

CANBERRA Doctor

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Greens Propose Changes to ACT Abortion Law

Ms Caroline Le Couteur, an ACT Greens MLA, has put forward a private members bill to reform abortion law in the ACT. The *Health (Improving Abortion Access) Amendment Bill 2018* is due to be debated by the ACT Legislative Assembly in September 2018.



Caroline Le Couteur MLA.

In essence, the bill aims to make changes including:

- Allowing nurse practitioners to supply and administer medication for medical terminations

- Removing the requirement that medical terminations must be undertaken in an approved facility
- Requiring practitioners (both medical practitioners and nurses) who conscientiously object to participating in a termination that is not an emergency situation, to inform the person requesting the termination of their refusal to participate.

The bill contains other changes and can be accessed at http://www.legislation.act.gov.au/b/db_57801/default.asp

Background to the Bill

In 2002, the ACT Legislative Assembly removed the criminal



offence of procuring an abortion including in relation medical practitioners who carried out or supplied drugs to carry out an abortion. However, the *Health Act*

(1993) currently provides that both surgical and medical abortions in the ACT can only be carried out in an approved medical facility. The currently approved facilities are

Canberra Hospital, John James Hospital, National Capital Private Hospital and Marie Stopes.

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President's Notes

WITH PRESIDENT, DR ANTONIO DI DIO

Welcome to the latest edition of the *Canberra Doctor*.

In this update, I wanted to start by briefly reporting on my first AMA Federal Council meeting, held a week or two ago here in Canberra, and mention a few important matters covered in the two-day meeting. First of all, I wanted to update you on mandatory reporting and the progress being made towards a fairer system aimed at encouraging practitioner-patients to seek treatment while maintaining the safety of our health system.

It's so important that doctors, like any other citizen, can feel safe and comfortable in seeking medical attention without the incredibly unfair fear that they might lose their job in doing so, and the AMA's efforts over many months here so far have made me very proud.

While good progress has been made over the course of the last twelve months, it looks as though we're reaching the pointy end. The COAG Health Council is shortly to consider the outcome of a "targeted consultation" with interested groups, including the AMA, on

a legislative package. While I'm hopeful of a good outcome, we must keep on advocating for what we know is right and I have every confidence that, with goodwill, we can get a fair outcome.

Asylum Seeker Health

The second important matter was Federal Council's decision to unanimously call on the Australian Government to act urgently and guarantee the health and wellbeing of asylum seeker children and their families on Nauru. Amid reports of a children's health crisis on Nauru, Federal Council urged the Government to ensure that the children and their families being held indefinitely on Nauru be given urgent access to appropriate health care in a public and transparent way.

In speaking to the media afterwards, AMA President, Dr Tony Bartone said that the medical staff employed by IHMS on Nauru were doing their best in significantly challenging and trying conditions, but the Australian public needs to be informed and shown that these asylum seekers are receiving appropriate care and support.

The AMA would like to see a delegation of independent Australian health professionals allowed to visit and examine the asylum seekers – adults and children – and report on their condition to the Australian Parliament and the Australian people.

ACT Abortion Law Reform

Locally, ACT Greens MLA, Caroline Le Couteur, has introduced a bill into the Legislative Assembly to reform ACT abortion laws. The major changes are threefold – remove the requirement that medical terminations be undertaken in an "approved facility", allow nurse practitioners to supply and administer medication for medical terminations and update the requirements around conscientious objection such that medical practitioners must inform the person requesting the termination of their objection.

The AMA Board meeting in early August expressed in-principle support for most of the proposed reforms. More information is available in this edition of *Canberra Doctor* including in relation to how you can give AMA (ACT) your view on the reforms. I welcome any and all feedback from

you on this important issue so that we can continue to represent the views of the ACT medical profession.

UCPH Opens

This month's *Canberra Doctor* contains an extended report on the new University of Canberra Public Hospital. The UCPH was officially opened by Health Minister, Meegan Fitzharris and Mental Health Minister, Shane Rattenbury in June of this year.

'Art In, Butt Out'

I recently had the pleasure of announcing that Canberra High year 8 student, Kyra Van Den Hurk, was the winner of the 2018 'Art In, Butt Out' competition. Kyra was officially presented with her prize by Chris Steel MLA at an event held at the ACT Legislative Assembly.

The 'Art In, Butt Out' brief for Canberra's emerging Year 8 design artists was to come up with an anti-smoking message that would appeal to their peers, helping to reduce the harm that smoking causes. Kyra's winning entry will feature on *Canberra Milk* bottles over the month of September.

My thanks to all the members of the AMA (ACT)'s Tobacco Task, Chris Steel MLA and, in particular, David Tyack from *Canberra Milk*.

AMA 'Most Ethical'

It's a matter of some pride that the AMA has again topped the Governance Institute of Australia's 2018 poll of Australia's most ethical member associations. The AMA was placed ahead of Engineers Australia and the National Farmers Federation, who took out second and third places respectively.

AMA State and federal teams

It's with much gratitude I'd like to point out the amazing job that the secretariat provide in AMA ACT and the Federal AMA. Hardworking and driven people, usually bringing multiple different skills to the table because of their own talents and our very limited budgets, are constantly writing, calling, analysing and advocating on behalf of all ACT docs, whether AMA members or not. Their tireless work is inspiring, and I'd like very much to thank Peter and his amazing team. See you all next issue, Antonio

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University of Canberra Public Hospital opens

BY MATTHEW DI DIO

The University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research was officially opened by Minister for Health and Wellbeing, Meegan Fitzharris, and Minister for Mental Health, Shane Rattenbury earlier in June and has now begun to take patients.



Health Minister, Meegan Fitzharris.



The opening of the ACT's newest hospital also saw the public invited to tour the facility with the tours featuring demonstrations of equipment and facilities.

In opening the new facility, Health Minister Meegan Fitzharris called it a "landmark day for health in the ACT" and noted that "opening a new hospital doesn't come around very often." Minister Rat-

tenbury emphasized his immense pride in UCH, specifically in its promise to provide much needed mental health services to Canberrans at various stages of their healthcare journey.

The University of Canberra's Vice-Chancellor, Professor Deep Saini, joined in the ministers' welcome and acknowledged the work of all parties – construction team, government officials

and medical professionals. He added a personal thanks to the former UC Vice-Chancellor, Prof Stephen Parker, as well as the previous Dean of the Faculty of Health, Professor Diane Gibson.

Ramping up services

The hospital has begun to take patients, initially relocating those from other mental health or rehabilitation services across the


ACT including Canberra Hospital, Calvary Public Hospital, Brian Hennessy Rehabilitation Centre, and the Adult Mental Health Day Service at Belconnen Community Health Centre. ACT Health and Calvary Public Hospital have been informing patients of the plans to transition to the new hospital and associated services.

The hospital will be taking patients over the age of 18 who are

recovering from surgery, illness or injury, or experiencing mental illness. It will provide care for inpatients, as well as outpatient treatment and day services.

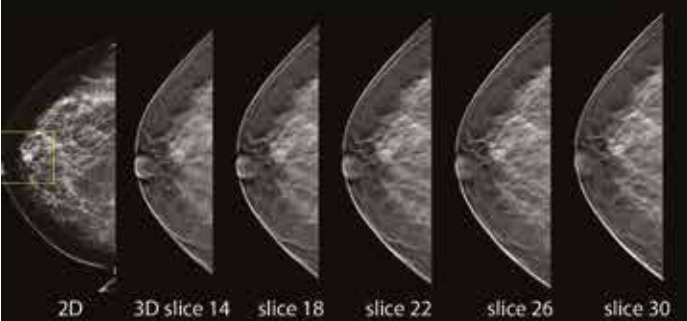
With the capacity for 140 inpatient beds, as well as 75 day-places and additional outpatient services, UCH will be the largest rehabilitation centre in the ACT and the surrounding region.

Continued page 10...



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Greens Propose Changes to ACT Abortion Law...continued

...From page 1

The Greens claim, in the explanatory statement to the bill that:

"the situation in the ACT has not kept pace with advancements in how abortifacients are prescribed and administered in Australia . . . as at March 2018, in New South Wales, Queensland, Western Australia, the Northern Territory, Victoria and Tasmania, medical abortion services are available to terminate a pregnancy without the person having to attend a designated clinic."

AMA (ACT) Position

On balance, the AMA (ACT) has formed a view that is favourable to most of the proposed bill. Improved access to medical terminations balanced, against patient safety considerations were a key discussion point. Also important was the limited expansion of the requirements for a practitioner to conscientiously object to participation.

Coincidentally, the issue of conscientious objection more generally is being dealt with at the present time by the Federal AMA. Federal Council is reviewing the current position statement.

The proposal to grant Nurse Practitioners the ability to supply and administer medication for the purpose of medical terminations was rejected on the basis that only medical practitioners should retain these rights. In discussions with the ACT Greens, they had made it clear that the nurse practitioner proposal is designed to prepare for,



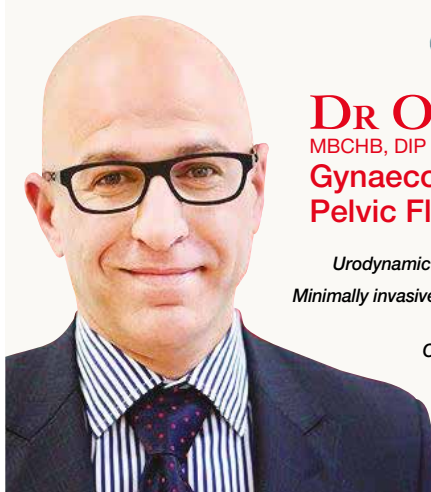
what they say, is the time that nurse practitioners are authorised to prescribe the relevant medication.

Have your say

If you have a view on these matters, AMA (ACT) encourages you to make it known to via email or other means. Please email any correspondence to execofficer@ama-act.com.au or call the office on 02 6270 5410. The explanatory statement for the bill can be accessed at: http://www.legislation.act.gov.au/es/db_57802/default.asp

ACT Greens Abortion Law Reform Proposals

- New definitions that replace 'abortion' with 'termination' throughout.
- The definitions section also defines the two classes of termination – medical being "the supply or administration of a termination drug" and surgical being "a surgical procedure or any other procedure or act ... that causes a pregnancy to end prematurely". Termination drug is in turn defined as "a drug or substance that causes a pregnancy to end prematurely".
- The requirement that only a doctor can carry out an abortion is removed and replaced by a provision that permits nurse practitioners to also supply or administer a termination drug.
- The bill removes the general requirement that both medical and surgical terminations be undertaken in approved medical facilities.
- The Minister must approve a medical facility if he/she is reasonably satisfied it is suitable
- An authorised person (medical practitioner or nurse) who conscientiously objects to participating in a termination must inform the person requesting the termination of their refusal to participate.



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Canberra High Student, Kyra Van Den Hurk, wins 'Art In, Butt Out'

Canberra High School Year 8 student, Kyra Van Den Hurk has taken out the eleventh annual 'Art In, Butt Out' competition with MLA, Chris Steel, presenting the winner with her prize.



Chris Steel MLA presents Kyra Van Den Hurk with a poster of her winning entry.

'Art In, Butt Out' is an initiative of the AMA (ACT) and its Tobacco Task Force, that asks local Year 8 students to put their design and marketing skills to the test and come up with an advertisement that will help reduce the number of young people who smoke.

"This year we had more than 40 entries from Year 8 students and schools across Canberra. All the entries were of an

exceptionally high quality and I'd like to commend all the budding art, design and marketing stars who submitted a design and got involved with 'Art In, Butt Out' this year." AMA (ACT) President, Dr Antonio Di Dio said.

"Kyra's winning entry had all the elements we were looking for and I believe the artwork clearly sends a message that will help influence teenagers to think twice about tak-



'Art In, Butt Out' winner, Kyra Van Den Hurk with the Tobacco Taskforce members.

ing up smoking or convince them to quit.' Dr Di Dio said.

"Kyra's design will be displayed on Canberra Milk bottles for four weeks in September, which means it will potentially be seen by tens of thousands of people."

Anti-Smoking Message

"'Art In, Butt Out' encourages young people to think about their health and well-being and to sup-

port peer-to-peer education about the harmfulness of smoking and tobacco products," Dr Di Dio said.

"The 'Art In, Butt Out' competition can help in the fight against smoking because the public health messages being created are designed by teenagers for teenagers. These students know what motivates their friends and how to most effectively convince them to make the smart choice." Dr Di Dio added.

"Finally we'd like to thank Health Minister Meegan Fitzharris and ACT Health, Chris Steel MLA, the ACT Education Directorate and Canberra Milk for their continuing support and making 'Art In, Butt Out' possible." Dr Di Dio concluded.

The AMA (ACT)'s Tobacco Task Force includes: Cancer Council ACT, Heart Foundation ACT, Canberra ASH, Winunga Nimmitjiah AHS and ACT Health.



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AMA President, Dr Tony Bartone: National Press Club Address

'Health reform: Improving the patient journey'

It is a humbling experience to be elected President of such a proud and respected organisation as the AMA.

I am a GP, and I have been in practice in the northern suburbs of Melbourne for more than 30 years. Some of you may know that I was inspired to become a GP by watching my own family doctor, who cared for my ill father when I was growing up. Even now, my mother reflects on the care and dedication my family GP displayed in caring for her family. It's no surprise that he became an early mentor in my professional life.

I have seen it all as I have looked after the health of my community and my patients, including generations of the same families. I like to think that my experience has given me some credibility in knowing what works and what doesn't work in the health system, especially in primary care.

My overarching concern has always been the patient journey – ensuring that people get the right

care at the right time in the right place by the right practitioner.

The priorities for me are always universal access to care, and affordability.

Today, I will share my views on what can be done to make our great health system even better – how to improve the patient journey.

General practice and primary care reform

On the day I was elected, I made it very clear that one of the hallmarks of my Presidency would be stridently advocating for significant investment in general practice. This week just happens to be AMA Family Doctor Week – a tribute to hardworking GPs.

Your GP – your family doctor – will ensure that your health needs are met throughout all stages of your life. Be it immunisation, preventative health care, age specific



Dr Tony Bartone: a plan for reform of general practice.

medical checks, chronic disease management, or aged care, the life long relationship with your GP underpins continuous and appropriate care.

This is especially the case for patients who are from culturally or linguistically diverse backgrounds. For them, GPs truly are their trusted health advocates. However, there is something really crook

about how GPs have been treated by successive Governments.

They have paid lip service to the critical role GPs play in our health system, often borne out of ignorance and often in a misguided attempt to control costs. General practice has been the target of continual funding cuts over many years. These cuts have systematically eaten away at the capacity of general practice to deliver the highest quality care for our patients.

They threaten the viability of many practices.

I talk to my GP members regularly, both metropolitan and rural. The message is simple – some are at a tipping point and have a very bleak view of the future. They see general practice becoming increasingly corporatised, burdened with more red tape, and GPs are less able to spend the necessary time with patients.

This is not the future that GPs want to see. This is not the future that our patients want to see.

We can and must avoid these bleak predictions, but it requires significant real and immediate

investment from the Government with a clear pathway to long-term reform. Let me be very clear about this: we must put general practice front and centre in future health policy development.

The AMA has a plan for reform of general practice and primary care. It is patient-centred and focuses on better access to long-term continuous quality care and managing patients more effectively in the community.

It is a plan that will require upfront and meaningful new investment, in anticipation of long-term savings in downstream health costs.

Short Term

The AMA plan for general practice will involve:

- significant changes to Chronic Disease funding, including a process that strengthens the relationship between a patient and their usual GP, and encourages continuity of care;
- cutting the bureaucracy that makes it difficult for GPs to refer patients to allied health services;

Doctors' health resources

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doctorportal

JMO Health:

<http://www.jmohealth.org.au/>

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<http://dhas.org.au/resources/resources-for-junior-medical-officers.html>

On the DHAS website itself.



AMSA students and young doctors:

<http://mentalhealth.amsa.org.au/about-the-campaign/>

<http://mentalhealth.amsa.org.au/keeping-your-grass-greener/>



VALE

The president, Dr Antonio Di Dio, Board members and staff of AMA (ACT) extend their sincere condolences to the family, friends and colleagues of Dr Helen Margaret Adam.



- formal recognition in GP funding arrangements of the significant non-face-to-face workload involved in caring for patients with complex and chronic disease;
- additional funding to support enhanced care coordination for those patients with chronic disease who are at risk of unplanned hospital admission – a similar model to the Coordinated Veterans Care Program funded by the Department of Veterans Affairs;
- a properly funded Quality Improvement Incentive under the Practice Incentive Program – the PIP;
- changes to Medicare that improve access to after-hours GP care through a patient's usual general practice;
- support for patients with chronic wounds to access best practice wound care through their general practice;
- better access to GP care for patients in residential aged care; and
- annual indexation of current block funding streams that have not changed for many years ... including those that provide funding to support the employment of nursing and allied health professionals in general practice.

Longer Term

We need to look at moving to a more blended model of funding for general practice in the longer term. While retaining our proven fee-for-service model at its core, the new funding model must have an increased emphasis on other funding streams, which are designed to support a high performing primary care system.

This will allow for increasing the capability and improving the infrastructure supporting general practice to allow it to become the real engine room of our health system. It is about scaling up our GP-led patient-centred multidisciplinary practice teams to better

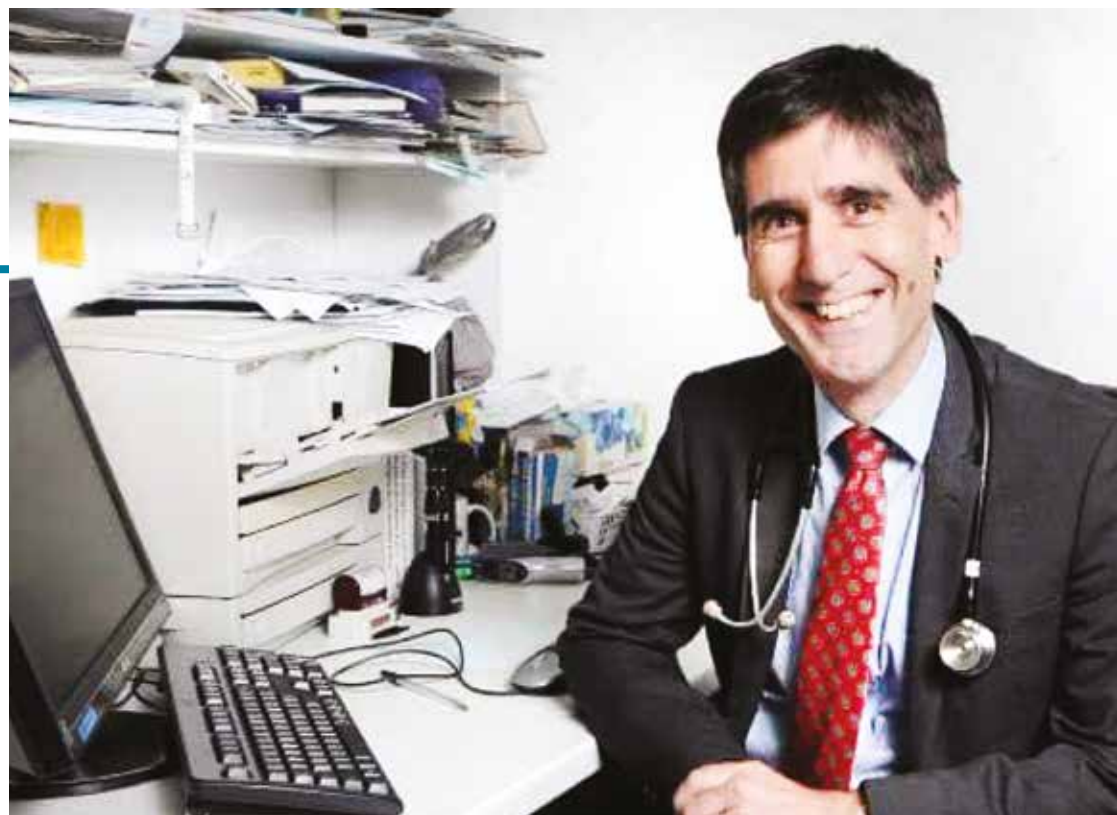
“ This is not the future that GPs want to see. This is not the future that our patients want to see

provide the envelope of health care around the patient in their journey through the health system.

A good example is the Blacktown Hospital Diabetes Outpatient Clinic in New South Wales.

This Clinic has a waiting time of less than a week because the service is distributed to its catchment GPs with the appropriate funding and support for both personnel and infrastructure.

This is a small example, but a significant one when you consider the



AMA President, Dr Tony Bartone.

Public hospitals

We also need a better plan for public hospitals.

In an election year, voters tend to focus very closely on public hospitals when they are comparing health policies. Public hospitals are a critical part of our health system. They are highly visible. They are greatly loved institutions in the community. They are vote changers.

In 2016-17, public hospitals provided more than six and a half million episodes of admitted patient care. They managed 92 per cent of emergency admissions. If the state of general practice is crook, then our public hospitals are on permanent code yellow.

Despite their importance, and despite our reliance on our hospitals

to save lives and improve quality of life, they have been chronically underfunded for too long. Between 2010-11 and 2015-16, average annual real growth in Federal Government recurrent funding for public hospitals has been virtually stagnant – a mere 2.8 per cent.

The AMA welcomes that, between 2014-15 and 2015-16, the Federal Government boosted its recurrent public hospital expenditure by 8.4 per cent. But a one-off modest boost from a very low base is not enough.

I deal with the results of stressed public hospitals every day and manage the impact it has on my patients. Our hospitals are stretched to the limit.

Continued page 8...

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AMA President, Dr Tony Bartone

...continued

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The 2020-25 hospital funding agreement does little to improve the situation. Funding levels stay the same, but public hospitals will have to do more with it to help coordinate patient care post-discharge.

The AMA supports better discharge planning and integrated care, especially for patients with complex and chronic disease. But this will cost money – and public hospitals need extra funding.

The AMA calls on the major parties to boost funding for public hospitals beyond that outlined in the next agreement. There must be a plan to lift public hospitals out of their current funding crisis, which is putting doctors and patients at risk.

We need policies to fully fund hospitals. We must help them improve patient safety and build their internal capacity to deliver high value care in the medium to long term. They must link up and work with primary care to deliver better coordinated care.

I note that Labor has pledged an extra \$2.8 billion for public hospitals. I expect that the Coalition will match that as the election draws nearer. They do not want another Medi-scare style campaign.

Medical care for older Australians

Aged care was, until very recently, one of the highest profile segments of the health system – but for all the wrong reasons. It is now emerging as an area in need of significant reform as the population ages and lives longer.

Older Australians all too frequently do not have the same access to medical care as other age groups – a longstanding result of inadequate funding in the aged care system. This inequity will likely only grow as the Australian population ages with more complex, chronic medical conditions requiring more medical attention than ever before.

We have witnessed numerous consultations and reviews and it's now is the time for action.

There is already sufficient information to underpin the final rec-

ommendations. It is simply unfair and unjust to delay this any further. An increase in funding for GP visits to aged care facilities would result in many savings, including from reduced ambulance transfers to hospital emergency departments.

“ We need to look at moving to a more blended model of funding for general practice in the longer term

The AMA wants to see Medicare rebates that adequately cover the time that doctors spend with the patient assessing and diagnosing their condition and providing medical care. We want new telehealth Medicare items that compensate GPs, and other medical specialists, for the time spent organising

and coordinating services for the patient. This includes the time that they spend with the patient's family and carers to plan and manage the patient's care and treatment.

And we must reverse the decline in the proportion of Registered Nurses in aged care.

The AMA Aged Care Survey, released today, shows that AMA members who work in aged care have identified the shortage of Registered Nurses – who should be available 24 hours a day – as the biggest priority for aged care reform.

The survey also shows that one in three doctors are planning to cut back on, or completely end, their visits to patients in aged care facilities over the next two years. This is largely because the Medicare rebates are inadequate for the amount of time and work involved.

The AMA will ensure that aged care gets the attention and profile it deserves in the election campaign.

Indigenous health

I am very pleased that one of my first announcements as AMA President was the AMA endorse-

ment of the Uluru Statement from the Heart. The Uluru Statement expresses the aspirations of Aboriginal and Torres Strait Islander people with regard to self-determination and status in their own country.

The AMA has for many years supported Indigenous recognition in the Australian Constitution and the Uluru Statement is another significant step in making that recognition a reality.

The AMA is committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

It is simply unacceptable that Australia, one of the wealthiest nations in the world, cannot solve a health crisis affecting fewer than three per cent of its citizens.

In closing, I know the challenges ahead for the health system. I will dedicate my Presidency to improving health policy so that we have a system that delivers the best possible care to our patients.

The AMA will be a very strong and loud advocate.



Expressions of Interest open to General Practitioners

At Ochre Health, our commitment to our medical professional family in Canberra marks everything we do. Our medical practices in Kingston, Garran, Bruce, Calwell and Casey, provide our doctors with flexible working arrangements, a healthier work-life balance, clinical autonomy, patient-centric care, and extensive administrative and nursing support.

Due to open this year, Ochre Health Hub Kippax, in Holt, will build on our already significant footprint in the capital. Located in the former Magpies Football Club, this custom designed medical centre will meet the growing demand for medical services among the greater Belconnen area. With capacity for 15 GPs, the practice will combine, modern design and top-of-the-line equipment and facilities. We have made provisions to ensure that our GPs will benefit from increased space for nursing and procedural services (CDM, cervical screening, and vaccinations), and mixed and private billing practices.

Ochre Health is seeking Expressions of Interest from General Practitioners interested in joining the medical family at Ochre Health Hub Kippax.

Register your interest with Daniel Boyens, National Recruitment Manager on 0409 872 770 or dboyens@ochrehealth.com.au

For more information go to ochrehealth.com.au/kippax



Family Doctor Week Dinner

At this year's Family Doctor Week dinner, we were fortunate to have Dr Tony Bartone, Federal AMA President as our guest of honour. Tony, a Melbourne GP, was fresh from his earlier appearance at the National Press Club where he laid out his vision for general practice and primary care reform, public hospitals, aged care and indigenous health.

Coming to the presidency as a GP, Dr Bartone has made it clear to all parties that one of the hallmarks of his presidency would be advocating strongly for significant investment in general practice. Tony's speech to the National Press Club is reported elsewhere in this edition of *Canberra Doctor*.

Following dinner, AMA (ACT) President, Dr Antonio Di Dio welcomed guests including Dr Bartone, Dr Kerrie Bradbury, Chair of the ACT

Board of the Medical Board of Australia and Capital Health Network CEO, Gaylene Coulton.

Dr Bartone then addressed the dinner – continuing his themes from the earlier National Press Club address – and then taking questions.

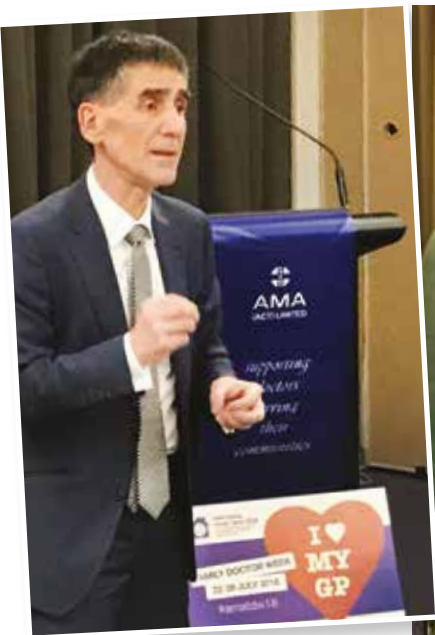
Our thanks to Specialist Wealth Group, a preferred partner of AMA (ACT), for their support of the evening.



"I Love my GP!"



From left, Dr David Brand, Dr Iain Dunlop and Dr Tony Bartone.



Dr Tony Bartone, AMA President, addresses the dinner.



From left, Dr Liz Gallagher, Prof Julie Quinlivan and Dr Suzanne Davey.



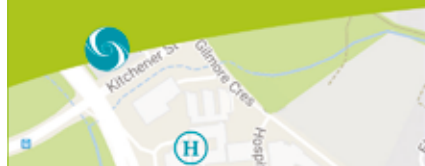
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University of Canberra Public Hospital opens...continued

...From page 3

3rd ACT Public Hospital

UCH will be the third public hospital in the Nation's Capital, however it will be the first dedicated rehabilitation hospital with Minister Fitzharris saying "this move will also help our health professionals provide better person-centred care and rehabilitation setting with increased opportunities for collaboration and innovation."

The Minister for Health highlighted both the physical design of the hospital and the artwork featured throughout, describing the new facility as not only "a place for people to recover but also as a part of their journey of healing."

Minister for Mental Health, Shane Rattenbury was also quick to praise the facility, saying that

"having toured the hospital just recently, I'm really impressed by the design of the space and thought that has gone into it," adding that he was pleased at "the sense of warmth and the comfortable environment of the mental health facilities."

“ a place for people to recover and continue their journey of healing

"I know the staff at our current mental health day service are excited to be moving into this new space."



Mental Health Minister, Shane Rattenbury, addresses the opening of UCPH.

Minister Rattenbury also took the opportunity to reiterate the ACT Government's ongoing commitment to mental health and that it remained a priority both in Canberra's public hospitals and associated services and in the wider community.

Education and Training

Minister Fitzharris also emphasised the education, research and training opportunities the facility brought to Canberra, "the new hospital is also a teaching and research hospital, with a dedicated Clinical Education and Research Centre established in partnership with the University of Canberra. It will benefit Canberra's health students and help bolster the skills of Canberra's future health workforce."

She added that the increased opportunities for vocational teaching



An outdoor courtyard at the new hospital (courtesy of Prof Deep Saini).

and research at UCPH will only add to Canberra's reputation as the 'Education Capital', emphasising the links between teaching, training, research and service provision that UCPH will provide.

As well as providing a learning

space for students, over 70 staff from the University of Canberra will be based in the hospital.

An introduction and video tour of the University of Canberra Hospital can be found here: <http://www.health.act.gov.au/uch>



A patient's view at the new hospital (courtesy of Prof Deep Saini).

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GP Registrar Training: A short introduction

BY CHRISTINE NEOU, AMA (ACT) WORKPLACE RELATIONS ADVISOR

The National Terms and Conditions for the Employment of Registrars ("NTCER") outlines the minimum terms of employment for all GP Registrars in Australia, including education and training. However, it is the Australian General Practice Training Program ("AGPT") that mandates training requirements and training time for GP Registrars.

According to AMA data, the 2015-16 workforce consisted of almost 4,000 GP Registrars, with general practice being one of the most preferred types of medical practice for medical students in their final year of a medical degree. Despite the profound changes to general practice since formal training was implemented in 1973, the requirement of hospital experience ahead of GP training still remains. For the junior doctors, their main concern is that the stressful and demanding workload of hospital workplace experiences are of "questionable educational value" to their general practice career trajectory.

Issues with Hospital Practice

Given the holistic nature of general practice, concerns persist that hospital practice may provide limited educational benefit. In hospitals, with increasing subspecialisation, junior doctors risk being exposed to specific aspects of a larger area of practice leaving gaps in the assumed knowledge of a GP Registrar. Additionally, the working conditions and patterns of work are vastly different – shift work is not ordinarily a requirement of general practice, leaving junior doctors

who want to pursue a career as a GP questioning its validity.

Finally, junior doctors make fewer clinical decisions during their hospital training than is required in general practice; diagnostic and management errors can occur as a result, as hospitals see a very different spectrum of illness than those usually seen by GP Registrars.

The 'Apprenticeship' Model of GP Training

Following the initial years of hospital training, GP Registrars move to an apprentice style training system in general practice. This training requires some different skill-sets to those obtained in the hospital setting, namely focused on managing uncertainty and considering the psychosocial and cultural context of illnesses.

As a GP there is a certain level of independence in relation to the work to be completed, which is adequately addressed in industrial apprenticeships, but rarely occurs in a GP Registrar context, causing the transition from the hospital to general practice to be "scary and isolating." Anecdotal evidence has



seen supervisors report that new GP Registrars are anxious, lack the knowledge of illness scripts needed in general practice and have fewer skills in decision-making and managing multiple medical conditions – all essential to the work of general practice.

Moving forward

Some suggestions as to how to facilitate hospital-based junior doctors into GP Registrar roles have been suggested:

- Raising awareness of the clinical knowledge needed by GPs by making information about GP registrar's priorities for learning readily available, giving junior doctors the ability to appropriately tailor their

personal study.

- Learning activities including learning resources, direct observations of GPs and hospital staff, outpatient clinics, and follow-up of referrals.
- Assessing clinical knowledge by identifying gaps in GP registrar knowledge, supervisor are able to adequately assist.
- Reconfiguring GP training to address the need for "medical training... to be shorter, broader and more geared towards creating generalists who can deal with multimorbidity."

Issues in the ACT

In most instances, as many GPs and GP Registrars will know, neither the ACT Government or GPs and GP Registrars can allocate registrars to particular practices or, for that matter, allocate practices with their preferred number of registrars. This is usually brought about by the tension between the needs of registrars and practices, on the one hand, and the Federal Government's workforce distribution objectives on the other.

While the AMA (ACT) is ready to assist registrars and practices with these and other training issues, it's important to get in touch as early as possible to work out the best way to approach the issue.

**References available on request.*



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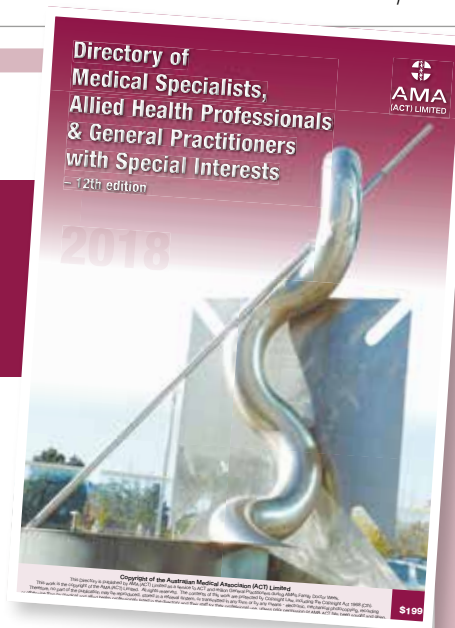
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AMA (ACT) Council of Doctors in Training

So what is the AMA (ACT)'s Council of Doctors in Training and how is it relevant for you? In the words of the Chair of the Federal AMA's National Council of DITs, "it aims to represent doctors in training at all stage of training, across all specialities, [in all parts of country]." The AMA (ACT)'s Council takes on that role locally.

The AMA (ACT)'s Council of Doctors in Training ('ACT CDT') meets every two months to discuss how best to represent doctors in training and we'd like to invite any DITs – Interns, JMOs and Registrars – to join.

Here's a run-down from the July meeting:

Enterprise Bargaining

Following minimal progress over 21+ negotiation meetings with ACT Health regarding the ACT Medical Practitioners Enterprise Agreement, AMA (ACT) have requested the joint support of all bargaining representatives in an application to the Fair Work Commission. This application requests the Commission's assistance to promote cooperative and productive workplaces and prevent disputes – by doing this, we hope to see some progress in the bargaining negotiations. ACT Health have assured that backdated pay increases are certain, the rest is still up in the air...

Problems with Getting Leave?

The CDT discussed Junior Doctors at Canberra Hospital that are at "breaking point" in relation to their leave requests. Often, no

communication is received until after the requested dates have passed and the leave has been unapproved. At Calvary, sometimes the opposite occurs – too many Doctors are granted leave and those who remain at work are required to cover the void by working 8 days straight. Although the implementation of MOSCETU, the centralised rostering system, has seen some improvements, there are still major ongoing issues. One matter in particular that the AMA (ACT) is working on is access to the additional week of leave for shift workers. Many ACT Health employees have been denied access to this additional week, despite Clause 85.7 of the Enterprise Agreement mandating its access, issues are still apparent. We may need to involve the Fair Work Commission for the one as well. If you need assistance regarding leave, please get in touch with our Workplace Relations Team.

Canberra Hospital Radiology Department

In April 2018, ABC News reported about Canberra Hospital's accreditation risks; one major department of concern was Radiology. More recently, Shadow



Dr Mikaela Seymour, 2018 DIT of the year, with Dr John Zorbas, Past National Chair of the AMA CDT.

Health Minister Vicki Dunne has expressed concerns surrounding Radiology training. Despite holding a Level A accreditation for 25 years, The Canberra Hospital has now been downgraded to a Level D, which is the worst score achievable. Mrs Dunne said "it's concerning the government is failing to provide quality training in this area."

The CDT discussed the implications of the Radiology issues onto the work of JMOs – abandonment of good practices, major changes to reports and the outsourcing of reporting. If you work in Radiolo-

gy or would like to add to the AMA (ACT)'s running list of issues with the Department, please get in touch with us.

Goulburn Hospital

Have you completed a rotation at Goulburn Hospital? Are there any issues you would like to report? The CDT is aware of the one hour rostering gap, difficulties obtaining overtime and any additional superannuation entitlements, and unsuitable accommodation. The Canberra Hospital's Chief Medical Officer, Jeffery Fletcher, has been formally notified of these issues and is addressing them with

the support of both the MOSCETU team and the AMA (ACT).

Hospital Healthcheck Survey

Hospital Healthcheck Survey's are used across the country to grade hospitals on five major areas:

- Overtime and Rostering
- Access to Leave
- Wellbeing
- Education and Training
- Morale and Culture

The CDT discussed what this survey could be used for, including informing JMOs ahead of their rotations and to be used

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AMA President, Dr Tony Bartone, with the National Council of DITs 2017.

as quantitative evidence to deal with some issues faced by Doctors in Canberra and surrounding region hospitals. In order to ensure success of this survey, it is imperative that as many JMOs

complete this survey, whether AMA members or not.

Events

The CDT are working in conjunction with our partner, Special-

ist Wealth Group, on a Brewery Function aimed at engaging and networking with AMA members by offering something unique and enjoyable. Additionally, our AMA (ACT) President will be arranging

a monthly networking event for JMOs and Medical student. Stay tuned in to our Facebook Page and your emails for more details...

To inform the AMA (ACT) about

any workplace relation issue or to add to any of the above, please contact either Christine on 02 6270 5415 or wradvisor@ama-act.com.au or Tony or 02 6270 5410 or industrial@ama-act.com.au

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Dr Antonio Di Dio, AMA (ACT) President (right) with Dr Tony Bartone.

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Editorial:

Peter Somerville
Ph 6270 5410 Fax 6273 0455
execofficer@ama-act.com.au

Typesetting:

Design Graphix
Ph 0410 080 619

Editorial Committee:

Peter Somerville
- Production Mng'r

Dr Ray Cook
Dr John Donovan
A/Prof Jeffrey Looi

Advertising:

Ph 6270 5410, Fax 6273 0455
reception@ama-act.com.au

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Dr Singhal's special interest includes Neurodevelopmental Psychiatry and working with children with complex mental health presentation including ADHD, ASD, Intellectual disability, Tourette Syndrome and similar presentations. Family therapy is her other special interest area.



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