APHA continues to champion collaboration, innovation, and sustainable solutions to ensure equitable access to high-quality care, emphasising the importance of private hospitals in Australia's balanced healthcare system.

### Private Hospital Viability

APHA has consistently emphasised the financial strain on private hospitals, citing rising operational costs, workforce shortages, and inadequate funding from private health insurers. To address these challenges, APHA has called for urgent government intervention to stabilise the sector and ensure its long-term viability.

Through its advocacy efforts, APHA secured the release of the Federal Government's Private Hospital Viability Health Check, which confirmed the sector's financial instability and proposed solutions such as government purchasing services, funding wage growth, and adjusting capital reserve requirements for private health insurers.

Additionally, APHA successfully pushed for public acknowledgment of the funding crisis, leading the Federal Government to commit to regulating health insurers if they did not increase payments to private hospitals.

### Health Insurance Reform

APHA continues to advocate for financial accountability in private healthcare, calling for a mandated 88-cent payout ratio from health insurance premiums to providers. APHA has also emphasised the need for transparency in premium increases and reforms to exclusionary insurance policies.

Recently, APHA has intensified efforts to ensure private hospital funding remains sustainable, securing Minister Butler's commitment to increasing insurer payout ratios. Additionally, the organisation has highlighted ongoing challenges in private health insurance regulations, pushing for fairer policies that support both hospitals and patients.

### Mental Health and Maternity Care

APHA has stressed the urgent need to safeguard the viability of mental health and maternity services in private hospitals, as these sectors have been disproportionately affected by funding shortfalls and workforce challenges.

APHA has actively championed the expansion of Medicare Benefits Schedule items for inpatient psychiatric consultations and called for the removal of restrictions on overseas-trained psychiatrists to improve access to mental health care.

Additionally, APHA has highlighted the decline in private maternity services, with births in private hospitals dropping from 30% to 19% over the past decade. To counter this trend, APHA has advocated for health insurance reforms that would include maternity coverage in lower-level policies, reducing out-of-pocket costs for families.

APHA's efforts have also drawn attention to the financial strain on maternity units, with Monash University estimating taxpayer costs of \$1 billion annually to compensate for closures in private maternity care. This advocacy ensures that maternity and mental health services remain central to healthcare policy discussions.

### Prostheses List Reforms

Over the past year, APHA has actively addressed critical issues related to the Prescribed List of Medical Devices and Human Tissue Products (PL). APHA opposed the

removal of essential medicines and devices from the PL without alternative funding, highlighting risks to patient care and private hospital viability.

It advocated against dismantling the integrated product-service framework for cardiac devices, emphasizing the importance of technical support services. APHA also raised concerns about proposed changes to PL definitions, urging a freeze on disruptive reforms.

Through collaboration, evidence-based advocacy, and stakeholder engagement, APHA continues to champion equitable access and sustainable healthcare solutions.

### Workforce Development

In the 2025 financial year, APHA engaged with government stakeholders to address workforce challenges in private hospitals, including rising labour costs, psychiatry shortages, and regional healthcare gaps.

It contributed to proposals for wage subsidies, telehealth support, expedited pathways for overseas-trained staff, and expanding Fringe Benefits Tax (FBT) exemption eligibility to employees of for-profit hospitals. These measures all aim to strengthen hospital viability, improve access to care, and support high-quality healthcare nationwide.

The Health Workforce Taskforce (HWT), with APHA representation, is preparing to implement the Kruk review recommendations to streamline overseas-trained health practitioner processes. APHA is expected to contribute to planning a centralised portal for recruitment efficiency and participate in reviewing cultural competency resources and developing new online training modules.

Through consultations, surveys, and interviews, APHA aims to help shape these initiatives as they move toward implementation.

Rural and Regional Health

APHA has been a strong advocate for equitable healthcare access in rural and regional areas, working to ensure that communities outside major cities receive the necessary support to address service gaps. Recognising the unique challenges faced by these populations, APHA has actively pushed for workforce development to improve healthcare delivery in underserved regions.

Through its advocacy efforts, APHA has helped bring rural and regional healthcare issues to the forefront of policy discussions, ensuring that the needs of these communities remain a priority for decision-makers.

By highlighting the disparities in healthcare access and availability, APHA has reinforced the importance of targeted solutions to bridge these gaps.



APHA Viability and Budget Submission

Outlook for 2025-26

APHA’s outlook for the next financial year is expected to focus on continuing advocacy efforts to address workforce challenges, financial pressures, and healthcare accessibility in private hospitals. It will likely push for reforms to support recruitment, including pathways for overseas-trained professionals and measures to ease labour cost burdens.

APHA is anticipated to further its engagement with government stakeholders on funding, telehealth expansion, and tax exemptions to improve hospital sustainability. Additionally, regional healthcare support and workforce retention strategies may remain key priorities.

As implementation of current initiatives progresses, APHA aims to ensure private hospitals can maintain high-quality healthcare provision across the nation.





## Public Affairs & Events

with Lilly Tawadros

THE last 12 months at the Australian Private Hospitals Association (APHA) have been marked by new initiatives, new strategic foci and new communications. These achieved results in not only raising the profile of private hospital activity, but the critical role they play, and will need to play, for healthcare services to be sustainable.

APHA has laid important foundations for advocating and disseminating the messages and issues vital to regaining lost ground in the 'court of public opinion' – which also impacts stakeholder perceptions.

We have sought to do so in a dynamic, influential and 'in touch' manner by reflecting the expectations and aspirations of the broader community and, importantly, the desire of the 12.3 million people with private hospital insurance to get the healthcare they expect, when they need it, from their premiums.

In addition to generating positive perceptions of the sector, this also entails 'wearing down' ingrained and, hitherto unchallenged, negative perceptions of private healthcare. Market research shows people often only see private

healthcare through the prism of insurance. Nevertheless, they value private hospital care.

This requires a 'constant drip' campaign with a focus on key messages and data to build and strengthen the perception of private hospitals as an integral part of the Australian health economy and social fabric.

An emphasis on the sector's strengths, overcoming common misconceptions to demonstrate why private hospitals are vital to the community – public and private patients, alike – has been crucial.

### Market Research

The findings from Crosby Textor's 2020 qualitative and quantitative market research for APHA provided valuable insight to base a strategic communications campaign.

However, the findings alone, along with any list of facts and statistics that cite the important role played by private hospitals in Australia are largely irrelevant unless driven to work for the sector. To this end, we attached these to issues that resonate (and those we could make resonate) with the broader community and other stakeholders.

This research exposed inherent strengths and weaknesses for the sector to grapple with. Armed with these insights, APHA's Strategic Plan and Communications Strategy 2025-28 was developed and is being implemented.

### Substantive Research

Ernst & Young's viability analysis of the private hospitals sector has been crucial in raising awareness of the issue the sector faces in the wake of unbridled profiteering by health insurers, while short-changing hospitals in contracts.

Year-on-year annual record profit of \$2 billion, plus an 18% hike in 'management fees' for another \$3.5 billion a year windfall, makes of mockery of the insurance industry's catchcry that it cannot afford to meet the actual costs of insured patients in private hospitals.

That the shortfall in funding to private hospitals has been over \$1 billion each year is damning of an insurance industry reneging on its pact with its customers and, instead, milking premiums for profit rather than healthcare delivery. It is also damning of a government content to watch the sector burn.

### Media Activity

As of November 2024, following the release of the Federal Government's failed Private Hospital Viability Health Check, APHA began to raise the profile of the associated issues. A preparedness to drive mainstream media coverage and assume a heightened media presence across all issues has produced visible early results.

Our media profile saw an immediate and obvious boost. According to Meltwater media monitoring, APHA-led issues between 1 July 2025 and 1 May 2025 (10 months) over the year achieved 1,455 major metropolitan, regional and specialist media stories, including press, radio, online and television coverage. The reach for these stories was 804 million readers/listeners/viewers.

APHA also secured prominent coverage with numerous Opinion Editorials being published in major metropolitan newspapers.

To be frank, media hits – in-and-of themselves – do not mean a lot. Of more importance is the prominence of the coverage achieved and its ability to drive issues that resonate beyond the 'news cycle'.

But, this too, is not enough of a measure to indicate positive media use. If the coverage is incidental, meaning it is not 'on message' in pressing strategic issues, again, it does not mean a lot.

While there will always be incidental coverage in reporting, over 2024-25 APHA achieved a high 'on message' rating of 94% – combined with high prominence and rising volume – to ensure APHA-led key messages are getting through across media coverage.

During the year, APHA initiated ongoing contact with key media across all states and territories. This heightened interaction has ensured APHA is reaching a broader audience and seen as a more valuable resource and worthwhile go to organisation on relevant issues.

Importantly, there has been a noticeable increase, and growing preparedness, among mainstream media to seek out APHA for comment on current and emerging issues and events. This bodes well for the continuing rise in media prominence and activity.

# APHA Media Coverage

## Row over who should control health system

News feature Private insurance funds already control some dental, optical and mental health clinics. Are hospitals next, asks Michael Smith.

It's time to ask a question that has been asked for years: who should control the health system? The answer is not as simple as it seems. The health system is a complex of many parts, and each part has its own interests. The government, the private sector, and the public all have a role to play. The health system is a complex of many parts, and each part has its own interests. The government, the private sector, and the public all have a role to play.

## Pay more, get less in Oz health lotto

In many cases, the US sets an enviable standard for the rest of the world to follow. But there is one field where we definitely do not want to duplicate the American example. Health care in general and health insurance in particular can be ruinously costly in the US. Massive health sector reforms introduced by former president Barack Obama arguably made the situation even worse. Yet here we are in Australia, plainly going down an expensive US-style road when it comes to our health coverage.

\$6000 a year more than they should for health insurance. This follows certain health funds boosting their premiums this month by up to 18 per cent. If you're a member of those funds, you don't need us to tell you about the financial pain such large and rapid increases can deliver. That pain won't be reduced upon learning of huge health insurance earnings. "A lot of Australians would be shocked to know that the massive premiums that they are paying right now are being squandered away as record profit," Australian Private Hospitals Association

### Private health rise cancels rates drop

Private health insurance rates are set to rise again, after a period of decline. The Australian Private Hospitals Association (APHA) has warned that the rise in premiums will be significant, and that it will be a blow to many people who are struggling to pay for their health insurance. The APHA has also warned that the rise in premiums will be a blow to many people who are struggling to pay for their health insurance.

### Gender pay rises first IR test for Rishworth

Private hospitals have been hit by a rise in gender pay, which is the first time that the industry has been hit by such a rise. The rise in gender pay is a result of the fact that the industry has been hit by a rise in gender pay, which is the first time that the industry has been hit by such a rise.

## \$6k health cover hit squeezes our battlers



## Top-tier health premiums rise at twice the average

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### D-day for mental health services

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## Private hospital Band-Aid \$450m

News feature Private insurance funds already control some dental, optical and mental health clinics. Are hospitals next, asks Michael Smith.

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## Mental health D-day, private sector steps in

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## HEALTH COVER IN A SICK STATE

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## Aussies hit with premium surges

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# Premiums take a hike

## Health coverage increases

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## Health premium surges by 18%

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# Health premiums take hike

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## Private hospitals bearing the brunt of bad decisions

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### Political Interface

Over 2024-25, APHA has established and maintained solid relationships with representatives from the major political parties at federal and state levels.

We initiated deeper engagement at the beginning of 2025 to announce the arrival of a higher profile APHA. This was undertaken with federal MPs and Senators across all parties, as well as with state and territory governments and opposition parties.

This will be elevated further over the coming 12 months with a focus on new research to demonstrate a clear, robust and emphatic position on private hospital needs and opportunities as part of the healthcare mix at both levels of government.

### Constituency Building

In November 2024, APHA's Council met in Sydney. This canvassed the introduction of a new Strategic Plan and Communications Strategy outlined by the new CEO. This was enthusiastically received and progressed to the December APHA Board meeting, where more details on the approach, situation analysis, research, messaging and execution were presented and unanimously endorsed.

APHA's fortnightly Vital Signs e-mail update provides members with up-to-date information on activities and developments, the issues being canvassed and the reaction from stakeholders across the country. The use of special Members Bulletins on key and emerging issues has also been deployed.

PH News features articles about the sector and the issues impacting private hospitals. You can find PH News here: [phnews.org.au](http://phnews.org.au). As part of the APHA website redevelopment, PH News will be incorporated into the new site.

### 42nd APHA National Congress

For the first time in its history, the APHA National Congress was hosted in Darwin.

This marks a significant milestone for the Association, expanding the reach of the Congress to the Northern Territory and highlighting APHA's commitment to engaging members across all corners of Australia.



Christine Gee (APHA President), Tom Molony (HESTA) and Carmel Monaghan (APHA Vice President) at 2025 National Congress

The 2025 Congress represents the continued growth and evolution of APHA's flagship event. With strong delegate turnout, a dynamic exhibition space, and a suite of new networking opportunities, this year's event builds on the momentum of previous years while embracing the unique character and energy of its Darwin setting. The location has offered fresh opportunities for collaboration and engagement, while also drawing attention to the critical role that regional and remote healthcare providers play within the broader private health care sector.

This year's Congress also reflects the Association's strategic goal of ensuring that each annual event delivers even greater value to its members and stakeholders. Through expanded sponsorship offerings, increased delegate engagement, and a focus on innovation in event programming, APHA continues to raise the standard of professional development and networking opportunities for private hospital executives, clinicians, and industry partners.

Looking to the future, APHA is committed to making each Congress bigger, more dynamic,

and more responsive to the evolving needs of the sector.

Planning is already underway for the 2026 Congress, which will introduce a refreshed program structure designed to enhance the delegate experience. With these changes, APHA aims to create a more engaged and impactful experience for all participants – whether they are returning delegates or first-time attendees. As the health care landscape continues to change, the APHA Congress will remain a key platform for connection, insight, and forward-thinking leadership.

The success of the 2025 Congress in Darwin is a testament to the strength and resilience of the private healthcare sector, and a clear indication that the future of the APHA National Congress is both bright and ambitious.

### Promotional Poster Campaign

APHA launched a poster campaign across all member private hospitals, with banners proclaiming *It's Broke So Fix It!* and Private Hospitals Are Heavy Lifters, to be prominently displayed in high-traffic areas of private hospitals and day surgery centres.



APHA campaign posters

The posters are designed to raise awareness of the role of the sector and the insurer-induced funding crisis facing private hospitals.

Staff and visitors were encouraged to scan the QR code to send to their local federal MP and the Federal Health Minister a pre-populated email outlining that 'enough is enough'.

The Federal Health Minister approves health premium rises every year. He and the Federal Government have a duty to ensure that, as a result of this decision, hospitals are paid for the treatments they provide and that consumers receive the treatments they need. But the silence from the Federal Government has been deafening.

### Website Redevelopment

The Association is in the development stages of creating a new APHA website to make it a more outward-looking promotional tool on the issues faced by private hospitals and the vital contribution they make. It will be instinctive to navigate, easy to read, better searchable by web browsers and consistently compiled, to make it a worthwhile resource for members, stakeholders and the public.

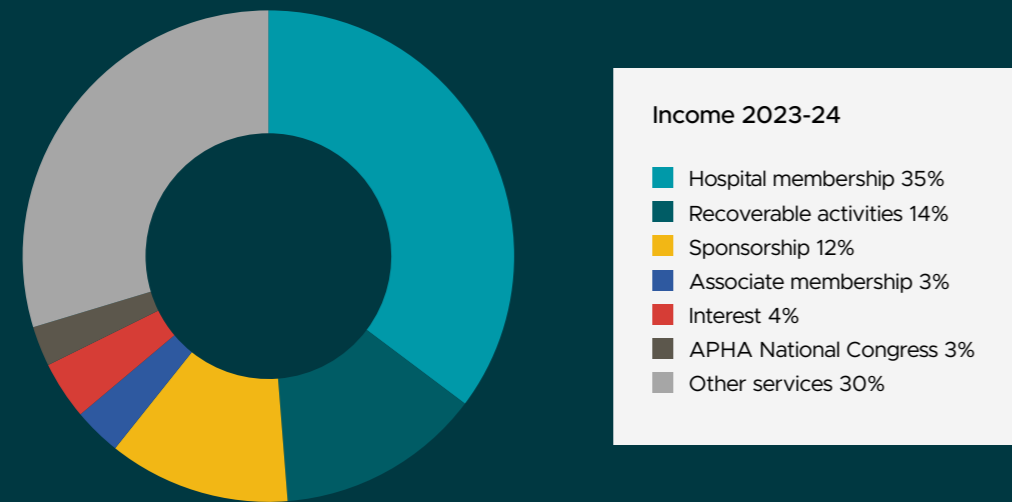
It is expected the new website will be launched 1 July 2025.

# Finance

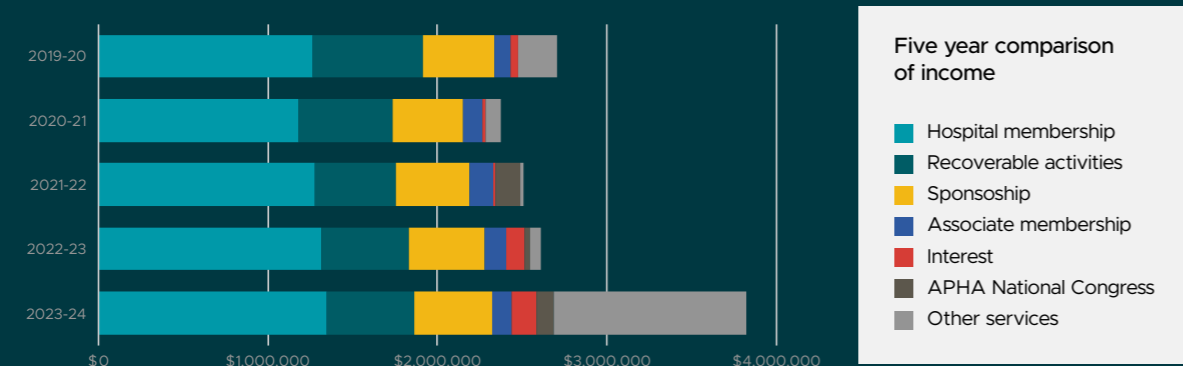
with Ruth McGorman Mann

THE Australian Private Hospitals Association financial result for the year ended 30 June 2024 was a surplus of \$624,371. This result incorporates APHA branch activities including a transfer of over \$1 million from Private Hospitals Association Queensland to APHA-Queensland.

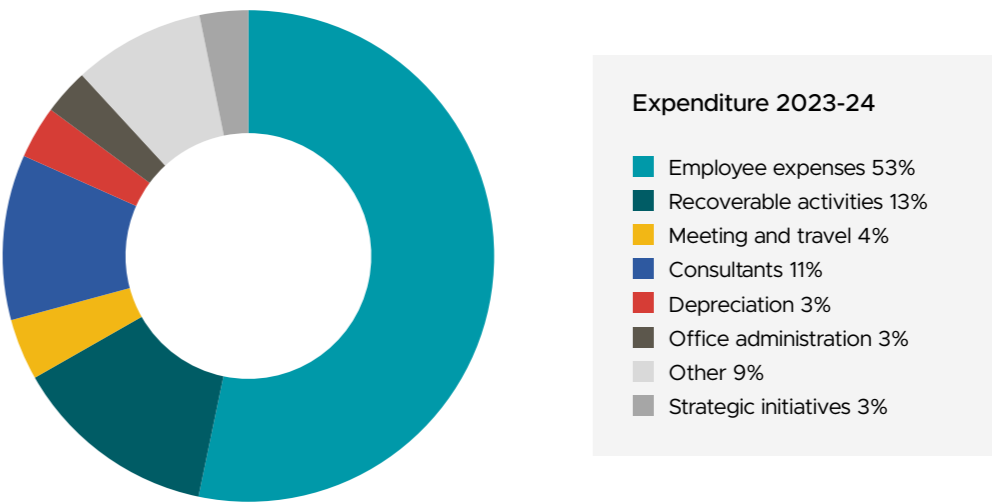
Income during 2023-24 totalled \$3,820,590. The graph below shows the composition of APHA income for the financial year.



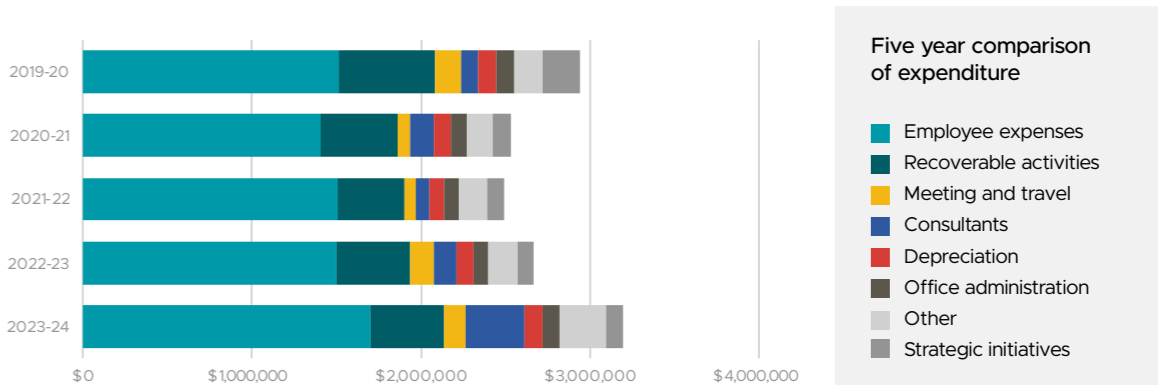
Income was higher in 2023-24 due to the transfer of over \$1 million from Private Hospitals Association Queensland to APHA-Queensland.



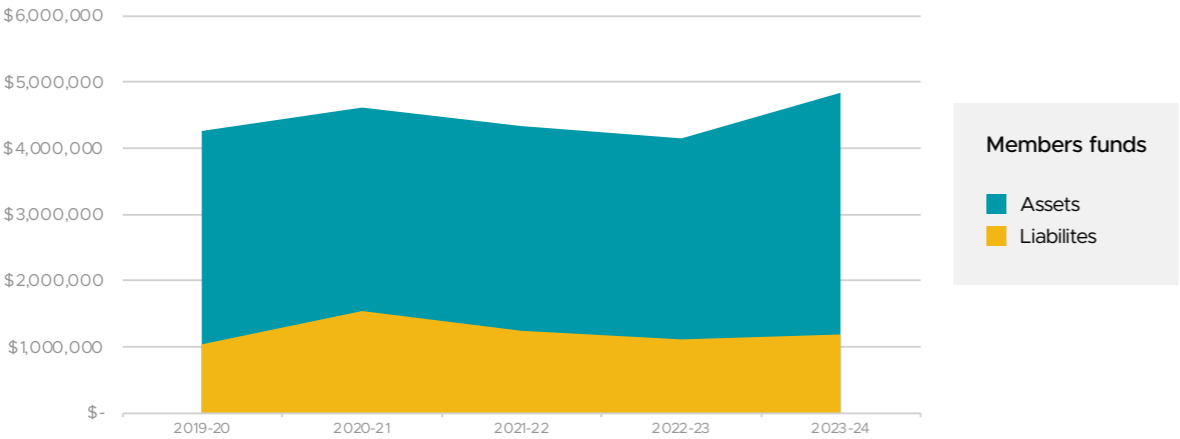
Expenditure during 2023-24 totalled \$3,196,219. Employee costs remain the largest component of expenditure followed by expenses associated with PPHDRAS, which is reported under recoverable activities. All items of expenditure are carefully monitored by the Finance, Audit & Risk Committee and Secretariat.



The five year comparison of expenditure shows the increased expenditure on consultants regarding financial viability of private hospitals.



The balance sheet shows the Association to be in a sound financial position. Assets include cash reserves (held in cash investments) and the Secretariat office in Canberra. These are significantly higher than the liabilities held at balance date and contribute to the strong net asset position. The balance sheet at the 30 June 2024 shows members’ funds of \$3,654,943 (2023: \$3,030,572).



APHA’s auditor, Nexia Duesburys (Audit) has issued an unqualified audit report for the year ended 30 June 2024. They advise that the financial statements present a true and fair view of the Association’s financial position at 30 June 2024 and its performance for the year. The auditor also advised that APHA complied with Australian Accounting Standards and Corporations Law.

The members of the Finance, Audit & Risk Committee during the 2023-24 financial year were:

Alan Morrison, Burnside Hospital Group	Daria Simic, Aurora Healthcare Australia Pty Ltd
Brett Goods, Adventist HealthCare	Denise Thomas, Royal Rehab Group
Alison Pennington, SMS Healthcare Pty Ltd	Stephen Walker, St Andrew’s Hospital Inc
Kate Silver, Matilda Health Care Pty Ltd	Cindy Woods, St Luke’s Hospital.



# APHA Board and Secretariat

## APHA Staff

Brett Heffernan	Chief Executive Officer
Ruth McGorman Mann	Director, Finance and Administration
Lilly Tawadros	Director, Public Affairs, Partnerships and Events
Takudzwa Gandanhamo	Senior Manager, Policy and Research
Riyan Aggarwal	Manager, Policy and Analysis
Leanne Cabrera	Membership Manager
Lisa Smith	Finance Officer
Julie Shaer	Events and Marketing Assistant
Byron Williams	Administration and Executive Support Officer

## APHA Board

Christine Gee	President
Carmel Monaghan	Vice President
Tony Scaramuzza	Chair of Council
Alan Morrison	Treasurer
Neale Fong	Member
Cameron Fuller	Member
Brett Goods	Member
Andrew Stripp	Member
Denise Thomas	Member
Ben Thynne	Member



2024-25 APAH Board

# APHA Council Electorates

## For Profit Large Groups

Bernadette Eather (Ramsay Health Care Australia)  
Cameron Fuller (Nexus Day Hospitals)  
Matt Hanrahan (Healthe Care Group)  
Rachel Hart (Nexus Day Hospitals)  
Robert Herkes (Ramsay Health Care Australia)  
Carmel Monaghan (Ramsay Health Care)  
Ben Thynne (Healthe Care Group)

## For Profit Small Groups Large Independent

Kate Silver (Matilda Health Care)

## For Profit Small Independent

Dan Mabon (Wyndham Clinic)

## Not for Profit Large Group

Brett Goods (Sydney Adventist Hospital)  
Andrew Stripp (Epworth HealthCare)  
Natasha Toohey (Epworth HealthCare)

## Not for Profit Small Group Large Independent

Neale Fong (Bethesda Health Care)  
Linda Jorgensen (St Andrew's Toowoomba Hospital)

## Not for Profit Small Independent

Cindy Woods (St Luke's Hospital)

## Day Hospitals

Kaylene Elliott (Cura Day Hospitals Group)

## Psychiatric hospital

Christine Gee AM (Toowong Private Hospital)

## Rehabilitation hospital

Denise Thomas (Royal Rehab Group)

## Regional Representatives

NSW	Tony Scaramuzza (Port Macquarie Ophthalmic Surgery)
QLD	Emma Bognar (Cura Day Hospitals Group)
SA	Alan Morrison (Burnside Hospital Group)
TAS	Vacant
VIC	Vacant
WA	Lynne Walker (Perth Clinic)



# Committees and Taskforces

APHA is represented on many Federal and State Committees and Advisory Groups which include the following.

Group	Organisation	What the group does	What APHA achieves for members through its participation in the group
Health Workforce Taskforce	NSW Ministry of Health	Advises Health Ministers and oversees workforce strategies to improve overseas health practitioner integration.	Influence regulatory reforms, reduce costs, and enhance recruitment and support for overseas health practitioners.
Regulatory Advisory Group (RAG) – Review of Endorsement for Scheduled Medicines for Midwives	Nursing and Midwifery Board of Australia	Provides expert regulatory advice on midwives’ scheduled medicines endorsement review and policies.	Strengthen private hospital midwifery standards, advocacy, and regulatory alignment.
National Maternity Workforce Strategic Advisory Group	NSW Ministry of Health	Advises on maternity workforce planning, recruitment, retention, and strategic policy development.	Strengthen workforce strategy, ensuring private hospital maternity services meet future healthcare demands.
Equally Well Australia	Charles Sturt University	Advocates for equitable physical health care for people with mental illness through collaboration and monitoring.	Supports hospitals in delivering better physical health care for patients with mental illness, reducing disparities.
Private Hospital Sector Committee	Australian Commission on Safety and Quality in Health Care	Advises on key safety and quality issues affecting the private hospital sector in Australia.	Ensures APHA members’ interests are represented in national safety and quality healthcare improvements.
IT-014 Health Informatics	Standards Australia	Standardises health informatics to improve data security, interoperability, quality, and accessibility	Ensure digital health standards reflect private hospitals’ interests, operational needs, and regulatory requirements.
Health Providers Partnership Forum	Department of Veterans’ Affairs	Facilitates collaboration between health providers and the Department of Veterans’ Affairs to improve veteran healthcare services.	Advocates for private hospitals’ interests in shaping policies and programs affecting veteran healthcare services.

Group	Organisation	What the group does	What APHA achieves for members through its participation in the group
Out of Pocket Cost Transparency (OOPT) Consultation Forum	Department of Health, Disability and Ageing	Enhances transparency of healthcare costs, develops patient resources, and improves consumer education on billing.	Advocates for improved transparency in healthcare costs and engages with forum stakeholders to tackle billing challenges, including addressing hidden fees.
National Digital Medicines Advisory Group	Australian Digital Health Agency	Provides strategic advice on digital medicines programs to improve safety, efficiency, and consumer outcomes.	Ensures private hospitals’ needs are represented in national digital medicines initiatives and policy alignment.
Council for Connected Care	Australian Digital Health Agency	Provides strategic advice, oversees implementation, and monitors progress of the National Healthcare Interoperability Plan.	Ensures private hospitals’ needs are represented in digital health standards, interoperability initiatives, and healthcare identifier adoption.
Stakeholder Advisory Group (SAG), a sub-committee of the Inter-Governmental Policy Reform Group (IGPRG)	Department of Health, Disability and Ageing	Provides advice to the IGPRG on the National One Stop Shop and related national health initiatives.	Enhances member hospitals’ influence on national health reforms, ensuring alignment with private sector needs and priorities.
QScript Health Practitioner User Advisory Forum	Queensland Health	Provides a platform for healthcare professionals to address monitored medicines, system updates, and prescription monitoring improvements collaboratively.	Influences monitored medicines policies and system developments to benefit member hospitals’ operations and compliance.
AROC Management Advisory Group	Australasian Rehabilitation Outcomes Centre (AROC)	Oversees AROC’s governance, strategic plans, promotes rehabilitation, informs policy, supports data collection, and fosters collaboration.	Advocates equitable rehabilitation funding, supports private sector models, improves data collection, and fosters collaboration for better outcomes.
National Health Data and Information Standards Committee	Australian Institute of Health and Welfare	Provides technical advice, develops, and oversees national health data standards and information infrastructure.	Advocates for private hospitals’ interests, ensuring their perspectives are integrated into national health data standards.
Prescribed List Reform Evaluation Advisory Group	Department of Health, Disability and Ageing	Facilitates stakeholder collaboration to ensure reforms align with industry needs, regulatory compliance, and sustainable healthcare funding models.	Advocates for mandated funding solutions to protect hospital viability, patient access, clinician autonomy, and affordability in reforms.
Accreditation Committee	Australian Health Practitioner Regulation Agency	Advises on accreditation reform and National Scheme matters, ensuring consistency, quality, and efficiency	Shapes standards that improve workforce development, and system efficiency and ensures that accreditation aligns with private healthcare needs and supports reforms that benefit hospital operations.

# APHA Hospital Members

THE Australian Private Hospitals Association (APHA) thanks all of our Members and Associates for their financial and in-kind support during 2024-25. Their direct involvement and contribution to the APHA are what makes the association the leading voice of private hospitals in healthcare delivery.

AS AT 31 MAY 2025

ACT Endoscopy	Bondi Junction Private Hospital	Coffs Day Hospital
Adelaide Day Surgery	Boroondara Day Surgery	Concept Day Hospital
Adventist HealthCare Limited	Brindabella Endoscopy Centre	Coolenberg Day Surgery
Aesthetic Day Surgery	Brisbane Day Surgery	Corymbia Day Hospital
Albany Community Hospice	Brisbane Waters Private Hospital	Cura Day Hospitals Group
Albany Day Hospital	Buderim Gastroenterology Centre	Darwin Day Surgery
Albury Day Surgery	Bunbury Day Hospital	Day Hospital Partners
Albury Wodonga Private Hospital	Bundaberg Private Day Hospital	Dee Why Endoscopy Unit
Alwyn Rehabilitation Hospital	Burnside Hospital Group	Delmont Private Hospital
Arcadia Pittwater Private Hospital	Burnside Hospital Stepney	Dental Corporation Pty Ltd
Archer St Day Hospital	Burnside Hospital Toorak Gardens	Devonport Eye Hospital
Armidale Private Hospital	Caboolture Private Hospital	Diagnostic Endoscopy Centre
Arrow Health	Cairns Private Hospital	Donvale Rehabilitation Hospital
Attadale Rehabilitation Hospital	Camberwell Day Surgery	Dubbo Private Hospital
Avive Clinic Brisbane	Canberra Microsurgery	Dudley Private Hospital
Avive Clinic Mornington Peninsula	Canberra Private Hospital	Eastern Heart Clinic
Avive Health Pty Ltd	Canberra Surgicentre	Eastern Heart Clinic Group
Ballarat Day Procedure Centre	Castlecrag Private Hospital	Epping Surgery Centre
Ballina Day Surgery	Central Coast Day Hospital - Erina	Epworth Camberwell
Baringa Private Hospital	Charlestown Private Hospital	Epworth Eastern
Barton Private Hospital	Chatswood Day Surgery	Epworth Freemasons
Beleura Private Hospital	Chatswood Private Hospital	Epworth Geelong
Bendigo Day Surgery	Chermside Day Hospital	Epworth Hawthorn
Berkeley Vale Private Hospital	Chesterville Day Hospital	Epworth HealthCare
Bethesda Hospital	Chris O'Brien Lifehouse	Epworth Rehabilitation Brighton

Epworth Richmond	Icon Cancer Centre Revesby	Manningham Private Hospital
Eye-Tech Day Surgeries	Icon Cancer Centre Rockingham	Maryvale Private Hospital
Eye-Tech Day Surgeries Southside	Icon Cancer Centre South Brisbane	Masada Private Hospital
Far North Day Hospital	Icon Cancer Centre Southport	Matilda Health Care Pty Ltd
Figtree Private Hospital	Icon Cancer Centre Townsville	Matilda Nepean Private Hospital
Footscray Day Surgery	Icon Cancer Centre Wesley	Mayo Private Hospital
Forest Road Day Surgery	Icon Cancer Centre Windsor Gardens	Metwest Surgical
Forster Private Hospital	Icon Pty Ltd	Miami Private Hospital
Frances Perry House	IMH Deakin Private Hospital	Mildura Health Private Hospital
Friendly Society Private Hospital	IMH Hironnelle Private Hospital	Mitcham Private Hospital
Glen Iris Private	IMH Nundah Private Hospital	Monash Surgical Private Hospital
Glenelg Community Hospital Inc	Insight Private Hospital	Moreton Day Hospital
Glenelg Day Surgery	Integrated Mental Health Pty Ltd	MSI Brisbane
Glengarry Private Hospital	Ipswich Day Hospital	MSI Canberra
Gosford Private Hospital	John Flynn Private Hospital	MSI Melbourne
Greenhill Dental Day Surgery	Joondalup Health Campus	MSI Perth
Greenslopes Private Hospital	Kareena Private Hospital	MSI Reproductive Choices
Hamilton Day Surgery Centre	Kawana Private Hospital	MSI Sydney West
Hamilton House Day Surgery	Kingsgrove Day Hospital	Mt Wilga Private Hospital
Healthe Care Group Pty Ltd	Kogarah Private Hospital	Mulgrave Private Hospital
Healthwoods Endoscopy Centre	Lady Bjelke-Petersen Community Hospital	Nambour Day Surgery
Herston Private Hospital	Lake Macquarie Private Hospital	Nambour Selangor Private Hospital
Hervey Bay Surgical Hospital	Lakeview Private Hospital	Neerim Health
Hillcrest - Rockhampton Private Hospital	Levant Clinic Canberra	Newcastle Endoscopy Centre
Hobart Day Surgery	Levant Cosmetic Day Surgery Randwick	Newcastle Eye Hospital
Hobson Healthcare Sydenham	Levant Cosmetic Enterprises Pty Ltd	Nexus Day Hospitals Pty Ltd
Hobson Healthcare Werribee	Levant Gold Coast Day Hospital	Ngala Family Services
Hollywood Private Hospital	Linacre Private Hospital	Noosa Hospital
Hummingbird House	Lingard Private Hospital	North Eastern Community Hospital
Hunters Hill Private Hospital	Lions Eye Institute Day Surgery Centre	North Lakes Day Hospital
Hurstville Private Hospital	Lithgow Community Private Hospital	North Queensland Day Surgical Centre
Icon Cancer Centre Adelaide	Liverpool Eye Surgery	North Shore Private Hospital
Icon Cancer Centre Canberra	Logan Endoscopy Services	North West Private Hospital (QLD)
Icon Cancer Centre Chermside	Macquarie University Hospital	North West Private Hospital (TAS)
Icon Cancer Centre Hobart	Madison Day Surgery	Northern Private Hospital
Icon Cancer Centre Mackay	Maitland Private Hospital	Nowra Private Hospital
Icon Cancer Centre Midland		Orange Eye Centre
Icon Cancer Centre North Lakes		Oxford Day Surgery

Pacific Day Surgery Centre
Pacific Private Hospital
Panch Day Surgery Centre
ParkView Day Surgery
Parramatta Eye Centre
Peninsula Private Hospital (Vic)
Pennant Hills Day Surgery
Perth Clinic
Perth Eye Hospital
Pindara Day Procedure Centre
Pindara Private Hospital
Pittwater Day Surgery
Port Macquarie Ophthalmic Surgery
Port Macquarie Private Hospital
Ramsay Clinic Adelaide
Ramsay Clinic Albert Road
Ramsay Clinic Cairns
Ramsay Clinic Caloundra
Ramsay Clinic Cremorne
Ramsay Clinic Macarthur
Ramsay Clinic New Farm
Ramsay Clinic Northside
Ramsay Clinic Thirroul
Ramsay Clinic Wentworthville
Ramsay Day Clinic Kahlyn
Ramsay Health Care Australia Pty Ltd
Ramsay Surgical Centre Cairns
Ramsay Surgical Centre Coffs Harbour
Ramsay Surgical Centre Glenferrie
Ramsay Surgical Centre Miranda
Ramsay Surgical Centre Orange
Regional Imaging Cardiovascular Centre
RiverCity Private Hospital
Riverina Day Surgery
Roderick Street Day Surgery
Rosemont Endoscopy Centre
Royal Rehab Group
Royal Rehab Private Petersham

Royal Rehab Private Ryde
Samford Road Day Hospital
Seaford Day Surgery
Shellharbour Private Hospital
Shepparton Private Hospital
Short Street Day Surgery
Sir John Monash Private Hospital
Skin Health Institute
Somerset Private Hospital
South Bank Medical Group Pty Ltd
South Brisbane Day Hospital
South Pacific Private Hospital
South Perth Hospital
Southbank Day Surgery
Southern Highlands Private Hospital
St Albans Endoscopy Centre
St Andrew's Hospital Inc
St Andrew's Ipswich Private Hospital
St Andrew's Toowoomba Hospital
St George Private Hospital
St Luke's Hospital
Stirling Hospital Inc
Stonnington Day Surgery
Strathfield Private Hospital
Subiaco Private Hospital
Sundew Day Surgery
Sunshine Coast Day Surgery
Sunshine Coast Haematology and Oncology Clinic
Sunshine Coast University Private Hospital
Sutherland Heart Clinic
Sydney Adventist Hospital
Sydney Day Surgery - Prince Alfred
Sydney Surgical Centre
Tamara Private Hospital
The Avenue Private Hospital
The Bays Hospital
The Border Cancer Hospital
The Cataract Clinic (Aust)

The Digestive Health Centre
The Eye Hospital
The Hobart Clinic
The Park Private Hospital
The Park Private Hospital & Walcott Street Surgical Centre
The SAN Day Surgery
The Southport Private Hospital
The Tennyson Centre Day Hospital
Toowong Private Hospital
Toowoomba Surgicentre
Townsville Day Surgery
Vermont Private Hospital
Victoria Parade Surgery Centre
Vision Centre Day Surgery
Vision Eye Institute
Walcott Street Surgical Centre
Wangaratta Private Hospital
Waratah Private Hospital
Warners Bay Private Hospital
Warringah Day Surgery
Warringal Private Hospital
Waverley Private Hospital
West Leederville Private Hospital
Western Haematology and Oncology Clinics
Western Hospital
Western Private Hospital
Western Sydney Private Oncology & Infusion Centre
Westmead Private Hospital
Westside Private Hospital
Whitehorse Day Surgery
Windsor Gardens Day Surgery
Windsor Private Hospital
Wollongong Day Surgery
Wollongong Private Hospital
Wolper Jewish Hospital
Wyndham Clinic
Wyvern Private Hospital

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