medicSA

APRIL 2019

VOLUME 32 NUMBER 2

P5
PRESIDENT'S REPORT

THE WELLBEING TRAIN
GET ON BOARD

SYSTEMS INNOVATION
ADVANCED RECOVERY ROOM CARE

GOING, GOING, GONE
RAH DISAPPEARING AT LOT FOURTEEN

PATHOLOGY:
BIOTIN INTERFERENCE

PLUS

FEDERAL BUDGET • DOCTORS IN TRAINING • PUBLIC HEALTH • 25th SCOUT JAMBOREE
BLOOD BORNE VIRUSES • RECIPE • RIGHTS OF PRIVATE PRACTICE • STUDENT NEWS

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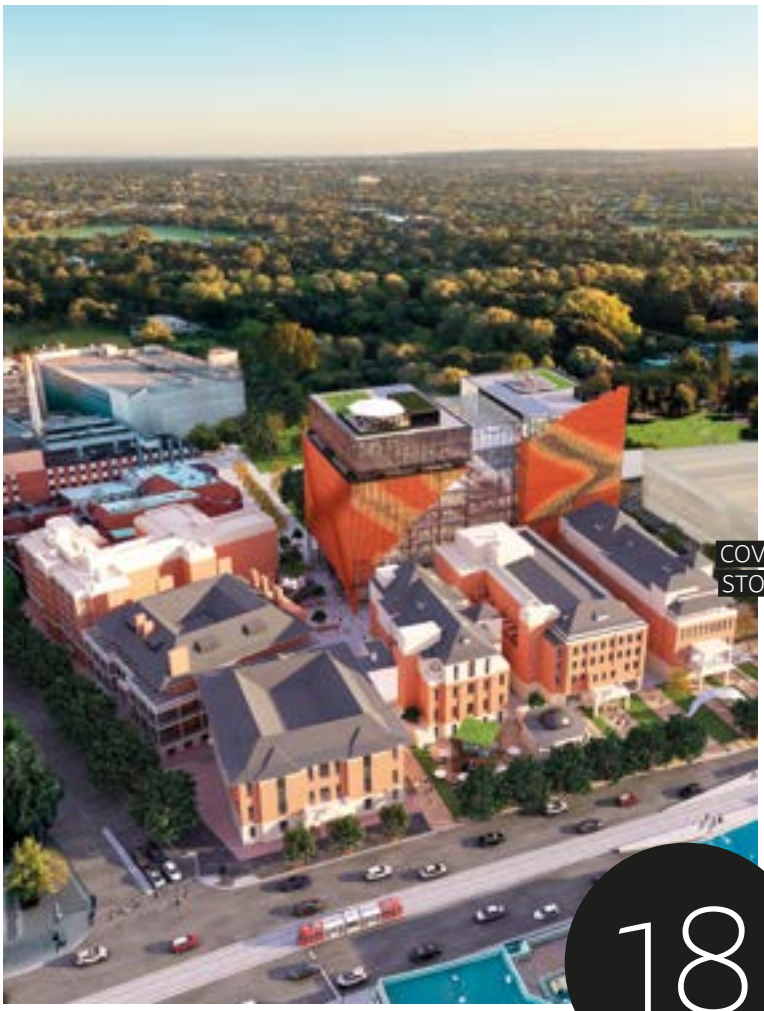

COVER STORY

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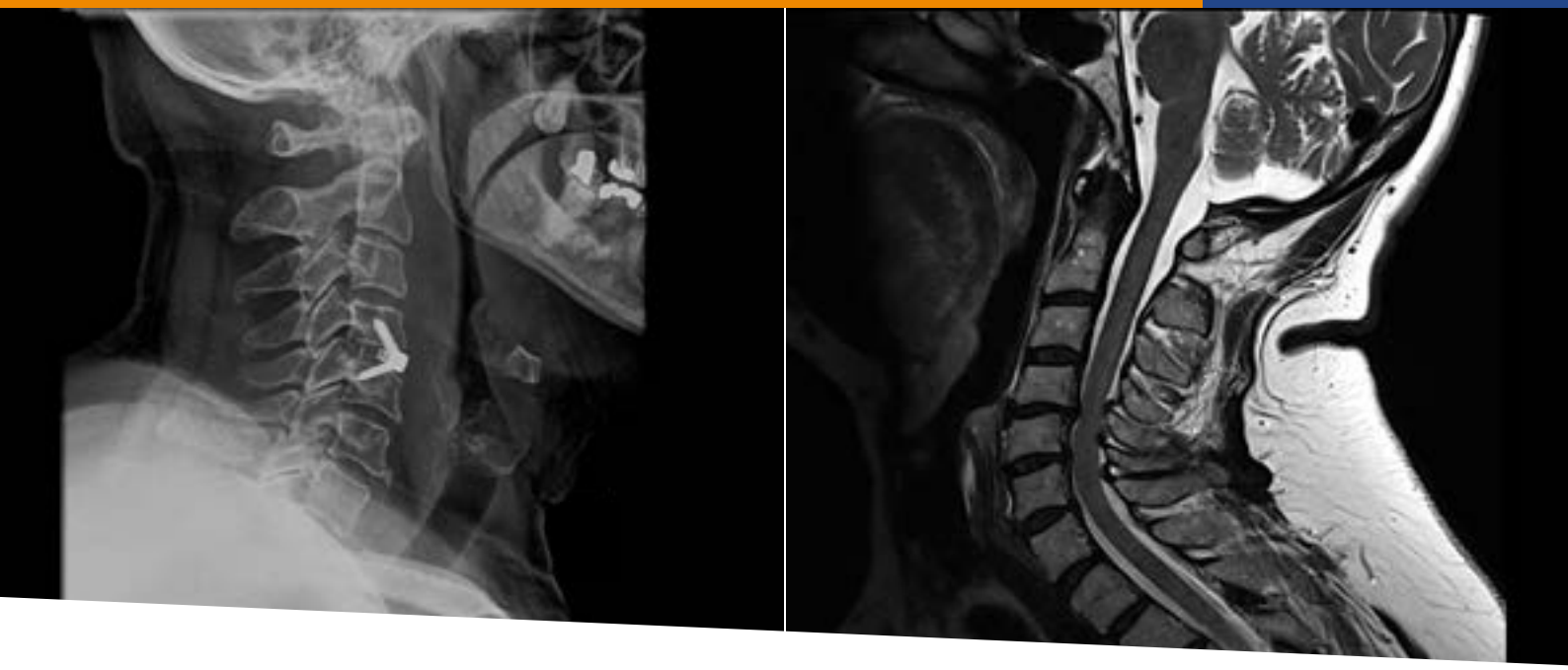
THE RAH IS DISAPPEARING

WHAT'S HAPPENING AT LOT FOURTEEN?

The site of the former Royal Adelaide Hospital is being transformed into an innovation neighbourhood, where thousands of people will work and stay.

GP EDUCATION EVENT

DR JONES & PARTNERS
MEDICAL IMAGING



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Dr Jones & Partners is pleased to offer RACGP accredited education for GPs, offering opportunities for practitioners to develop knowledge and skills in accordance with the QI&CPD program.

Education Event:
Cervical Spine Imaging and Interventions

Tuesday 4 June 2019 at the Adelaide Pavilion

JUNE
4

Speakers

Dr Ken Chan
Radiologist

Dr Chan is part of the team of interventional radiologists at Dr Jones & Partners. He has a special interest in spinal imaging and also spinal interventional procedures.

Dr Chan frequently performs spinal procedures at St Andrew's Hospital.

Dr Mike Selby
Spinal & Orthopaedic Surgeon

Dr Selby specializes in the management of Paediatric and Adult Spinal conditions, including complex conditions such as Scoliosis, Kyphosis, Spondylolisthesis and Spinal Trauma.

Dr Selby is currently in private practice at the Adelaide Spine Clinic and is a Visiting Medical Specialist in the public sector at the Royal Adelaide Hospital, Women's and Children's Hospital and The Queen Elizabeth Hospital.

Other Upcoming Education Events

- **Renal Imaging**
  August 2019
- **Head Imaging**
  October 2019
- **Hernia Investigation**
  March 2020

WWW

To register your interest for upcoming events, visit **www.drjones.com.au/referrer-education**

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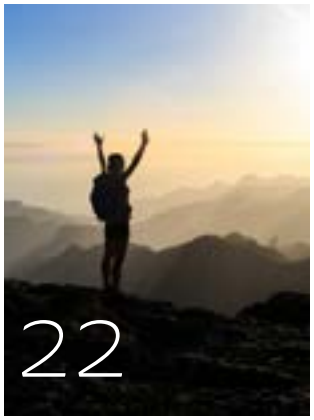

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WILLIAM TAM
PRESIDENT'S REPORT

MUCH COMPLETED, MORE TO DO

... we advocated for a health system that put people first ...

From the vantage point of October 1989, few would have anticipated the spectacular fall of the Berlin Wall a month later. Equally, when I wrote my first column as president of the AMA(SA) in 2017, I could not have anticipated the dramatic events of the past two years, not least, the end of Transforming Health.

Like Europe at the time (and still), the SA health system has faced on-going turbulence. Concentrating resources in 'spine hospitals' and cutting acute care in metropolitan hospitals has caused pain for the community – patients and clinicians. We've had patients being shipped from hospital to hospital, ramping and lost research and training positions.

Two years ago, we were anticipating the new RAH – hoping that the tales of inadequate clinical planning were wrong. We knew that the Repatriation Hospital would be closed, removing vital beds and training positions from the system. We were struggling to use the clunky EPAS, and through our AMA(SA) survey, we provided the then-government with home truths about near misses with patients, time wasted and clinicians leaving the system. Dismissed as technophobes, we consistently argued that EPAS was not fit for purpose in its current state.

We faced privatisation of outpatient radiology with potential to lose the state's radiology training program and significant job cuts at SA Pathology.

Undeterred, we advocated for a health system that put people first. Our election priorities document called for clinician-led decision making and a new clinical data analytics unit to provide transparent independent data to inform health policy making. We called for acute care services to be restored in metropolitan hospitals, collaborative models of step-down care, more money for country health, better access to mental health care and palliative care, and a combined Women's and Children's Hospital (WCH). We were vocal in our support for doctors' wellbeing – a passion issue for me.

I wish I could say that the problems we faced in 2017 had been solved. There are positive signs including the Commission on Excellence and Innovation in Health and the promise to restore multi-day surgery at the Modbury Hospital and re-open the Repat. There's a commitment to funding for country hospitals, a combined WCH and a strategy to address ramping, EPAS (rebadged as Sunrise) and RAH functional issues.

Yet, at the coalface, the effects of these policy shifts are yet to take effect. And again, the future of SA Pathology is uncertain. Ramping at public hospitals goes on. Meanwhile planning continues ...

It's just as important for the AMA(SA) to remain a strong advocate for a people-first health system. I know that's in safe hands with my successor, Dr Chris Moy.

Finally, I would like to thank everyone I have had the privilege to interact with over the past two years in advocating for a better health system. Thank you to my fellow councillors who have given so much time and energy, to the hard-working team at AMA(SA), and most importantly, my family who have supported me every step of the way. ■

EDITOR'S LETTER

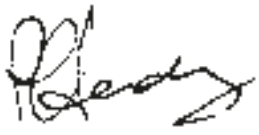
DR PHILIP HARDING

Our cover provides an insight into developments at Lot Fourteen, as the site of the old RAH is now known. The main entrance between heritage listed Bice and McEwin buildings has already been demolished and the picture shows how things might look once the main 1960s building has gone.

Whether the distant view will be of palm trees or a state-of-the-art new building is not clear, but it will look very different to the way it has for the past half a century. Progress on the demolition and future plans for the site are explained in an article on pages 18-20.

It is encouraging to note that Renewal SA – which is controlling the redevelopment – intends "retaining and reconnecting with the site's cultural and health heritage". The most imaginative expression of this might be the establishment of a Health Museum, which could have statewide or even national significance. This is not specifically planned at present but with sufficient support in the right places surely it could still happen.

So, there is no longer an old hospital and a new hospital – just the RAH we now have, where staff are now facing administrative stringencies imposed by KordaMentha, a firm with a strong track record in corporate liquidation. I am confident that clinical excellence will prevail and maintain the standard of care provided by the Royal Adelaide Hospital now for almost two centuries - for example, see page 28.



RURAL GENERALISTS: A VITAL ROLE

The AMA has released an updated Position Statement on Fostering Generalism in the Medical Workforce.

The Position Statement highlights the importance of rebuilding the generalist workforce in Australia. It recommends better training programs and career pathways, and greater recognition and support for the important work provided by generalists across the health system.

Federal AMA president Dr Tony Bartone said generalist doctors play a vital role in the health system as clinicians, teachers, and researchers in all settings, from tertiary public hospitals to remote practices.

The Position Statement can be found at: ama.com.au>advocacy>position-statements.

AMA(SA) MEETS WITH MINISTER

AMA(SA) president A/Prof William Tam, vice-president Dr Chris Moy and acting chief executive Dr John Woodall attended a meeting with Minister for Health and Wellbeing Stephen Wade on 28 March.

The meeting was an opportunity to ask questions, discuss member anecdotes and to obtain up-to-date information on a number of issues.

Items discussed included funding for Mt Barker Hospital, progress on public hospital waiting lists; details regarding the metropolitan out-of-hospitals projects; the pending announcement of 10 clinical advisory groups to assist with the reviews related to SUNRISE EMR software in public hospitals; updates on projects related to the management of the demand on the Emergency Department at the new Royal Adelaide Hospital.

The AMA(SA) meets regularly with the Minister and welcomes your feedback on issues that you believe important to escalate.

If you would like to discuss any issues that affect your practice or your patients, please contact Claudia Baccanello, assistant to the president and chief executive, on 8361 0109. Alternatively email mediapolicy@amasa.org.au.

RIGHTS OF PRIVATE PRACTICE

The SA Department of Health and Wellbeing is currently reviewing doctor's rights of private practice arrangements in outpatient clinics in Local Health Networks.

Previous changes to some Medicare legislative and National Health Reform Agreement business rules has stimulated a review of the SA Health Policy dated 28 July 2016, for Medicare Billing for Private Non-Admitted Medicare Patients in SA Health LHN outpatient clinics.

The AMA(SA) has been alerted by members that a range of problems exist and that there is potential impact on medicalised outpatient clinics at the LHN level and there are likely to be changes to private practice rules.

If you have specific examples of issues that affect your practice and the care of patients, please let us know so we have an understanding of the impact of any review. Contact mediapolicy@amasa.org.au (throughout April).

RULES AROUND CONSCIENTIOUS OBJECTION

The AMA has updated its Position Statement on Conscientious Objection. It is the first update since 2013.

Dr Chris Moy, chair of the AMA Ethics and Medico-Legal Committee and vice-president AMA(SA), explains more about the new Position Statement in his column for the April 15 edition of *Australian Medicine*.

"In short, the AMA states that medical practitioners are entitled to have their own personal beliefs and values as are all members of the community," says Dr Moy.

He goes onto explain that conscientious objection occurs when a doctor, as a result of a conflict with his or her own personal beliefs or values, refuses to provide, or participate in, a legal, legitimate treatment or procedure which would be deemed medically appropriate in the circumstances under professional standards.

A conscientious objection is based on sincerely-held beliefs and moral concerns, not self-interest or discrimination.

It is acceptable for a doctor to refuse to provide or to participate in certain medical treatments or procedures based on a conscientious objection, but doctors have an ethical obligation to minimise disruption to patient care.

Doctors must never use a conscientious objection to intentionally impede patients' access to care.

A doctor with a conscientious objection should inform the patient of their objection, preferably in advance or as soon as practicable, and inform the patient that they have the right to see another doctor.

The doctor must ensure the patient has sufficient information to enable them to exercise that right, and take whatever steps are necessary to ensure the patient's access to care is not impeded.

Doctors must continue to treat patients with dignity and respect, even if they object to the treatment or procedure the patient is seeking.

The updated Position Statement can be found at: ama.com.au> advocacy>position-statements.

... A conscientious objection is based on sincerely-held beliefs and moral concerns, not self-interest or discrimination ...

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The AMA(SA) office is located at 161 Ward Street, North Adelaide. You can contact us by telephone on (08) 8361 0100, by fax to (08) 8267 5349 or email to admin@amasa.org.au.

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AMA(SA) SUBMISSION ON EPAS AND TRANSFORMING HEALTH

The AMA(SA) provided a submission to the Parliamentary Select Committee on aspects of both EPAS and Transforming Health in March 2019. Here is a summary of the recommendations, based on member feedback.

EPAS/SUNRISE

The decision to amend and build on *Allscripts* as the re-badged SUNRISE software is provided with transparency to allow input from users of the system to consider and highlight operational, evaluation and process aspects of the proposed system and changes that will impact on clinical input and data.

Any future technology 'plug ins' or adaptions should be considered in the context of innovation in the global environment of healthcare technology. A process of engagement with users should also be established and implemented, aiming to test and trial new systems and considering the learnings in such trials.

Health system IT changes should be supported by clear governance in reference to an SA Health digital strategy linked to both state and national agendas and associated standards. The interoperability of other systems – including diagnostics, community care and telehealth as well as hand-held monitoring – should also be considered and included in a dynamic SA Health digital strategy.

The SA Government should invest in seeking worldwide advice on systems and opportunities in IT systems as opposed to reinvesting in technology that is not fit for purpose or considered best practice.

SA Health should engage with the AMA(SA) and other professional bodies via a reformed or new Clinical Advisory Council within the Department to advise and engage with administrators and planners of IT change.

TRANSFORMING HEALTH

Transforming Health was supposed to improve the following: the quality of care to address a higher hospital death rate than other states; poor overnight access to senior clinicians; insufficient opportunities for staff to maintain their skills; too many cancelled elective surgeries; low day surgery rates; too many procedures performed; long wait times for discharge or placement; too many hospital transfers; and the system performing below some national standards.

In terms of risks, the AMA(SA) recommended:

- reinstatement of acute care and high observation facilities supported by appropriately skilled staff in medical and surgical wards at metropolitan hospitals
- co-design to review patient flows and the round-robin negotiations that currently characterise hospital admissions
- well-funded, best practice step-down institutions with appropriate GP liaison
- co-design to review clinical inefficiencies at the RAH and investment in appropriate staffing levels to ensure that the hospital can operate effectively at capacity
- co-design to prioritise training and research throughout the system – reinstating acute services at metro hospitals and expanding the case mix for specialists should help to increase opportunities for training and research
- investment in regional health services and greater locum support to encourage doctors to work in country areas
- more access to acute mental health services
- more access to palliative care services.

Importantly, we included direct quotes from our members to assist Parliamentary MPs understand the range of issues described by AMA members. We aim to provide AMA members with a full copy of the submission during the next month.

MEMBER COMMENTS

"I understand there is a view that EPAS has incurred significant investment of more than $400m and there is a responsibility for return on this investment. It is probably no accident that the introduction of EPAS has seen most hospital budgets blow out and although a multi-factorial issue, the impact on morale and working conditions has probably had a significant impact." (Dr B)

"EPAS is an IT system that is simply not logical, for example reading a book you go from page to page for continuity. That's what used to happen with clinicians writing notes, physios and the team writing in patient records – everyone saw what was going on and what changed over time. With EPAS you move between chapters of a book and you waste time. In fact, it's a risk especially for tracking changes to patient results and observations like fluid intake and output. It is simply not logical. The medicines and prescribing parts are probably the most useful after all the years, but even they still have problems that need addressing." (Dr S)

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JOHN WOODALL
FROM THE CEO'S DESK

Beginning February 2019, it has been an honour and my privilege to serve as acting chief executive for the AMA(SA). It has been a time for rebuilding the team spirit and an opportunity to reimagine the AMA value proposition.

Membership is the 'life force' of the AMA. However, like memberships of other not-for-profit organisations, it remains vulnerable to change in social and political circumstances.

I envision the AMA(SA) as a 'think tank' or 'centre of excellence' for the provision of exemplary advice to public and private health-care institutions, seeking to innovate or transform their organisation, in order to create value for their patients by delivering 'high-quality' healthcare. Leading innovation in health care should be fundamental to the property of the AMA brand.

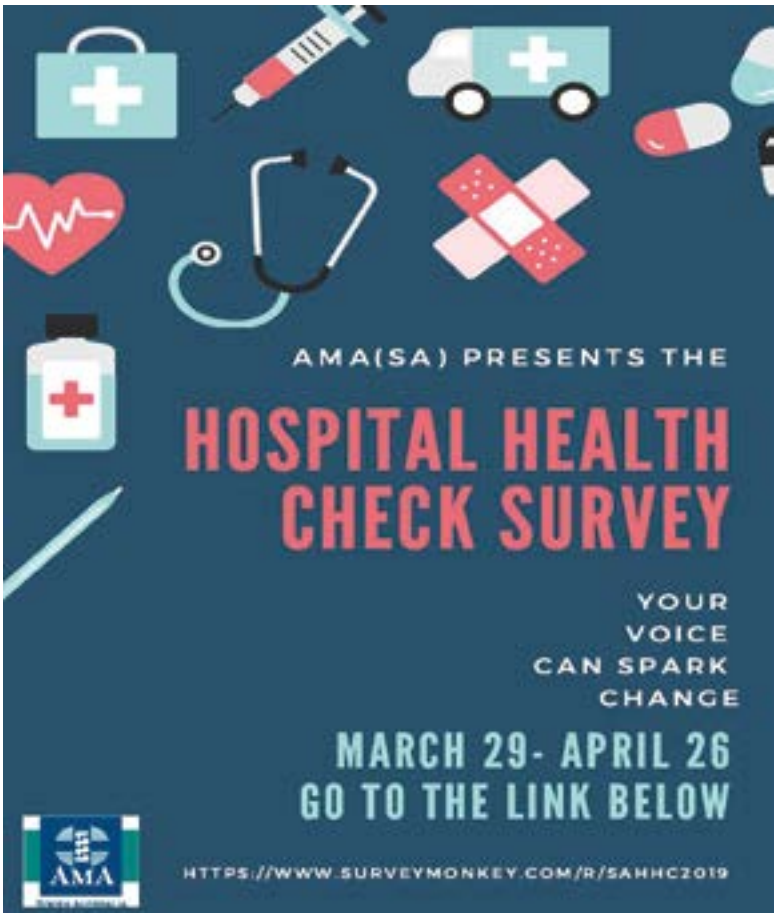
I take this opportunity to thank the AMA(SA) president, its Council and Executive Board for investing their trust in me – that I might dedicate my capabilities to leading the office bearers and staff of AMA(SA) during a period of disruption and subsequent regeneration.

In leading the AMA(SA) as CEO, I'm guided by the four principles of ethical medical practice – autonomy, justice, beneficence, and non-maleficence – which determines how we deliver services and guides the manner of our engagement with members and health-care stakeholders, including the political and socioeconomic organisations that seek to consult with the AMA(SA).

Clearly, there are challenges facing the AMA across Australia, as well as within South Australia. Most notable is the need to provide a clear articulation of the AMA's 'value proposition', one that ignites passion within younger members of the medical profession, enticing them to seek the full value associated with (paid) membership.

I believe that higher purposes and re-imagined vision are likely to attract a vibrant new cohort of the medical profession, presently uncommitted to membership of the AMA(SA).

A reinvigorated vision for the AMA(SA), if properly communicated, is likely to sustain an increase in an energetic and committed AMA membership.



About Dr Woodall

Dr John P Woodall (MAICD, PhD, MBA, MBBS) was raised in the Goldfields of Kalgoorlie, WA. He began working as a farmer in SA before commencing studies in agricultural science at the University of Adelaide. A lecture by Prof Ian Maddocks on his time as a 'village doctor' in Papua New Guinea (1985) and subsequent travels (with his wife Philippa Rowland) to India and Nepal in 1991 inspired a commitment to study medicine.

Dr Woodall completed a graduate MBBS/PhD program jointly between the University of Sydney and Australian National University, respectively in 2002 and 2006. He devoted most of his clinical time to serving within rural and remote communities of Australia as a JCCA-accredited GP-anaesthetist.

In 2015 Dr Woodall received the Senior Executive MBA from the Melbourne Business School and accepted a position with the RFDS Central Operations. He has a passion for leading innovation and strategic change.

GenesisCare commence radiation oncology consulting service

Mount Barker

Dr Caroline Connell

Dear Colleagues,

I would like to inform you that I am commencing private consulting services in Mt Barker.

This service is for both initial and follow up consultations, making it very convenient for patients in the Adelaide Hills region who require radiation oncology consultations.

When: fortnightly on a Wednesday
Commencing 10th April 2019

Where: Summit Health Centre Wellington Rd, Mt Barker (next to Mt Barker Hospital)

Time: 9am - 1pm

If your patient wishes to be seen at Mt Barker, please indicate this on your referral form or inform our bookings staff.

Should you wish to discuss a patient with me then please contact the number below and ask to be put through to my mobile.

I continue to consult and treat patients at Flinders Private Hospital and St Andrew's Hospital.

Yours sincerely,

Dr Caroline Connell

Radiation Oncologist

Dr Caroline Connell
BMBS (hons), FRANZCR

Extensive clinical interests include breast, lung, urological, gastrointestinal, head & neck, stereotactic ablative body radiotherapy, stereotactic radiosurgery, skin malignancies, palliative care and benign conditions such as Dupuytren's contracture.

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- Mt Barker – Summit Health Centre

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GenesisCare

SA CONTINGENT:
2018 National Conference

AMA NATIONAL CONFERENCE

Attend one of the most significant events in AMA's calendar and make a difference to the future of your profession and health care.

The AMA National Conference, taking place at the Sofitel Brisbane on the 24 – 26 May 2019, will bring together doctors from across the country.

The AMA would love to see you there and hear your views about health policy and what the AMA can do to add even greater value to your membership.

Key sessions include:

- **Doctors' Health** – putting the spotlight on how doctors can and should look after their own health, and the ongoing barriers to that care
- **Aged Care** – the key role of doctors in improving clinical care for older Australians in an environment where governments are facing greater financial constraints
- **Artificial Intelligence** – how artificial intelligence will change the way we practise medicine, but also introduce a new range of ethical, professional, and workforce considerations
- **Mental Health** – the changing role of our mental health system, and the key advocacy challenges for the AMA to ensure services provide continuity of care between the ED and the GP
- **Medical Workforce** – how we deal with an oversupply of doctors, the maldistribution of doctors, and how we can make vocational training work best for all Australian communities in need of quality medical care.

The policy debate topics this year include:

- Should all GP registrars be employed under single employer contracts?
- The implications of non-fatal strangulation in family violence.
- Credentialed pharmacists in rural and remote areas.
- Alcohol use in pregnancy.
- Paid family and domestic violence leave.
- Introducing targets for rural research funding and facilities.

For more information, go to natcon.ama.com.au.

2019 AMA(SA) CHARITY GALA DINNER – 'OPENING NIGHT'

The AMA(SA)'s 2018 Charity Gala Dinner will be held on Saturday, 11 May 2019 at the Adelaide Convention Centre. This year we will be supporting hunger relief charity Foodbank. Book: www.ncevents.com.au/events or contact ncosta@ncevents.com.au / 0439 841 048. Tickets are $180 per person.

HAVE WE RECEIVED YOUR NEW DETAILS?

Have you recently moved, changed your mobile phone number or your work circumstances have changed? Please contact Karen, our Membership Officer to discuss, please call 8361 0108 or email membership@amasa.org.au.

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Helpful hints:

1. Ensure you are accessing the SA site by going to https://ama.com.au/sa/
2. Click on Payment Portal
3. Log in

Please contact Karen, our Membership Officer who will provide you with instructions on how to do this.

AMA(SA) COUNCIL MEETINGS

Meetings of the AMA(SA) Council are open to all members. The next meeting will be held on Thursday 2 May at 7pm, prior to the Annual General Meeting. Any member wishing to attend the Council meeting and/or AGM should contact Claudia Baccanello on claudia@amasa.org.au or 8361 0109.

GenesisCare
Radiation Oncology service

Adelaide SA

Welcome Dr Laurence Kim

Dear Colleagues

It is with great pleasure that we welcome Dr Laurence Kim to our practice as a Consultant Radiation Oncologist.

Laurence studied at the University of Adelaide and graduated with Bachelor of Medicine and Bachelor of Surgery in 2010. He undertook his training in Radiation Oncology at the Royal Adelaide Hospital and received his FRANZCR in 2018.

Following training, Dr Kim was the Bragg Fellow at the Royal Adelaide Hospital for six months, before working as a Clinical and Research Fellow at the Princess Margaret Cancer Centre and Sick Kids Hospital in Toronto, Canada from 2018-2019. He had the great opportunity to work under supervisors who are world leaders in their corresponding fields. During this time, Laurence was actively involved in numerous protocol developments and research projects.

Since returning to Adelaide in 2019, Laurence has joined the team at Genesis Care. He consults from Flinders Private Hospital, Tennyson Centre and Calvary Central Districts Hospital. Additionally, he also consults in regional South Australia with fortnightly clinics in Whyalla.

He is a strong advocate for Radiation Oncology and is passionate about improving awareness and accessibility to radiotherapy treatment within the cancer community. Laurence works across all areas with keen clinical and research interests.

Yours sincerely

Dr Kevin Palumbo
Radiation Oncologist
Managing Partner

Dr Laurence Kim

MBBS, FRANZCR

Special clinical interests include central nervous system, lung, gastrointestinal, breast, urological, paediatric/AYA, haematological and stereotactic ablative radiotherapy.

Consults at:

- Bedford Park - Flinders Private Hospital
- Kurralta Park - Tennyson Centre
- Elizabeth Vale - Calvary Central Districts Hospital
- Whyalla Hospital (Fortnightly)

Languages:

- English
- Korean

All Enquiries:

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GenesisCare

DR NIMIT SINGHAL
COUNCILLOR

AMA(SA) COUNCIL MEETING
March 2019

... the AMA(SA) continues to strongly advocate for the retention of SA public sector pathology services ...

Dr David Walsh opened the meeting and welcomed the new Acting CEO, Dr John Woodall. Dr Woodall has been an AMA(SA) councillor for many years and comes to the role with much business experience.

Membership issues were the first agenda on the table. There was a suggestion of increasing the use of social media like Twitter. The AMA has provided feedback to various organisations and government over many years.

There was a feeling among members that there is a need for the AMA(SA) to drive its own agenda, improve communication and engaging proactively with patients and consumers.

The issue of the potential outsourcing of pathology services was a major topic of discussion.

There was extended discussion highlighting the importance of public sector pathology services in relation to the integration of high-level clinician involvement, timely service provision, teaching, research and innovation.

The release of the external enquiry is forthcoming and the AMA(SA) continues to strongly advocate for the retention of SA public sector pathology services.

The issue of rural workforce shortage was discussed in the context of the devolution of Country Health SA into six regionally based boards.

There was discussion that as devolution progresses, that the important issue of rural workforce shortage needs to also be addressed as a state-wide systemic issue, requiring a coordinated strategy and approach.

The idea that each of the six country networks should form clinical networks and pathways with metropolitan based LHNs and hospitals was also specifically raised during the meeting.

Doctors in Training reported that they are looking at the use of non-accredited service registrars in SA Health.

The 2019 AGM will be held on 2 May at AMA House. All members are encouraged to attend. It was also mentioned that the AMA National Conference will be held from 24 to 26 May in Brisbane.

SA DiTs ATTEND GENDER EQUITY SUMMIT

South Australia doctors in training attended the inaugural AMA Gender Equity Summit in Sydney on 23 March 2019, to help set a course of action to achieve greater gender equity in the AMA and the profession.

Federal AMA President, Dr Tony Bartone, said that there is widespread recognition in the broader community that women are under-represented in leadership positions and in professions like medicine.

Dr Bartone said the AMA is committed to openly and actively improve its efforts to achieve equity within its own ranks and across the medical profession.

The AMA Position Statement on Equal Opportunity in the Workplace is at: ama.com.au > advocacy > Position statements.

There will be a full report from the SA DiTs on the Summit in the next issue of *medicSA*.

SA doctors in training who attended are (L-R) Dr Hannah Szewczyk, Dr Annie Collinson, Dr Jemma Wohling, Jarrad Hopkins and Dr Victoria Cox.

SA HOSPITAL HEALTH CHECK SURVEY

Filled out a million surveys about doctors' working conditions and wellbeing before? Not like this one you haven't. If you're a doctor in training falling anywhere along the intern to fellow production line, this survey is for you.

This survey is being run by the AMA and looks at factors including overtime, access to leave, wellbeing, bullying and harassment. Your responses will help us provide each hospital in the state with grades related to how the hospital performs in each area.

These results will be a powerful advocacy tool when calling for improvements across our hospital sites. The survey has previously been run in other states where the results have made an impact – staff numbers have been increased, senior hospital leadership has been removed and replaced and wellbeing plans have been formulated.

This year, the Hospital Health Check is going national. This means that we can compare SA's hospitals to other hospitals around the country. We also plan to run the survey annually to hold our hospitals to account and assess whether any promised changes are being made.

Go to: surveymonkey.com/r/SAHHC2019

JESSICA YANG

DiTs ON RURAL DOCTOR SHORTAGES

The $62 million allocation in the April Federal Budget for the rural generalist pathway is an important step forward to fill the gaps in Australia's healthcare system and address the bottleneck in vocational training pathways for Australia's junior doctors.

Australian Medical Students' Association (AMSA) president, Jessica Yang, attended the Department of Health Budget Briefing and welcomes the new national approach to rural doctor shortages.

"We have tried the same model for years, which is to train medical students in rural areas, and incentivise already-trained doctors to practice in rural areas. What has been missing is the link between these initiatives to complete the training pathway in rural Australia," Ms Yang said.

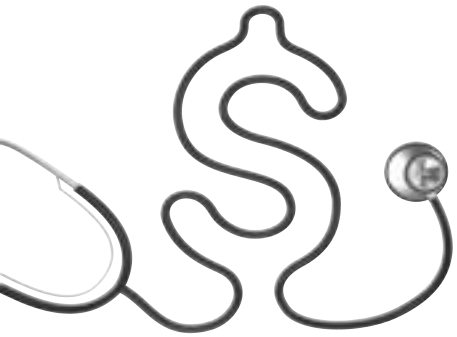
"Enabling all stages of training to occur in regional and rural Australia is how we will retain health professionals in areas of need.

"A national training program for rural generalist doctors is a big step in the right direction to address the doctor shortage in rural areas. Without the proposed funding, this program could not go ahead.

"I believe we will see real improvements in addressing Australia's areas of health need in the coming years with the rural generalist pathway."

AMSA Rural Health Chair, Jacoba Van Wees, agreed, saying: "Concrete funding for the national rural generalist pathway will enable students who are passionate about rural health to pursue this as a career without fear of having to leave that calling due to job security."

AMSA is the peak representative body for Australia's 17,000 medical students, many of whom wish to pursue a career in rural medicine.



ELECTION COMPETITION ON HEALTH POLICY

The Government's Budget announcements as referred to in the article below have set up a genuine health policy competition for the upcoming election, followed as they have been by the Opposition's major and well-publicised proposals on cancer care funding.

The Health Minister, Greg Hunt, has listened closely to the AMA and delivered a strong Health Budget, with a particular emphasis on primary care, led by general practice," federal AMA president Dr Tony Bartone said, following the 2 April Budget announcement.

"Australia's hardworking GPs will be happy to see a commitment of almost $1 billion to general practice. This includes matching Labor's promise to bring forward by a year the lifting of the freeze on rebates for a range of Medicare GP items.

"Overall, the Government has delivered a much-needed significant investment to general practice – the driving force of quality primary health care in Australia."

The GP package includes $448.5 million to improve continuity of care for patients over 70 with chronic conditions; Quality Incentive Payments for general practices ($201.5 million); $62.2 million for rural generalist training; and $187.2 million for lifting of the freeze on GP items.

The AMA also welcomes funding for new Pharmaceutical Benefits Schedule (PBS) medicines; retention of the Aged Care Access Incentive (ACAI); and a rural workforce program.

Dr Bartone said there are obvious gaps in mental health, prevention, Indigenous health, pathology, and public hospital funding to improve all hospitals.

"We expect to hear more on these key areas from all parties before the election," Dr Bartone said.

"Health Minister Hunt has worked closely with the AMA, especially on the primary care element of this Budget.

"Overall, the Government has produced a good start for a quality health policy platform for the election."

Dr Bartone said there is still unfinished business with the Private Health Insurance reforms as they are implemented from this month, and with the ongoing work of the Medicare Benefits Schedule (MBS) Review, which must return any savings to new and improved MBS items.

The AMA Pre-Budget Submission 2019-20 is available at ama.com.au.

WHAT'S HAPPENING AT LOT FOURTEEN?

Lot Fourteen – the site of the former Royal Adelaide Hospital – is being transformed into an innovation neighbourhood, where thousands of people will work and stay. Renewal SA, which is managing the project, gives us the lowdown on what's in store for the site.

The pictures accompanying this article provide vivid images of completed areas of demolition, along with some artists' impressions of how things might look in the future.

HISTORICAL RECOGNITION

Renewal SA's commitment to the health heritage program kicked off in July 2018 with the unveiling of a plaque by Minister Pisoni that acknowledges and celebrates the 161-year history of the site as the state's primary health precinct. Renewal SA is working with key parties to investigate ways of retaining and reconnecting with the site's cultural and health heritage.

Lot Fourteen is also an area of Kaurna significance and the recognition of Aboriginal cultural heritage is important. Renewal SA is currently developing a Cultural Heritage Management Plan that will incorporate this history.

WHO'S MOVING IN?

Lot Fourteen is already home for entrepreneurs, global businesses, scale-ups, research, and industry organisations.

Lot Fourteen is focussed on the fast-growing, deep-technology sectors of defence and space, cyber security and blockchain technology, artificial intelligence and machine learning, immersive media and creative technologies.

In mid-March, a ten-year $551 million City Deal to boost economic growth, tourism and innovation in Adelaide – with a strong focus on Lot Fourteen – was signed by government.

The deal includes $12 million for a new mission control centre and space discovery centre, along with the previously announced headquarters

... Work on most of these buildings is scheduled for completion this year ...

of the new Australian Space Agency at Lot Fourteen.

The City Deal will also provide $85 million for the Aboriginal Art and Cultures Gallery and a further $30m for an International Centre for Food, Hospitality and Tourism, both to be built at Lot Fourteen.

The deal also provides $20 million for an Innovation Hub located in the heart of the neighbourhood, within the lower levels of a new building named the Innovation Centre. The hub will be a public place, linking the public realm and onsite community together with entrepreneurs and visitors.

HERITAGE BUILDINGS

The onsite State Heritage Listed buildings are now being refurbished for adaptive re-use, with some completed levels already occupied in the Margaret Graham Building and historic Eleanor Harrald Building by a growing neighbourhood of Lot Fourteen tenancies of entrepreneurs, businesses, research and industry organisations.

Four other heritage-listed buildings, the Women's Health Centre, Allied Health Building, Bice Building and Margaret Graham Building are also being refurbished to accommodate anchor tenants; the Australian Institute for Machine Learning, FIXE@Lot Fourteen start-up hub, the Defence Landing Pad and a series of exciting companies to be announced shortly. Work on most of these buildings is scheduled for completion this year.

The majority of non-heritage hospital buildings in the centre of the site and on Frome Road will be demolished and the site remediated, creating dynamic new public spaces as well as commercial, educational, arts, cultural, tourism and development opportunities.

... further works are now underway to complete the public realm along the iconic North Terrace cultural boulevard ...

Stage One demolition is complete, with the removal of the East, Hone and Cobalt Wing buildings on the eastern boundary of the site. This has opened direct sightlines into the adjoining Adelaide Botanic Garden. The first new development sites are anticipated to be cleared and 'shovel-ready' for development from 2020.

Demolition has started on the northern and central zones, with demolition of the Annex and eastern zone buildings complete. The central Zone work program, has been awarded to local SA family-owned business McMahon Services.

DEMOLITION PROGRAM UPDATE

- **Completed demolition of the Annex Buildings**

Demolition of the Annex Buildings between the heritage-listed Bice and McEwin Buildings and the Central Zone buildings was largely completed by McMahon Services before the New Year, along with the complete demolition of the former foyer, the main entrance to the former hospital.

- **Eastern zone work program**

Demolition of the former East Wing, Hone and Cobalt Buildings in the eastern zone was completed in December 2018, opening up direct sightlines to the Adelaide Botanic Garden.

- **Northern zone demolition**

The northern zone demolition works are split into two distinct programs. The first, demolition of the Dental Hospital fronting Frome Road, is expected to start soon.

- **Central zone demolition**

The central zone work program, awarded to McMahon Services, includes the progressive demolition of the Robert Gerard Wing and NSI Link followed by demolition of the 1960s Emergency, Outpatients and Theatre Blocks. The associated link structure connected to the Eleanor Harrald Building. Demolition of the Robert Gerard Wing has been completed and the demolition of the three central blocks will occur progressively over the next two years.

PUBLIC REALM PROGRAM UPDATE

With significant progress made on the internal refurbishment of Lot Fourteen's heritage and historic buildings, further works are now underway to complete the public realm along the iconic North Terrace cultural boulevard right through to the Adelaide Botanic Garden.

The Sheridan Lawns were opened in November 2018 as an interim public space, providing a unique and inviting area for visitors to enjoy. The demolition of non-heritage structures, such as the Foyer, is helping to create additional public areas, and provides new opportunities for access routes, landscaping, artistic works and activation spaces.

A master plan is being developed for the balance of the public spaces at Lot Fourteen. Publicly accessible space at Lot Fourteen is set to increase from 38% when the former hospital was operational to around 70% for all visitors to enjoy.

HERITAGE REFURBISHMENT PROGRAM UPDATE

When completed, the six heritage buildings will provide more than a thousand work spaces for global businesses, local start-ups and entrepreneurs working across a range of industry sectors.

- **McEwin Building**

Hansen Yuncken will commence delivery of the $30 million refurbishment, focusing on environmentally sustainable design set to achieve a 6 Star Green Star certification within Lot Fourteen's 6 Star community development rating. Refurbishment of this majestic heritage building will provide 300 workspaces across four levels, for entrepreneurs, global businesses, scale-ups in defence and space technologies, including the Australian Space Agency.

- **Bice Building**

Early refurbishment works have commenced to restore the heritage integrity of the building, as the fabric of the Bice Building has been altered over the years, with extensive additions made to the eastern façade in the 1950s and the construction of the Foyer in the 1990s.

- **Margaret Graham Building**

The Margaret Graham Building is the oldest remaining building on site. This former Nurses' Home is being restored, with the lower levels already refurbished with new tenancies including Chamonix IT Solutions and their sister companies. The remaining levels are currently being refurbished, with these works expected to be completed later this year.

For information about Lot Fourteen and the vision for the site, or to register to receive updates, visit renewalsa.sa.gov.au, or email lotfourteen@sa.gov.au.

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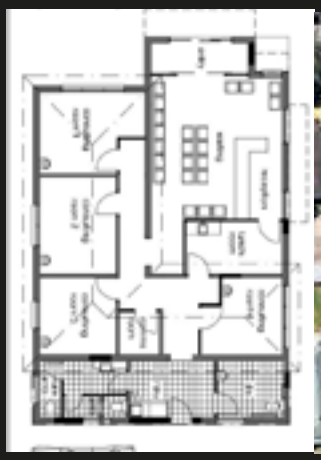

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Let's take the time … to look after ourselves

GET ON THE WELLBEING TRAIN

To take care of our patients well, we first need to take care of ourselves.

BY TROYE WALLETT

DR TROYE WALLETT is an aged care GP. He sees the pursuit of wellbeing as a life focus. Writing and speaking is an opportunity to share lessons learned and improve his own contentment. Contact t.wallett@genwisehealth.com.au.

We live in two intermeshed worlds – our internal world and the external world. The external world exists around us and throws circumstances our way – sometimes wonderful, sometimes harsh. We drive to work and get there five minutes early. As we walk inside, a bird defecates on our shoulder (or on a particularly bad day – our head). Someone beautiful smiles, then a scowl is directed our way. Mostly, we have little control over these events, as they are external and manifest themselves upon us.

The other world is our internal thought-life. Our thought-life-world takes all the events from the first world and interprets them, defines them and adds meaning. Sometimes the inner world is introspective and ignores the external world. We are startled as we drive into the garage, wondering how we got home safely, because we cannot remember the journey.

Both of these worlds are vital to our wellbeing. And wellbeing is essential not only for our health but also for our productivity and vitality. Managing that wellbeing is beneficial not only for ourselves but also our families and our patients.

In the internal world, wellbeing is the feeling of contentment and sense that one has a good quality of life. The external world aspects of wellbeing are health, vitality and physical safety.

Wellbeing =
Less stress =
Increased productivity =
Satisfaction =
Wellbeing

Part of living a contented life is decreasing stress. Managing stress leads to more wellbeing, and more wellbeing leads to less stress. Not only does stress management lead to improvement in wellbeing but also to improved productivity.

The stress-performance curve is well established (google Yerkes-Dodson Law). As one's stress increases, one's performance matches it, up to a point. Once a limit is reached, performance drops off dramatically. Managing stress to peak performance requires understanding the task and personalisation of the stress-performance curve. Some people have a low peak, and their performance drops off quickly as their stress increases. Other curves are almost linear, and performance improves as stress levels go up. This is rare, as most people require management of their stress to manage their performance. When the balance is spot on, the performance leads to maximum productivity and getting things done decreases stress.

Everyone has those days (at least on occasion) when they are a machine. They are performing at the peak of the stress-performance curve. Everything gets done and the day flies past. These days are recognised as being in a state of flow. Flow is when a person is fully immersed in a feeling of energy and focus in an activity. The satisfaction that comes with a day of flow is a warm glow of wellbeing. More on flow can be found in Mihaly Csikszentmihalyi's book Flow: *The Psychology of Optimal Experience*.

CARVE OUT THE TIME

Prioritising and being actively engaged in one's wellbeing is the start. Like many aspects of medicine in which there are multiple options, the approach needs to be individualised.

Mindfulness is a good starting place. Interestingly, convincing people that mindfulness is useful is easy as there is a lot of data on the benefits. However, moving from the contemplation phase to the action phase is challenging. Sometimes, it is about just carving out time and starting. The benefits will follow.

Sleeping is not a sign of weakness. Sleep is correlated with wellbeing, lowered stress and less burnout in health professionals. The modern world is full of drastically fatigued people working sub-optimally and feeling like it is normal. Prioritise sleep and watch the world brighten and wellbeing improve.

Revel in movement. Exercise is such a bland word and conjures up ideas of sweating, grunting and pain. However, 'movement' feels light and breezy. Look for opportunities to move. Buy a Keep Cup and walk with your coffee instead of sitting with it. This is preaching to the choir, as we constantly tell our patients to do the same. However, what we say and what we do is often at odds, so embrace opportunities to move. Autumn in South Australia is the best time of year so enjoy it.

The Japanese have a concept called 'forest bathing', which combines mindfulness, exercise and the enjoyment of nature into a single activity. It is about getting into nature, turning off your phone and music, and just being. Fantastic as a mood enhancer.

FOR OUR PATIENTS

Every day we collectively influence the lives of thousands of people. We contribute to their wellbeing and improve their lives. It is time to be introspective and take care of ourselves, to give ourselves permission to take time and spend energy on ourselves. Because we can give more when we have more to give.

References for this article are available on request.

WHY DO HUMANS DO EVERYTHING TO THE EXTREME?

Biotin – vitamin B7 – is the latest fad to become part of many people's so-called 'health' routine, and it's causing issues for blood-testing laboratories.

BY HEATHER CAIN

DR HEATHER CAIN is the former pathology representative on AMA(SA) Council. She can be contacted at heathercain@internode.on.net.

Thirty to forty years ago our patients were taking vitamin C in megadoses, even intravenously. This was noted to interfere with routine testing via the Trinder reaction. Such self-induced interference in our assay systems was and remains easy to identify. We are now dealing with the no carbohydrate, low carbohydrate, 5:2, keto and superfood diets, just to name a few. Patients can be taking vitamins at levels of greater than a hundred times that of the recommended daily allowance, believing that the vitamins are good for you – therefore, the more the better. It is not uncommon for our acquaintances to self-diagnose and treat lactose intolerance, gluten sensitivity or even coeliac disease. Just Google it.

The issue I wish to broach today is that of vitamin B7 – or biotin.

Dare I blame the Kardashian sisters and their presence on social media platforms, or the gullible public? People are being encouraged to take megadoses of an over-the-counter vitamin called Biotin – a common supplement in multivitamin compounds – and to watch their skin improve and their hair and nails thicken and gleam. This trend or fad has meant that the ingestion of biotin, at doses 100 times the recommended daily allowance of up to 30 µg per day, (www.nrv.gov.au/nutrients/biotin) has become part of an everyday beauty routine for many. The prevalence of this issue is, as yet, unknown in the Australian population. High-dose biotin is also used to treat some patients with multiple sclerosis, especially the relapsing-remitting forms and some inherited metabolic conditions.

Why is this an issue for the laboratory and for clinicians?

Biotin is a small water-soluble molecule that can be attached by a covalent bond to a variety of targets from large proteins such as antibodies to tiny steroid hormones. This ability and its tight, stable, non-covalent binding to streptavidin allow separation of analytes of interest and their measurement. Because biotin-streptavidin detection systems are utilised by most instrument manufacturers in Australia, ingestion of unusually large doses of biotin can interfere with a broad range of immunoassay test results, including thyroid function tests, tumour markers, cardiac markers, hepatitis markers and hormones.

These tests are performed routinely and many times a day, at the request of our clinicians. Aberrant results will be released from the laboratory unbeknown to them and are only brought to the laboratory's attention if our clinicians notify us to say the results do not correlate with the clinical state of their patients, or if the results are vastly and unexpectedly different to previous results performed by the same laboratory.

The direction of the interference of biotin depends on the design of the assay and is often related to the size of the molecule being tested. Some of the results will be falsely elevated, some falsely lowered. Sandwich immunoassays typically used to measure large molecules such as hormones and proteins will have falsely

low results. Example assays include thyroid-stimulating hormone, human chorionic gonadotropin, ferritin, prolactin and prostate specific antigen. Competitive immunoassays typically used to measure small molecules such as steroids, will have falsely elevated results. Example assays include free thyroxine, free triiodothyronine, cortisol and 25 hydroxyvitamin D.

Not all immunoassays are susceptible to this interference, and the degree of interference is dependent on the makeup of the assay. In other words, interference thresholds differ widely between assays and will relate to the level of biotin in your patient's blood, at the time of sample collection.

It appears that there is no single biotin washout period that will guarantee interference-free test results. Higher doses of biotin take more time to clear than low doses, clearance also takes longer in patients with poor renal function. It has been recommended that patients on high-dose biotin have a washout period of up to 73 hours before testing. (Int J Pharmacokinetics 2017;2:247-256).

MORE INFORMATION

endocrinenews.endocrine.org/january-2016-thyroid-month-beware-of-biotin/

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Stieglitz HM, Korpi-Steiner N, Katzman B, Mersereau JE, Styner M. Suspected testosterone-producing tumor in a patient taking biotin supplements. J Endocr Soc. 2018;2:563-569.

Langlois F, Moramarco J, He G, Carr BR. Falsely elevated steroid hormones in a post menopausal woman due to laboratory interference. J Endocr Soc. 2017;1:1062-1066.

TAKE HOME MESSAGES

- The amount of biotin in common multi-vitamin supplements and infant formulae is usually less than 1 mg and is not enough to cause this issue
- When you receive a pathology report that is not in accord with your clinical assessment, contact your friendly chemical pathologist early, so that possible artefactual causes can be identified for the unexpected test results.
- If your patient is taking high-dose biotin, ask them to withhold their biotin for at least three days prior to immunoassay testing.
- If that is not possible, for example with urgent troponin or pregnancy testing, mark the referral form 'ON BIOTIN THERAPY' and discuss the case with the laboratory.
- Remember to ask your patients about over-the-counter medications.

POSITIVE SHIFT FOR AMSS

With Mad March over, it's a great chance to reflect on a busy couple of months for the Adelaide Medical Students' Society.

TOM GRANSBURY
STUDENT NEWS:
ADELAIDE UNIVERSITY

AMSS MEDCAMP:
Med students face off

The Adelaide Medical Students' Society (AMSS) was able to host an extremely successful orientation in collaboration with all 12 special interest group societies aimed at medical students, despite the University of Adelaide Faculty of Health and Medical Sciences refusing to advertise the event to first-year students. We are currently in conversations with the university about how we can improve this relationship into the future.

The AMSS has always been extremely fortunate to have a strong peer mentorship culture. A highly successful MedCamp in 2019 highlighted that the past six years has seen a positive shift in the culture of the AMSS, towards an increasingly inclusive, respectful and friendly culture, whilst maintaining the '*traditio, spiritus* and *gaudium*' that epitomises medical student life.

From a more formal perspective, the AMSS mentoring programs of MedTransit, ClinPrac, Peer2Peer and the AMSS Teaching Series are in full swing, along with a new mentoring program about to start up under the LGBTQIA+ officer.

Our internal advocacy group, Team Education, continues to represent medical students at every level within the university. Recent advocacy wins include a memorandum from the Medical School Dean entitling clinical students to a half day off each week to catch up on study and attend to their own medical and mental health, as well as an introduction of compulsory mental health first aid into the year three curriculum.

March also saw the Australian Medical Students' Association (AMSA) National Council held in Adelaide for the first time since 2014, hosting the medical student society presidents and AMSA representatives from across Australia.

Key advocacy talks were held around student mental health, SSAF fees for rural and clinical students and internships for international students. The weekend ultimately provided a great opportunity for upskilling in common logistical and advocacy issues faced by medsocs across the country.

The recent SA Leadership Development Seminar co-hosted with the Flinders Medical Students' Society also proved to be a success, hearing from the likes of 2018 South Australian of the Year Prof David David, and the AMSA representatives from both universities should be thanked for their work in organising the evening.

Members are looking forward to some exciting events on the near horizon including my personal favourite, Jazz Night by the River Torrens, not to mention an EdForum on transplant medicine, our Overseas Electives and Health and Wellbeing nights and a revamped President's Keg and MedFooty.

FMSS: PROJECTS ON THE GO!

Flinders medical students settle into the year with a country escape, a progress test and plenty more.

JARROD HULME-JONES
STUDENT NEWS:
FLINDERS UNIVERSITY

LIFE SUPPORT TRAINING: Flinders Medicine Camp

It's the beginning of the academic year, and Flinders Medical Centre is abuzz with eager medical students. The MD1s celebrated their first week of med school as students normally do – with O-week festivities. With free lunches most days, themed bar nights, a trivia night that included a table of invited academic staff, and a family-friendly sports and BBQ day by the beach, the annual Flinders Medical Students' Society (FMSS) O-week was a hit.

The second week for our newest students was much more unusual. With only a handful of classes under their belt, the MD1s joined the other three cohorts to sit a three-hour, multiple-choice exam pitched at the level of a final-year medical student – the Progress Test. This first exam, becoming known as 'the baseline', is important to establish the effect of different backgrounds on the marks of students throughout the program.

At an individual level, it helps assessors to make judgements about student performance based not only on comparisons to their peers, but also on comparisons to their former selves – a much fairer assessment method given the significant difference in prior knowledge of Flinders post-graduate medicine entrants. Despite its clear value, students in MD1 are faced with a significant psychological barrier to overcome going into this first exam. As high achievers who likely have never done poorly in an exam before, they must accept that, in this exam, they will on average obtain a score of around 8%, and that's normal and OK!

Earlier this month, the MD1s were helped to get over their first-time Progress Test blues by attending the annual Flinders Medicine Camp – a great escape to the countryside that allows new students to form a strong bond with their cohort and learn some practical medical skills (eg, suturing, reading obs charts, basic life support) along the way.

FMSS has many other projects on the go. Issue 1 for 2019 of our publication *Placebo* is under construction and looking for input from students and clinicians. This issue, the theme is 'Medicine in Society' – emphasising the role of medicine outside of tertiary hospitals. If any *medicSA* readers are interested in writing an article for *Placebo*, I'd encourage them to contact publications@fmss.org.au.

Other FMSS events running now or upcoming include our ongoing MD1 mentoring and peer teaching programs, upcoming electives information evening, upcoming internship education evening and our elections for junior committee members. Now, where to fit in time for study ...

Health systems innovation to rapidly address quality and cost:

ADVANCED RECOVERY ROOM CARE

BY GUY LUDBROOK AND RICHARD WALSH

A new model of care for management in the initial hours after surgery is designed to address an increasing pandemic of early postoperative complications in an ageing population.

The changing Australian population is visible to clinicians through the increasing age of their patients, and their more frequent co-morbidities. One impact of these changes in the hospital procedural environment is a largely hidden pandemic of early postoperative complications.[1]

The well-validated American College of Surgeons' NSQIP risk assessment tool provides some guidance on the likely future impact of population changes. For example, for an elective Hartmann's procedure in a patient with hypertension and diabetes, an age increase from the range 65-75 years to 75-85 years, combined with an increase in American Society of Anaesthetists score from 2 to 3, increases 30-day mortality from 1% to 3.4%, and the risk of serious complications from 22% to 28%. The future implications for patient outcomes, and on healthcare resource requirements, are very concerning.

NEW MODEL OF CARE

Recent work at the Royal Adelaide Hospital examining a new model of care for management in the initial hours after surgery – Advanced Recovery Room Care (ARRC) – reveals the extent of this problem, raises readily instituted solutions and, most significantly, signals the importance of systems innovation and adoption.

ARRC is a model of sustained focussed care in a recovery room environment. It returns to the principles behind recovery rooms when they were first broadly introduced in the UK 60 years ago,[2] with a basis in returning patients to the wards only when safe to do so, collaborative care, and ready access to appropriately skilled clinicians.

It adds to these more contemporary principles associated with improved outcome, such as structured checklists, minimising handover, and modern monitoring equipment and medicines. Further, its formal triage and handover procedures provide improved opportunities for case-based teaching of junior staff.

AVOIDING HAZARDS

This model targets the increasingly common 'moderate risk' patient group with a NSQIP 30-day mortality risk in the range of 1-4%, such as in the above example. This group was uncommon 60 years ago, but is now increasingly the norm. From the ARRC data, it is evident that, for this patient group, return to the ward within a few hours after surgery has substantial hazards,[3] because of frequent medical emergency response-level issues which are largely undetected and untreated.

This suggests that the timeframe for safe discharge from recovery has shifted from a few hours after surgery to probably the morning of postoperative day one. In addition, there appears to be a positive impact on both patient outcomes and cost, and we estimate that around 20 beds at RAH could be created daily, without cost.

These data will be presented at an international meeting in Malaysia in

May. This work places South Australia at the forefront of thinking in this field, and provides an opportunity for this state to be a leader in excellence in perioperative care.

NEED FOR INNOVATION

The apparent success of this type of health reform speaks to the need for innovation in healthcare structures, systems and services,[1] the need for expedient and rigorously examined pilots of innovation, and a need for careful yet rapid implementation when benefit is demonstrated. This closely aligns with modern health economic theory, where production reform is seen as a key to sustainable healthcare.

It also highlights the importance of bundled elements of care. Therapeutic goods (medicines and medical devices) play a critical role in healthcare, albeit often at a cost. However, true benefit is only seen when these are placed in appropriately skilled hands, and in an environment (physical and functional) well matched to the therapeutic goods, and patient need.

At a time of increasing quality and fiscal challenges, the need for rapid, carefully designed innovation has never been clearer. The origin of the phrase "Insanity is doing the same thing, over and over again, but expecting different results" is not certain, but was probably never said by Albert Einstein, and perhaps first appeared in a medical context in the 1980s in an article from Narcotics Anonymous.

For obvious reasons, this phrase must be in the forefront of our minds as we tackle the challenge of continuing to provide high quality sustainable health care.

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3. Swart, M., Carlisle JB, Goddard J. Using predicted 30-day mortality to plan postoperative colorectal surgery care: a cohort study. Br J Anaesth 2017; 118(1): 100-104.

Professor Guy Ludbrook and Dr Richard Walsh are directors of PARC Clinical Research, a commercial and academic clinical trials unit with a focus on health services improvement. The support of the University of Adelaide, ANZCA, CALHN and its Research Committee, and the staff of RAH, are gratefully acknowledged.

... At a time of increasing quality and fiscal challenges, the need for rapid, carefully designed innovation has never been clearer ...

ENSURING THAT EVERY SCOUT RETURNS ...

Health planning for the 25th Australian Scout Jamboree – here's how it all went down when thousands of Scouts convened in rural SA.

AJ2019: 'See and treat' medical facility

Imagine some 10,000 plus kids congregating in an arid area of rural South Australia, 100 km from the CBD, a place with little or no infrastructure and during the hottest time of a South Australian summer ... welcome to the 25th Australian Scout Jamboree. What could go wrong?

In terms of their size and duration, Scout Jamborees, held every three years and hosted by states on a rotating basis are one of the most significant large events held in Australia. A Jamboree involves establishing a tent city of between 10,000 to 15,000 people, the majority of whom are aged between 11 and 14 years.

Large events and mass gatherings are inherently risky with likely associated illness (including infectious disease), injury, and unfortunately in some cases death. This article outlines what was done to decrease these risks for the 2019 event and to ensure that every parent was returned a happy, healthy child.

The 25th Australian Scout Jamboree (AJ2019) was held near the town of Tailem Bend (population 1,665) within the Coorong District Council area in South Australia. There were over 11,000 attendees from across Australia and from over 30 countries, increasing the resident population nearly seven fold. The Jamboree was held in an open field with little vegetation cover and no existing infrastructure in terms of drinking water, sewage and electricity.

Jamboree attendees resided in tent accommodation in a common camping area where part of the scouting experience is being wholly responsible for one's own cooking and campsite maintenance. In addition, inherently risky physical activities were included: climbing, swimming, motorsport, shooting and obstacle courses.

The Jamboree took place in a region serviced by two local, country hospitals – Murray Bridge Soldiers Memorial Hospital, with 47 beds located 31km away, and Tailem Bend Hospital, an even smaller hospital located 9km away.

So as not to overwhelm the local health care system, onsite first aid and medical facilities were established by Scouts Australia. The AJ2019 medical centre operated 24 hours per day throughout the event and was staffed by 10 doctors, one dentist, 25 nurses and 10 support and administration staff

and provided inpatient and outpatient facilities. The medical centre was overseen by an experienced general practitioner who was appointed by Scouts Australia as chief medical officer for the Jamboree.

PLANNING FOR THE EVENT

In the lead up to the event, the SA Health Emergency Management Unit (EMU) oversaw an inter-agency working group: Scouts Australia, SA Police, SAAS, local health networks, the SA Health Communicable Disease Control Branch and Health Protection Branch.

The working group provided advice and support to Scouts Australia during the planning phases of the event and assisted in developing a Medical Plan. This set out arrangements for primary first aid and pre-hospital medical treatment and provided a framework for the external notification and management of cases of illness and injury at the Jamboree.

SA Health's Health Protection Branch and the Coorong District Council helped to deliver a public and environmental health management plan to ensure adequate food safety, onsite wastewater management, drinking water supplies and the operation of an onsite swimming pool which was used as part of the activities program.

Two months prior to commencement, EMU coordinated an emergency management exercise involving a simulation of an outbreak of a notifiable disease (Cryptosporidiosis). The exercise utilised the internationally recognised Emergo Train System (ETS) and provided a unique opportunity to test and refine plans and systems to support hospital and pre-hospital care at the Jamboree, as well as generally testing the level of preparedness of Scouts Australia, emergency responders, and the local health care system. During the event, the group maintained close contact with the AJ2019 medical team through daily teleconferences to review daily reports of cases and identify and address issues of concern.

WAS IT A SUCCESS?

Over the course of the Jamboree, the medical centre recorded a total 177 in-patient admissions. Throughout the event, the South Australian Ambulance Service (SAAS) made 15 patient transports, including one by helicopter, from the Tailem Bend site with another four patient transports from other sites involved in the Jamboree, including the Woodhouse Activity Centre, Wellington, and Port Adelaide.

From a public health perspective, the main health problem was vomiting associated with acute gastroenteritis, with 106 Scouts and support staff requiring treatment at the medical centre over the course of the Jamboree. While a small number of single individuals tested positive for illnesses including Shigella, Norovirus and Campylobacter, a causative agent for the broader gastrointestinal illness presentations was not identified.

A debrief of the group was held at the conclusion of the event with recommendations identified to enhance future planning and delivery of large events, including the 26th Australian Scout Jamboree to be held in Victoria in 2022.

Authors: Michaela Hobby and Chris Lease, SA Health, and Jacqueline Stephens, AJ2019, Director of Health and Support Services, Scouts Australia, and postdoctoral research fellow, Aboriginal Health Equity, SAHMRI.

COMMITTED RURAL GP OF MULTICULTURAL HERITAGE

DR SAMUEL RANJAN NITCHINGHAM MBBS

1954 - 2019

Those who knew him remember Dr Sam Nitchingham's smile and his laughter, his calm and patient style, his wit and his wisdom beyond his years.

Samuel Ranjan Nitchingham was born in Klang, Malaysia on 14 March 1954, the second-born child and eldest son to Victor and Pakiam.

Sam (known then as Ranjan) enjoyed a simple early upbringing where the church, a tight network of friends mainly from the Ceylon Tamil community, sports and music were the back-bone of their lives.

From an early age he was observed to have an inquisitive mind, loved reading, had a wiry physique and excelled in sports and took music lessons which would lead to a lifelong love of music.

In high school, he attended the Victoria Institute in Kuala Lumpur, and in 1973, began studying medicine at the University of Singapore on an ASEAN scholarship.

Sam graduated MBBS in 1978 and migrated to Adelaide with his young wife Marina to start a family together and to establish a career in general medical practice.

When they arrived, Sam signed up for GP Locums and for the next two years worked seven days a week, doing relief work in GP practices by day and home visits by night – often covering a massive area from north of Grand Junction Road to the Hutchison Hospital in Gawler.

In 1981, Sam was asked to help out as a locum for a group who had started a small practice in Virginia. After six months, they asked him to buy them out – and so started a long, rewarding relationship with the people of this small, hard-working market-garden community on the outskirts of Adelaide's north.

Sam went on to have a life rich in service to the communities of Virginia and Two Wells, to the community of his heritage and to the medical fraternity.

He was a foundation member of the Asia-Pacific Medical and Dental Association, the fore-runner of the South Australian Indian Medical Association (SAIMA); of which he was again a foundation member and long-serving board member. He was a proud South Australian who embraced his multicultural heritage.

Sam worked quietly and tirelessly, always in the background and never in search of the limelight, although he was due many accolades.

He was one of the first of subcontinental heritage to sit on the AMA Council, and he encouraged and paved the way for others to follow suit. He was proud to be a medical practitioner in the north and was instrumental in the success of organisations such as the Salisbury and Elizabeth Medical Association and the Northern Divisions of Medical Practice.

He was highly committed to ensuring the success of medical practice in rural South Australia. Accordingly, he sponsored and supported numerous overseas medical practitioners and remained a great mentor and teacher to numerous registrars in rural medical practice.

Sam was also very generous and donated to many charities, to international projects particularly the DREAMIN foundation and to its work in Vietnam and Uganda. He and his family also supported a range of Christian and church-based charities.

Perhaps his greatest achievement was the example he set in the value of family as a devoted husband, father, brother, in-law, and proud grandfather.

Sam Nitchingham passed away on 28 January 2019 at the age of 64. ■

The AMA(SA) extends to Marina and children Usha, Anita and Anil, as well as the extended family its condolences on his loss.

MILITARY DOCTOR, MEDICAL ADMINISTRATOR, GP

DR MICHAEL JELLY RFD MBBS FRACME

1939 - 2018

A leader, proud, committed, humble, reserved and caring is how Dr Michael Jelly is described and remembered by the many people who knew and worked with him.

Michael Thomas James Jelly was born in Semaphore on 13 May 1939. Tragically, he never got to meet his father Thomas who died before his birth and he was brought up by his mother, Molly.

At the age of seven, Michael was sent to board at Rostrevor College, where he spent the next 10 years. He excelled at school, both academically and at cricket and football.

Michael went on to study medicine at the University of Adelaide, residing at Aquinas College and graduating MBBS in 1963.

It was also during the university years when he met his future wife, Elizabeth Burns (Bizz), who was a nursing student.

His initial resident year was at the Royal Adelaide Hospital (RAH). Subsequently he was a surgical registrar at The Queen Elizabeth Hospital before serving as a quarantine medical officer and then entering general practice for 10 years, before moving into medical administration. He was a medical administrator at the RAH and at the ACH.

Michael later gained higher qualifications in general practice, medical administration and health service executives, later becoming the chief medical officer (CMO) at the South Australian Health Commission (Department of Health).

After retirement from his role as CMO, he went back to general practice until his eventual retirement from medical practice. He was president of the Royal Australasian College of Medical Administrators (RACMA) from 1998-2000 and a member of the Medical Board of South Australia from 1993 to 2002.

Michael also had a military career which spanned 60 years, from his days as a Rostrevor College cadet and sergeant in the Cadet Corps to colonel in the Royal Australian Army Medical Corps (RAAMC).

He joined the Army Reserve in 1957, as a private in the Adelaide University Regiment, and was called up for national service in 1970. Following his service, he returned to the Army Reserve as a captain in the RAAMC. He served in the 3rd Field Ambulance, 13th Field Regiment, 3rd Forward General Hospital and in the Director of Medical Services office. Michael was promoted to colonel in 1989, and posted as chief officer of the newly formed 3rd Forward General Hospital. He was appointed the Honorary Colonel RAAMC in 2012.

Michael was awarded the Commonwealth Centenary Medal in 2001 and he also received the RACMA Medallion.

Outside of medicine, administration and the military, Michael was a passionate member of the Port Adelaide Magpies and Power Football clubs, keen golfer, pilot and member of the RSL and Naval Military and Air Force Club. He also wrote many papers and reports for Government, and in recent years, co-authored a series of books called *Blood, Sweat & Fears*, which acknowledges and pays tribute to South Australian medical professionals who served in the Australian Defence Forces in active conflicts.

Michael and Bizz (deceased) had four children – Catherine, Andrew, Brigitte (deceased) and Thomas, as well as 11 grandchildren. ■

The AMA(SA) extends its condolences to Michael's family, friends and colleagues.

Cooking with CarrMen:

CHILLI AND GARLIC AGLIO OLIO

"As a doctor, I know only too well the perils of erratic, long hours and falling back on high-caloric, low-nutrition meals. Fortunately, I find cooking therapeutic and have developed my own shift-work friendly meals, with ingredients that are easily accessible from your friendly neighbourhood supermarket, with a preparation time of 15 to 20 minutes. Never underestimate the power of a yummy hot meal at the end of a long work day."

CARRMEN CHUNG

CARRMEN CHUNG is an obstetrics and gynaecology registrar at the Women's and Children's Hospital and clinical lecturer at the University of Adelaide.

PREPARATION TIME

10 minutes

COOKING TIME

10-12 minutes

INGREDIENTS

8-10 cloves of garlic, chopped. Alternatively, you can use 4 tablespoons of minced garlic
2 tablespoons of olive oil
2-3 tablespoons of chilli flakes
800g Tiger prawns or green prawns, deshelled. Separate the shells
375g (1 tub) of chilled mussels marinated in garlic
500g of squid tube sliced
1.5 packet of angel hair pasta

METHOD

1. In a large pot, heat water to boiling temperature, and add the angel hair pasta.
2. In a separate large pan, heat two tablespoons of olive oil and fry the prawn shells until aromatic. Remove the shells after.
3. Add garlic and fry until golden brown.
4. Add 2 tablespoon of chilli flakes.
5. Now add the squid tubes, mussels and lastly the prawns, and fry for 8-10 minutes.
6. With a sieve, remove cooked pasta from the large pot and add it to the seafood and garlic mixture in the pan and mix it. Serves 4-6.

BLOOD BORNE VIRUSES: WHAT'S YOUR STATUS?

As a healthcare worker, you need to be aware of the guidelines for managing blood borne viruses.

If you are a healthcare worker, especially one whose work, country of birth or lifestyle involves any risk of exposure to the blood borne viruses HIV, Hepatitis B, and Hepatitis C, you need to be aware of the revised *Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses* (the Guidelines), which were endorsed by the Australian Health Ministers' Advisory Council in December 2018.

The Guidelines apply to all healthcare workers, with major changes for those who carry out exposure prone procedures, and includes medical practitioners, dentists, midwives, paramedics, and nurses in private practice and the public system

WHAT IF YOU ALREADY HAVE A BLOOD BORNE VIRUS?

The revised guidelines have removed many of the restrictions on the ability of healthcare workers who have a blood borne virus to carry out their full professional roles. Until now, healthcare workers living with HIV have not been permitted to carry out any exposure prone procedures, even if their viral load was undetectable, and those with Hepatitis B or Hepatitis C were also often precluded.

This cut short many careers, particularly in surgical specialties. Now, with the availability of excellent treatments, most healthcare workers living with a blood borne virus will be able to resume or continue a full scope of practice, as long as viral loads are below defined levels and the healthcare worker remains under care of an appropriately qualified and experienced physician and complies completely with testing and treatment requirements determined by that doctor.

WHAT IF YOU DON'T HAVE A BLOOD BORNE VIRUS?

As performing exposure prone procedures carries risk of transmission of blood borne viruses to both healthcare workers and patients, those who perform them must be tested regularly. The risk of transmission is higher to the healthcare worker than to the patient, and many unrecognised transmissions occur.

Your professional college can give advice on whether the work you do, or may be required to do, involves exposure prone procedures. If your work does involve exposure prone procedures, you must be tested at least every three years, but more frequently if you have non-occupational risks, and generally after any sharps injury. Apart from the provision of safer care to your patients, there is an additional advantage in that early detection of any infection allows early initiation of treatment and better health outcomes for you.

If you carry out exposure prone procedures, you must make a declaration at renewal of your registration that you are aware of your blood borne virus status and compliant with the Guidelines. A false or uninformed declaration may place you at risk of action by AHPRA due to a breach of professional standards, and your case would likely be legally indefensible if any blood borne virus transmission which involved you did occur.

WHAT ABOUT YOUR PRIVACY?

You have the same right to privacy as everyone else. Under the Guidelines, you do not have to tell AHPRA the result of your tests, and you do not have to tell your employer or colleagues (except under exceptional circumstances where there has been an incident that requires investigation). The onus is on you to get tested regularly at intervals appropriate to your circumstances, to seek treatment if you have a blood borne virus, and to comply with the Guidelines. AHPRA considers this a professional standard.

The Guidelines and fact sheets are available at health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm.

For further information, contact your professional college, medical indemnity organisation, or the Director of the Communicable Disease Control Branch (CDCB) in SA Health on 1300 232 272.

NOTICES

DR PHILIP GAME, general surgeon, wishes to advise that he has retired from his consultant position in the Oesophago Gastric Unit and Bariatric Unit at the Royal Adelaide Hospital. He continues to conduct his private practice in general surgery including gastrointestinal and bariatric surgery, laparoscopy, endoscopy and colonoscopy at Dechert House, 89 Payneham Road, St Peters. Contact 8382 9898 or gamesurgery@outlook.com.

RICHARD HAMILTON MBBS, FRACS, plastic surgeon, wishes to notify colleagues that his private clinic Hamilton House Plastic Surgery remains fully accredited under the Australian National Standards (NSQHS) for health care facilities and also by the American Association for the Accreditation of Ambulatory Surgical Facilities International (AAAASFI).

Richard Hamilton continues to practise plastic and reconstructive surgery at Hamilton House, 470 Goodwood Road Cumberland Park with special interests in skin cancer and hand surgery. Excellent free car parking is available.

Richard also consults fortnightly at Morphett Vale and McLaren Vale as well as monthly at Victor Harbor and Mount Gambier. He is available for telephone advice to GPs on 8272 6666 or 0408 818 222 and he readily accepts emergency plastic and hand surgery referrals.

For convenience, referrals may be faxed to 8373 3853 or emailed to admin@hamiltonhouse.com.au. For all appointments phone his friendly staff at Hamilton House 8272 6666. See www.hamiltonhouse.com.au.

ROOMS FOR SALE OR LEASE

NORTH TERRACE, CITY

Brand new consulting rooms available for lease on a fixed term or sessional basis. Located in very close proximity to nRAH and Adelaide BioMed City. Located within an ongoing medical facility on North Terrace. Enquiries to Jane Kelly, tel 7088 7900 or jane.kelly@cmax.com.au.

BLACKWOOD/BELAIR

Professional consulting rooms available on a sessional or permanent basis. Located in Belair on the site of the old Blackwood Hospital, these newly renovated consulting rooms also offer minor procedure and treatment rooms. Free on-site car parking. Radiology, pharmacy and blood collection services also provided on site. Administration services available by negotiation. Contact Karen on 8472 3232 for more information.

POSITIONS VACANT

MAGILL FAMILY PRACTICE

(formerly the Murray Clinic)

Various sessions available for VR GP in our new purpose-built GP-owned family practice. We encourage special interests, in-house opportunities for professional development and upskilling, and a respectful and collaborative team. Private billing, shared Saturday morning roster, no after hours. Enquiries to manager@murrayclinic.com.au


AMA
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NON-MEMBERS WELCOME
2019 CHARITY GALA DINNER
OPENING NIGHT
SATURDAY 11 MAY, 2019
PANORAMA BALLROOM
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7PM – MIDNIGHT
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