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It's renewal time!

Rural doctors' urgent plea

AMA(SA) member the South Australian of the Year

Doctors argue to own pharmacies

AMA SOUTH AUSTRALIA

VALE DR JEANETTE LINN • NEW CALVARY TO OPEN • CELEBRATING AMA(SA) LEADERS
ADVOCACY UPDATE • DATE ANNOUNCED FOR AMA(SA) CULTURE & BULLYING SUMMIT

Contents

16

Rural health in crisis

AMA(SA) President Dr Chris Moy and Northern Eyre Peninsula Health Alliance member and health advocate Dr Cindy Dennis, who discussed the many issues facing rural communities during Dr Moy's trip to the Eyre Peninsula in November.

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President's Report

Dr Chris Moy

AMA a light for real world medicine

As I write this, students across South Australia are undergoing the examinations and other forms of legalised torture required for them to progress in their education and careers. For some, this is not only a time of high drama but also of retrospection, with these exams marking the end of their time at secondary school or university.

I was recently reminded of this when I spent an evening with the graduating sixth-year medical students at the invitation of the Adelaide Medical Students Society in speaking at their 'Life in the Real World' event. As I contemplated what I might say, I thought back to my early days as a doctor, about what I've learned and experienced in the decades since.

There were so, so many things that I could have said to this group, so eager to begin their lives as doctors.

In the end, I chose to talk about to them about 'the end'.

More specifically, I asked each of them to visualise how they would like to see themselves at the end of their careers. Because reflection is the ultimate judge. And because having a goal of how they might see themselves at the end of their years as doctors could help them with the decisions they will need to make during their careers.

Those of us further along in our careers understand that these students, who are the often the brightest but also the most driven and perfectionistic, will face challenges they will not always be able to control.

I spoke to the students about the need to cherish relationships with friends and loved ones; to plan their finances early so they aren't forced to remain in the rat race and to toil late in their careers merely for the money; to aim for a balance, with other aspects of their lives cushioning the inevitable ups and downs in their careers; and to beware of the Faustian bargains – such as those involving riches, power and fame – that can be presented to us but which often are at odds with the personal and professional values we begin with.

I spoke of the role of the AMA in navigating through the journey of a career in medicine. Of the support and collegiality of membership that can be a buttress during the bad times and allow the sharing of joy during the good times. And of the AMA's key role in allowing doctors to stand up and effect change for the better, instead of wallowing in ineffectual complaining and cynicism because of an apparent absence of avenues to make a difference. I see it every day in, for example, the AMA's recent influence to prevent independent prescribing by pharmacists, which would have changed the entire health landscape; or the strong advocacy that prevented major changes to medical indemnity, which would have triggered another crisis in rising insurance premiums for all doctors.

Most importantly, I spoke of the AMA Code of Ethics, which guides us in our behaviour, and is the foundation upon which is built the faith the community has in us. I saw this firsthand during my November visit to the Eyre Peninsula, in the humbling and genuinely inspiring dedication of doctors who work there, such as AMA(SA) Councillor Dr John Williams in Port Lincoln and AMA Member Dr Weragoda R M Ajantha Senevirathna – affectionately known as Dr AJ – in Ceduna. These and other doctors have held true to this code in their commitment to their communities, despite bureaucratic system failures, inadequate resourcing and support; resisting the lure of greater rewards elsewhere. They really are heroes. Their communities rightly value them like precious diamonds.

On the matter of visualising the end of their careers, I chose to read the students an excerpt from *Middlemarch*, by George Eliot (who, of course, was actually Mary Anne Evans). She wrote: 'The growing good of the world is partly dependent on unhistoric acts; and that things are not so ill with you and me as they might have been, is half owing to the number who lived faithfully a hidden life'.

As doctors, we perform acts that we might consider 'unhistoric' or 'hidden' every day. But, for our patients, these acts can very well be historic. And, for doctors, they can be the things that we ultimately look back on with satisfaction and joy at the end of our careers.

... having a goal of how they might see themselves at the end of their years as doctors could help them with the decisions they will need to make during their careers ...

Editor's Letter

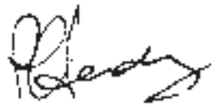
Dr Philip Harding

In May 1940, Air Chief Marshal Sir Hugh Dowding, chief of RAF Fighter Command, was concerned about the depletion of his defence force in support of the losing campaign in France and Belgium. He famously wrote to Winston Churchill that continuation of this situation would lead to the 'final, complete and irremediable defeat of this country'. These words finally struck home, his squadrons were returned, and his actions are largely credited as being responsible for victory in the Battle of Britain. The possible consequences of Dowding having failed in his endeavour are sobering to imagine.

The documentation and artefacts associated with our health and medical history in South Australia are facing a crisis that may seem trivial by comparison with the above but bears some similarity. Earlier this year I wrote in *medicSA* 'whither history', drawing attention to the problems relating to this issue. Still there have been no positive developments. Approaches to government seeking support for the establishment of a Health Museum have fallen on ears that are not deaf but seem unwilling to listen or act. Our historical collections are being cared for by a volunteer workforce that is ageing along with the material itself; at least two key and experienced individuals have now become too infirm to continue their work. Soon things will start going to the rubbish tip.

Two things need to happen. Younger generations of doctors and others must become involved in this work. Most importantly, government must be made to understand that preservation not only of artefacts but also of the ideas and past achievements in health is just as important as other aspects of this state's history that feature along the cultural boulevard of North Terrace. To paraphrase Dowding, failure to act will soon result in the final, complete and irremediable loss of our medical history.

I wish all readers a safe and happy festive season.



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Doctors' call to own pharmacies

Doctors should be able to own pharmacies and co-locate them with medical practices to boost competition in the pharmacy sector and improve services to patients.

That's the view of a coalition of general practitioners lobbying the Federal Health Minister Greg Hunt in negotiations over a new Community Pharmacy Agreement to govern the sector from 2020.

Currently only fully qualified pharmacists can own pharmacies. But several reviews have concluded that more competition is needed to reduce prices, particularly in regional areas.

AMA President Dr Tony Bartone argues that GP ownership of pharmacies could decrease drug costs through increased competition and better collaboration, ensuring that patients are prescribed more targeted medication.

Dr Bartone says sites where GPs work closely with pharmacists within medical practices had shown a reduction in duplication of medications and more efficient drug trialling, particularly overseas where the model had been introduced.

While the Pharmacy Guild argues that the model would create an incentive to overprescribe medicines, doctors have rejected this, citing stringent oversight by the Australian Medical Board and the Australian Health Practitioner Regulation Agency.

The call for GP-owned pharmacies follows a series of scope-widening measures from pharmacists, including for the introduction of flu vaccinations at pharmacies and the call by pharmacists for Medicare rebates for vaccinations and medical consultations at local chemists.

The Pharmacy Guild argues that pharmacists should be able to prescribe the contraceptive pill, provide travel vaccinations, and treat complaints such as urinary tract infections (UTIs), citing parallels with New Zealand and Canada where pharmacists are free to offer some GP-like services.

While Minister Hunt said the government would consider the claim, the AMA has dismissed it, saying it would risk fragmenting health care, putting patients' lives at risk.

Dr Bartone says the Pharmacy Guild's push to take on more GP-like tasks must be stopped, along with its attempts to bully governments in pursuit of ever-higher profits.

'Pharmacists are highly valued members of the health workforce ... but they do not have the skills, expertise, or many years of highly-specialised training to perform the work of GPs,' he says.

Doctors have warned that it would be inappropriate for pharmacists to offer travel vaccinations and that due to international regulations, some vaccinations – such as yellow fever – should only be given by specially qualified medical practitioners.

They also fear that antibiotic resistance could be exacerbated and sexually transmitted diseases might go undiagnosed if pharmacists were able to prescribe antibiotics for UTIs.

Dr Bartone says that in contrast to pharmacists who study for about four years, 'GPs study and train for more than a decade to provide quality holistic care for individuals and families through all stages of life'.

Advocacy generates bipartisan support for medical indemnity stability

Two years of strong advocacy by the AMA has resulted in much-needed stability and future security for the medical indemnity sector, ensuring the ability of doctors to continue to practise the art and science of medicine.

AMA President Dr Tony Bartone says the Health Minister Greg Hunt's introduction to Parliament last month of the Medical and Midwife Indemnity Legislation Amendment Bill 2019 will ensure that the AMA's hard-won medical indemnity reforms of 2002 continue to provide confidence for doctors, patients and insurers.

The Bill is expected to pass Parliament in the next sitting period, with bipartisan support.

'The last two years have seen a challenging but rewarding journey for the AMA in steering two indemnity reviews to a successful conclusion,' Dr Bartone says.

'In 2016 there was a sudden and substantial cut to medical indemnity schemes, followed by the announcement of the two reviews. Concerned about the Government's ongoing commitment to these schemes, the AMA advocated forcefully at each and every consultation, meeting, roundtable, and re-draft of the schemes.

'On behalf of the entire profession, we have worked with indemnity insurers, other peak groups, the Department of Health, the Minister's office, and the Australian Financial Complaints Authority.

'The AMA has spent considerable time and a significant amount of resources on this review because we know how critical a stable medical indemnity sector is to our ability to practise medicine and focus on what really matters - our patients.

'There will be no further cuts to the Commonwealth's funding of these schemes, including but not limited to the High Cost Claims Scheme and the Premium Support Schemes. This should ensure that the premium stability we have enjoyed continues.'

Dr Bartone says there will now be a separate scheme for allied health practitioners, meaning they are no longer part of the Medical Indemnity Schemes.

'It returns us to a fundamental principle for these schemes that was there in the first place – they were designed for medical professionals,' he says. 'Improvements have also been made to the schemes, as well as additional monitoring and appeal processes for both indemnity insurers and practitioners.

'In an era of Medicare freezes, funding shortfalls, declining public hospital performance, and shrinking private health insurance membership, it is reassuring that the profession's collaborative hard work has been successful in ensuring stability in this vital area,' Dr Bartone says.

New funding model supports Aboriginal health outcomes

The AMA has supported a new funding model for the Aboriginal community-controlled health sector as a positive recognition of the critical role the sector plays in the wider health system.

Health Minister Greg Hunt announced the new Indigenous Australians' Health Programme (IAHP) funding model, and additional funding of $90 million over three years, for Aboriginal Controlled Community Health Services (ACCHSs) at the National Aboriginal Community Controlled Health Organisation (NACCHO) conference in Darwin.

AMA President Dr Tony Bartone says the funding will provide the confidence for the next three years that ACCHSs will receive the funding they need to provide quality, comprehensive, and culturally safe primary health care.

'We know Indigenous people have a greater chance of improved health outcomes when they are treated by Indigenous doctors and health professionals,' Dr Bartone says. 'They are more likely to make and keep appointments when they are confident that they will be treated by someone who understands their culture, their language, and their unique circumstances.

'The AMA has a strong commitment to achieving improved health and life outcomes for Aboriginal and Torres Strait Islander people in Australia, and has advocated for more Commonwealth investment in health services.'

AMA backs calls for more aged-care staff

The Royal Commission into how Australia cares for its ageing citizens is coming up with answers the AMA has offered for some time.

Findings of neglect, abuse, mismanagement, and under-resourcing in aged care highlight the need for immediate funding for better staffing and homecare packages, says the AMA.

AMA President Dr Tony Bartone says the interim report of the Royal Commission into Aged Care Quality and Safety provided further evidence of the need for funding to reduce the waiting times for home care packages.

'The AMA has been calling for this for some time,' Dr Bartone says.

'Funding is needed to clear the backlog of almost 120,000 people waiting for a home-care package at their approved level. It is unacceptable that people have to wait for over 12 months for a Level 4 home care package.

'In a single year an estimated 16,000 people died waiting for a home care package.'

A lack of funding, low support from providers, and little action by government had led to the current crisis, Dr Bartone says. He says a safe and quality skills mix of medical, nursing, and care staff, and minimum staff-to-resident ratios must be priorities.

The background papers and reports produced by the Royal Commission showed Australia compared poorly internationally in terms of staffing in aged care.

'It is totally unacceptable that in 21st-century Australia more than half of all aged care residents live in facilities that have unacceptable staffing levels,' Dr Bartone says.

'We have a sad and unacceptable situation where more than 80 per cent of staff say they don't have time to provide social and emotional support to the residents.'

While the AMA supported the call to reduce the use of chemical restraints, letters by doctors to AUSDoc magazine argue that antipsychotic overprescribing is a symptom of understaffing of residential aged care facilities.

Violence in nursing homes remains a real problem. Chemical restraints are often seen as the only solution to protect patients and staff in facilities where there is no capacity to provide one-on-one care for violent patients with dementia.

Dr Bartone says the AMA's position is that restrictive practices should always be considered a last resort and on a case-by-case basis.

'There must be a balance between the need to ensure the older person's safety, and the safety of those around them, including other residents and their families and friends, while respecting their right to dignity and self-determination, including acknowledging previously expressed or known values or wishes,' he says.

'Registered nurses must be available on site 24/7 to ensure appropriate care, including the safe administration of medicines, is provided for elderly and frail patients.'

Behavioural training for nursing and personal care staff was needed to ensure better dementia management, he says.

The Royal Commission's interim report, released on 31 October, also highlighted the need to stop the flow of younger people entering aged care facilities – a call the AMA supports.

'The government must urgently explore other options and provide alternatives for younger people with disabilities who are currently residing in residential aged care facilities,' Dr Bartone says.

'The Royal Commission has done an excellent job bringing to light the national shame of what is happening in aged care. We applaud the work of the Commission – but we cannot wait another year or more to start to fix things.

'The government must act now – immediately.'

Remembering a medical pioneer

Dr Jeanette Linn, second from left, is pictured with Dr Thea Limmer, Dr Janice Fletcher, and Dr Trevor Pickering at the unveiling of her portrait.

Members of the AMA in South Australia and around the country, and colleagues and patients across the state, have acknowledged the legacy of former President of the AMA in South Australia, Dr Jeanette Linn OAM.

Dr Linn died peacefully at Walkerville on 19 November.

Dr Linn was the first female president of the AMA in South Australia, serving as president in 1980-81. She was the first female representative at a Federal Council meeting when she was a proxy for Dr Brian Cowling in 1981, and went on to serve on the Council from 1981 to 1988.

She was awarded the Order of Australia Medal (OAM) in 2002.

A general practitioner in private practice at Mallala and Walkerville for 50 years, Dr Linn is remembered as a passionate advocate for medicine, the AMA and women's education. Former President Dr Trevor Pickering described Dr Linn as 'intelligent, curious, perceptive, loyal and driven to give her all to the many interests in which she involved herself'.

Dr Thea Limmer, with whom Dr Linn and Dr Pickering founded what is now the AMA(SA) History Committee, says Dr Linn was 'a very caring woman, and a great friend'.

'Jeanette was very committed to medicine and to women in medicine, and an active member of the (now disbanded) SA Medical Women's Society,' Dr Limmer says.

Dr Linn was also a member of the Medical Board of South Australia and served a period as a member of the Medical Benefits Advisory Committee.

As President of the AMA in South Australia, she worked with peers including future presidents Dr Jill Maxwell, Dr Patricia Montanaro and Dr Janice Fletcher.

A senior lecturer in the University of Adelaide's Department of General Practice, Dr Linn was committed to the education of young women. She was a Life Governor of the Australian Post Graduate Foundation and a State President of the Australian Federation of University Women.

Dr Linn was also an office-bearer and honorary member of the Australasian Society of Aerospace Medicine (ASAM). The society now presents the Jeanette Linn Award for the best first-time presentation by a member at its annual conference.

Dr Linn also served a period as a councillor with the Town of Walkerville and was an active supporter of organisations including the RSL, St Andrews Hospital, St Peter's Girls' School, St John Ambulance Brigade Reserve and St Peter's Anglican Cathedral.

A portrait of Dr Linn by local artist Sally Parnis commissioned by the AMA(SA) was unveiled by then-President Dr Andrew Lavender in 2011. It now hangs in the reception area of the AMA(SA) offices in AMA House.

Dr Linn's contribution to the AMA(SA) and medicine will be recognised in the next edition of medicSA.

Eyre Peninsula practice faces insolvency

Streaky Bay is emblematic of the dire circumstances under which a great number of Eyre Peninsula and other rural SA towns live.

Jonas Woolford (centre, with Raya) with (from left) Brenton Lynch, Dr Chris Moy, Dr Samanth Mead and health advocate Dr Cindy Dennis

The renowned big sharks in the sea next to Streaky Bay do not scare its resilient community.

What really scares them is losing their precious doctor – a threat that has hung over the town for many years.

Despite a vigorous search through the bush network both before and after the local GP retired more than a year ago, the best the town has been able to achieve is a temporary arrangement with a fly-in-fly-out doctor for a few months.

Chair of the Streaky Bay and District Community Medical Centre Jonas Woolford says the community scoured the nation for a permanent GP. While the community has been pro-active in coming together to find and fund its own solution, even a raft of community-funded incentives such as HECS debt support, a medical centre and a house and vehicle package for the doctor was not enough to recruit a permanent GP.

Most have been deterred by the on-call responsibilities, Mr Woolford says. 'We have tried to get that changed to ensure a decent break between 7 pm and 7 am but we haven't managed that yet,' he says.

Community action led to a Council grant of $100,000 and a $200,000 loan – to be serviced by money raised in volunteer-run events – to fund a locum at $2,000 a day, plus fixed practice costs, agency fee and travel costs (usually from the east coast). Mr Woolford said the arrangement was clearly not sustainable.

'We'll get through to end of calendar year on $300,000 (but) when the community has no more money to invest it will be shutting the doors and placing the medical centre into administration. The hospital will then also likely be closed,' Mr Woolford said.

Without a funding reprieve from government, members of the 2,500-strong community face a round trip of more than 200 km to Ceduna for medical treatment or reliance on the Royal Flying Doctor service.

'We've previously approached (SA Health and Wellbeing) Minister Wade, and he has handballed it to the newly established Local Area Health Boards. We would like the government to pay half of the locum to match the $300,000 to ensure the community has access to a GP and the hospital has access to a GP.'

As towns around the state are discovering, there's no guarantee that a locum will be found even if funding is secured.

And while the Federal Government is considering bringing in additional overseas-trained doctors to fill the breach, towns such as Streaky Bay, where there is no permanent doctor to provide supervision, would not be eligible.

Losing the hospital and the medical centre would cause considerable hardship, Mr Woolford said.

'There are so many young families here… imagine having to drive 110 km to Ceduna for an appointment – even for vaccination. You are going to have to settle your little baby before you get in the car and come back. It's a big impact'.

The travel is particularly tough for the 80 per cent of patients on low-income support, he said. Many need frequent consultations and some, such as those in gophers, just won't be able to make it.

'I'm sure it would be much more viable in the long term to invest in the communities to get a permanent GP rather than trying to maintain the additional Flying Doctor capacity,' he said.

'We're trying to get across the message that you are in an extremely vibrant outback coastal location where there are a lot of young families and there are a lot of opportunities. In today's day and age, you can operate a business from anywhere with technology, but we are seeing people flock to the cities like never before; it's counter intuitive.

'You can get a house here for half the price of one in the city, there's no congestion and the quality of life is really good,' he said.

The question then is why engaged communities such as Streaky Bay, which strive so hard to find their own solutions, feel so abandoned by health system failures which mean that they can never feel confident of keeping a doctor in town – let alone retaining a permanent one who can provide continuity of medical care.

For the people of Streaky Bay, sharks are nothing.

All photographs and page 3, Jack Davies, Port Lincoln

Communities in danger

Long-time rural doctor and AMA(SA) Councillor Dr John Williams says Eyre Peninsula residents deserve equal access to care.

Dr Chris Moy (left) and Dr Samantha Mead (right) with Executive Director Medical Services Eyre & Far North LHN Sue Merrett and Port Lincoln GP Dr John Williams at Port Lincoln Hospital

Port Lincoln general practitioner Dr John Williams says the absence of health services on Eyre Peninsula is placing people's lives at risk.

'The difference between access to care here and in the metropolitan area isn't just unfair – our communities are in danger,' Dr Williams says.

'People started writing letters and making noise about this more than 10 years ago.

'In the years since, we've got to the point where we're not even at the top of the cliff, we've gone over the top. And it's our communities that are falling to the bottom.'

Dr Williams says many Eyre Peninsula residents are anxious and stressed, knowing that if they were seriously injured or sick, qualified medical care is a very long drive away.

'Our people are losing sleep because they are worried about what happens when their children are sick and a doctor is three hours away,' he says.

Different issues affect the local Eyre Peninsula communities in different ways, he says, but they all contribute to a health system that has extended beyond 'crisis point' and is still becoming worse.

One town has a general practitioner who can't take a day off because there's no one to replace him and locums aren't always accessible. Another doesn't have obstetric facilities and is three to four hours from help.

In Port Lincoln, general practitioners juggle the responsibilities of their practices and emergency services, obstetrics, anaesthetics and hospital patient care.

Across the region, there aren't enough GPs and allied health practitioners to give residents the access to care that's generally accepted as a person's right in 21st-century Australia.

'Our communities love and protect their GPs. They embrace them and make them part of their communities. But when the GPs are unsupported by the health system they burn out and they leave. And as the number of doctors dwindles in each town, the burden grows for those remaining, making the situation more tenuous,' Dr Williams says.

… Solutions and funding are needed now to retain the GPs who are here and recruit more immediately …

Dr Williams says the Northern Eyre Peninsula Health Alliance – a group including the mayors of Wudinna, Kimba and Cleve, as well as health administrators and practitioners – is working creatively and innovatively to find measures to change the 'dire' situation.

'This is amazing support from the community,' he says. 'But they are increasingly desperate because their voices are not being heard and their pleas have been ignored.

'These (mayors) got onto council to support their communities with roads and rubbish – now they're having to grapple with the intricacies of GP funding and Medicare. This shouldn't be a local government problem.

'There are some long-term fixes in the pipeline such as the Rural Generalist Training program, but the results of this won't be seen for years. Solutions and funding are needed now to retain the GPs who are here and recruit more immediately.'

Dr Williams says GPs are one part of a health system in which all health services – physio and other allied health, ambulance, mental health, dental and nursing – need additional support.

'We need the state and commonwealth governments to provide the money we need to bring an acceptable level of services to the Eyre Peninsula and its people – now.'

RURAL HEALTH IN CRISIS

Doctors wanted

Eyre Peninsula towns desperately need doctors and other health services. As AMA(SA) CEO Dr Sam Mead found during a trip to the region with President Dr Chris Moy, their plight is a sign of things to come.

Dr Chris Moy and Dr Samantha Mead, outside Ceduna District Health Services

Eyre Peninsula communities desperately need doctors. AMA(SA) President Dr Chris Moy and I knew that before we spent two days talking to the region's doctors last month. What we know more about now is the depth of despair in the region's communities – and the wealth of experience and the creative thinking that is being directed to finding solutions.

Dr Moy and I spent a day in Port Lincoln, listening to veteran and junior doctors, health practitioners, local government representatives and practice managers who travelled from throughout the region to meet us and explain how the dearth of general practitioners is affecting their services and their patients. We heard versions of the same the next day, in Streaky Bay and Ceduna. Wudinna, Kimba, Streaky Bay, Cleve – these towns and many more are suffering because they cannot recruit and retain general practitioners. We heard that doctors come, and some want to stay, relishing the natural environments and welcoming neighbours they find in regional South Australia. But the combination of isolation, inadequate remuneration, a lack of flexibility, absence of back-up and lack of support from governments means that most leave. And while Eyre Peninsula is not the only region confronting these issues, its remoteness accentuates problems, and it is probably 'the canary in the coal mine' for what awaits other regional areas across the country.

However, what was also apparent was the resolve of people determined to fix the problem. People are continually frustrated at the lack of understanding of how their issues are different to those of metropolitan and near-metropolitan areas; they have had decades of being neglected to the point that they feel abandoned. Yet they continue to seek and pursue solutions.

In our meeting with the Northern Eyre Peninsula Health Alliance, for example, we heard that commonwealth funding has been secured for a project officer to research and report on the extent of the issue: to quantify the health needs of towns such as Wudinna, Cleve, Elliston and Ceduna, how many doctors are needed, what other services are inadequate, and what funding will be required to support sustainable models of health provision so people are safe, now and in the future.

As Dr Moy noted in that meeting and later, the report findings will be critical in demonstrating to Federal and state politicians exactly what needs to be fixed if they genuinely value regional communities and the role they play in Australia in the 2020s. We heard again and again of the '3Rs' facing practices, hospitals and communities: recruitment, retention and remuneration.

It has been extremely heartening to see the response to our visit and to the AMA's efforts to see and hear the issues that are causing so much distress to our members, their medical and allied health colleagues, and the residents of their communities. We were grateful for the readiness to give us time as we arranged our extremely tight schedule; to then receive such honest and heartfelt input and ideas from experienced and junior doctors, health administrators, local government representatives and practice managers was overwhelming.

It was also valuable to discuss what we were hearing with the media, locally and for a state-wide audience. Eyre Peninsula residents told of their belief that politicians don't know or care about anything 'north of Gepps Cross'. The media is essential in changing that.

The response on the road and in the media was clear evidence of what the AMA can do – and does, in the public arena and behind closed doors, to help its members and their patients, every day. This trip is one of the more visible advocacy efforts, and after four months as CEO, I am looking forward to working with Dr Moy and our members to use our influence widely and well.

It will take some time to synthesise and consider what we heard and saw. There are many ideas – some of them versions of what exists now, and others new and bold. It is obvious that many intelligent, committed and passionate people are working long and hard to find solutions to the health-related problems they face. It is clear, though, that the solutions will require a serious infusion of new money, and quickly. Governments, like doctors, have a duty of care. And while we in the city can be upset about delays in care, we must no longer be deaf to the desperate concerns of rural communities living with what it means to have no medical care.

Survey uncovers systemic bullying and fatigue

The first workplace culture survey of South Australian doctors in training provides striking evidence of why the AMA(SA) Culture and Bullying summit is necessary. Doctors in Training Committee members Dr Jemma Wohling, Dr Hannah Szewczyk and Dr Samantha Jolly have summarised the findings.

In the public health system, virtually every patient's care is triaged, coordinated and followed up by junior doctors under the supervision of their seniors. As a result, factors that affect junior doctors' ability to care for patients to the best of their ability are of critical importance to patient safety and quality of care.

There has been an increasing focus nationally on the working conditions for junior doctors in recent years, and it is becoming very clear that these issues need to be addressed. To help achieve this, the AMA(WA) ran the first Hospital Health Check (HHC) in 2015. This state-wide survey of all doctors in training assessed five domains: overtime and rostering, access to leave, education and training, morale and culture, and wellbeing.

Since then, other states have followed suit. The results of HHC surveys in NSW, Queensland, Victoria, and Northern Territory have been eye-opening. In South Australia, the AMA(SA) decided to make this a priority in 2019.

In the first Hospital Health Check Survey to evaluate the employment conditions of this state's doctors in training, 239 doctors in training participated.

Findings were shocking yet not unexpected. They demonstrate that the experience of junior doctors is similar to those in other Australian states, in the UK's National Health System, and elsewhere.

The HHC survey found that more than half of junior doctors working in the three major teaching hospitals reported personal experiences of bullying and harassment, with consultants being the most commonly identified perpetrators.

This highlights the need to consider the causes for this in South Australia, and to generate and introduce solutions.

HOSPITAL RANKINGS AND REPORT CARDS

- Of the major teaching hospitals in SA, the Royal Adelaide Hospital (RAH) scored worst or equal worst in all categories measured.
- Of respondents working at the RAH, 39% rated the hospital culture as poor or very poor.
- 39% of RAH respondents and 33% of Lyell McEwin (LMH) respondents said they were advised not to claim unrostered overtime.

JUNIOR DOCTOR WELLBEING

- Most respondents in the three major teaching hospitals reported concerns about their personal safety due to fatigue, including 61% of Flinders Medical Centre (FMC) respondents, 52.8% of Lyell McEwin respondents, 69% of RAH respondents and 44% of QEH respondents.
- Ratings of support for junior doctors' wellbeing as 'poor' or 'very poor' ranged from 13% to 45%.
- The most vulnerable group of junior doctors consisted of non-training (prevocational or service) registrars.
- Most junior doctors reported they were 'rarely' or 'never' able to take sick leave when they should.
- Nearly 40 % of RMOs and prevocational registrars were advised not to claim their overtime.

FATIGUE AND CLINICAL ERROR

- More than 60 % of junior doctors in the three major teaching hospitals reported concerns about patient safety and errors due to their own fatigue.

The majority of respondents working in the three major teaching hospitals reported concerns about making clinical errors due to fatigue.

BULLYING AND HARASSMENT

- More than half of junior doctors in the three major teaching hospitals had personally experienced bullying or harassment in their workplace.
- 30% of respondents were concerned that reporting may lead to negative workplace consequences.
- Consultants were most frequently mentioned as being the perpetrators of bullying and harassment. Others included registrars, allied health and nursing staff.

The majority of respondents working in the three major teaching hospitals reported personal experiences of bullying or harassment.

Summit to trigger 'real action' to stop bullying

The AMA(SA) campaign to address bullying in South Australian health workplaces will take an important step forward in early 2020.

The AMA(SA)'s Culture and Bullying Summit will address issues relating to what President Dr Chris Moy has described as 'the startling evidence' unearthed in the Doctors in Training Hospital Health Check Survey.

Dr Moy says the February summit must be a time to 'draw a line in the sand' on bullying in South Australian health workplaces.

University of South Australia's Associate Professor Michelle Tuckey, whose work focuses on workplace bullying and occupational stress, will be the guest speaker at the summit, to be staged at the University of Adelaide.

Health and Wellbeing Minister Stephen Wade and representatives of SA Health will also participate.

Presentations and discussions will generate a report with specific recommendations for action within SA Health to improve the culture in health workplaces and address bullying.

'There has been compelling evidence over many years that doctors, and particularly junior doctors, are frequent victims of bullying – by their employers, by superiors, by colleagues and other practitioners,' Dr Moy says.

'This culture is the dark heart of the heath system. It damages the workplace and those working in it, and is clearly a risk to patient safety and care.

'It's time for this to stop. We must stop bullying and eradicate the culture in which it festers.

'Students, doctors and health practitioners must feel confident that they can do their work safely, in safe workplaces, so they can focus on helping their patients.'

Dr Moy says there have been many examples over many years of how bullying affects doctors, including the increasing number of doctors who have mental health issues such as depression.

'Now we have a South Australian survey of South Australian doctors adding to the evidence that bullying is rife in our hospitals.

'For our colleagues, current doctors in training, students and future generations of doctors, and for our patients, we must ensure this stops now.'

AMA(SA) President earns consumer award

South Australia's peak health consumers' body has recognised the efforts of AMA(SA) President Chris Moy in advocating for patients and their care.

The Health Consumers Alliance of SA (HCASA) presented Dr Moy with its 'Health Professionals Partnering with Consumers Award' at its annual general meeting on 18 November.

HCASA chief executive officer Julia Overton says the award recognises Dr Moy's 'commitment to partnering with consumers in codesign to ensure effective, targeted service delivery to best meet their individual needs'.

'Chris is always authentically engaged in how consumers should be involved and advocates for others to become more consumer centred,' Ms Overton says.

'We have been particularly appreciative of his work in promoting Advance Care Directives and the need for more education for consumers, family members and health professionals to ensure ACDs are used, and used correctly, to support individuals at the end of life.'

Dr Moy is a GP who has promoted ACDs in his advocacy efforts with the AMA(SA) and through his role on Federal Council and as chair of the national body's Ethics and Medico-Legal Committee.

HCASA CEO Julia Overton with Dr Chris Moy

As President of the AMA(SA), he has recently urged the South Australian Government to allocate more resources to educating people about ACDs and for palliative care services across the state.

Approaching the bench

Is a bedside career preferable to one at the Bar?

Entertaining company, fabulous food, a relaxed setting and a stimulating topic for debate between some of South Australia's finest medical and legal minds are the ideal ingredients for a great night – and that is exactly what transpired at this year's annual AMA (SA) & Law Society Medico Legal Dinner.

The AMA (SA)'s debating team (third from left) Dr Lucy Haynes, (third from right) Dr Janice Fletcher and (second from right) Dr Danny Byrne, with the Law Society's Brianna Rositano, Marie Shaw QC, Judge Tony Rossi, and Enzo Belperio

Law Society of SA's Chief Executive Stephen Hodder and President Amy Nikolovski, and AMA (SA) President Dr Chris Moy and CEO Dr Samantha Mead

'Should I have listened to my mother and studied law?' That was the topic hotly debated between lawyers Marie Shaw QC, Brianna Rositano and Enzo Belperio, and doctors Janice Fletcher QC (representing, she said, Qantas Club), Lucy Haynes VC (Virgin Club) and Danny Byrne LLB (Lockleys Lawn Bowls Club), during a session adjudicated by Judge Tony Rossi.

After many compelling and hilarious arguments (and despite AMA(SA) President Dr Chris Moy not-so-subtly offering a gift to the Judge), the lawyers successfully argued for joining the medical profession. Among their winning arguments: that no one has ever been on a flight where the staff demanded to know if there was a lawyer on the plane.

Next year is AMA (SA)'s turn to host – and Dr Moy is already planning his revenge.

Dr Hannah Szewczyk
Councillor
Chair, AMA(SA)
Doctors in Training Committee

AMA(SA) Council Meeting
November 2019

The November council meeting opened with an acknowledgment of country and welcome to all Council members in attendance as we gathered in the AMA(SA) board room with the beautiful vista of North Adelaide to the city as our backdrop.

It was a tight squeeze as our Council has had growing attendance numbers, with a lively and passionate group representing a variety of specialty groups and perspectives.

Discussion included the recent update to the Modified Monash Model geographical classification and the negative impact of this on some South Australian country practices. AMA(SA) President Dr Chris Moy has written to the Federal Health Minister on behalf of doctors working in these practices, explaining how an arbitrary change in classification means a loss of incentives and support for some practices providing 24-hour care for isolated communities. This change of classification also means a loss of training places for registrars undertaking rural general practice training.

Dr Moy has asked Minister Hunt to reconsider the change in classification or to ensure that current funding and supports are maintained. The Council supported this advocacy, recognising the importance of the work our rural general practitioners do and the communities they care for.

It was brought to the Council's attention that there has been a loss of Specialist Training Program (STP) funded positions in South Australia. Council expressed concern that this will exacerbate the bottleneck in the training pipeline and diminish trainees' experiences in community settings. Council agreed that the AMA(SA) would advocate for ongoing and further funding for these positions.

Another focus of the November meeting was workplace culture, bullying and fatigue in medicine, which has recently been in the spotlight with a parliamentary inquiry being conducted looking into this issue, and Dr Moy announcing that the AMA(SA) would stage a 'summit' to pose solutions. The AMA(SA) Doctors in Training Committee ran the first South Australian Hospital Health Check survey this year, with findings that support the need for a change in workplace culture released to the media (and discussed in this issue).

Council agreed that improving workplace culture in medicine must be a major advocacy focus for the remainder of this year and for 2020.

AMA(SA) brings new life to GP committee

It's been on the drawing board for some time, but now the AMA(SA) Committee of General Practice (CGP) is in action – ready and able to advocate for South Australian general practitioners, their patients and communities.

Committee chair Dr Bridget Sawyer told the gathered members at the first meeting in November that she was delighted to see that a passionate and diverse group is motivated to address a broad range of topics and issues in 2020.

Implications of the Modified Monash Model and other funding models, reduced GP registrar training numbers, worrying increases in Medicare compliance activity and incorrect Medicare advice to GPs and practice managers, changes to the bulk billing incentive item number, and wound management are listed as among the topics to be examined early in the new year.

'The issues in general practice are complex, and this committee can act as the link between us and issues we face with our patients every day and the broader AMA membership,' Dr Sawyer says. 'General practice is where health care starts for most Australians – we want to ensure that the AMA is in the best position to help our patients in general practice and as they navigate the health system.'

Dr Sawyer, a member of the AMA(SA) Council, says it's pleasing to have representatives of rural and metropolitan practices on the Council.

AMA(SA) President and GP Dr Chris Moy, who attended the first meeting, was struck by 'the energy in the room'.

'I'm looking forward to this Committee being a platform for discussion and advocacy with real meaning and impact for our GP members and all South Australians,' Dr Moy says.

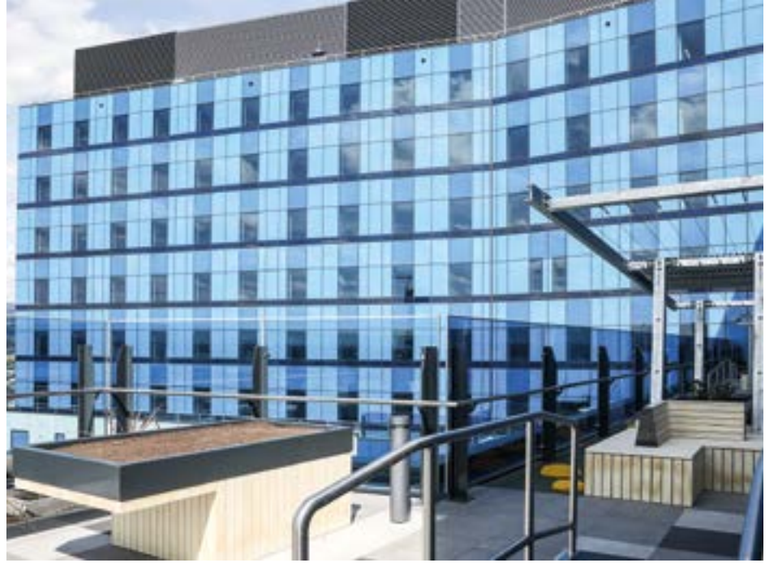
AMA(SA) General Practice Committee Chair Dr Bridget Sawyer

'There are many GP-related issues that are a real focus of AMA work at the state and national level. Reconvening the South Australian CGP could not come at a better and more important time.'

If you have an issue you'd like to add to the CGP agenda, please contact Dr Sawyer via the CGP Secretariat at heathera@amasa.org.au.

The Calvary is coming

South Australia's largest private hospital is set to open its doors in January.



Calvary's biggest investment in Australia, the new Calvary Adelaide Hospital in central Adelaide, is on schedule to open its doors to patients in January.

The hospital will provide Adelaide's only private 24/7 emergency department, offering comprehensive emergency medical services and a gateway to the Calvary network of care across Adelaide. With a distinctive Calvary blue façade, the hospital replaces the existing Calvary Wakefield Hospital in Wakefield Street and the Calvary Rehabilitation Hospital at Walkerville.

The Calvary Adelaide Hospital will provide 344 beds and 66 day-patient beds, 16 operating theatres including five-day surgery theatres and an additional hybrid theatre, two angiography laboratories, four procedural suites, radiology and pathology.

More than 700 hospital staff will relocate to the new site, including newly appointed Calvary Adelaide Hospital general manager Kerrie Hayes.

Ms Hayes has extensive experience in both the public and private hospital sectors, leading complex change processes and transition projects. She has been the acting General Manager of Calvary Wakefield and Calvary Rehabilitation Hospitals since February, and as leader of the Calvary Adelaide project team managed the commissioning stage of the project.

The rehabilitation facilities include indoor gyms and a hydrotherapy pool, a rooftop mobility garden and an Independent Living Unit to help patients prepare for their return home. Onsite services also include a pharmacy and a coffee shop.

Patients will enjoy picturesque views across Adelaide and an array of large-scale outdoor images of breathtaking South Australian landscapes adorning the walls.

To view a virtual tour of the hospital and find out more visit www.calvaryadelaide.org.au.

The ill-effects of nitrous oxide

The AMA(SA) is adding its voice to calls to limit the potentially lethal impacts of a readily available household item.

The AMA in South Australia has taken a national lead in supporting political moves to restrict the availability of nitrous oxide.

In October, Blair Boyer MP wrote to AMA(SA) President Dr Chris Moy, seeking feedback on the proposed 'Controlled Substances (Nitrous Oxide) Amendment Bill 2019', which Mr Boyer has developed to control the sale of, and access to, nitrous oxide in South Australia.

Dr Moy's response highlighted the importance of increased regulation of a substance he said 'is known to have serious and severe side effects when used incorrectly and when abused'.

'Nitrous oxide is a gas that is used to provide sedation and pain relief during medical and dental procedures,' Dr Moy wrote.

'(It) also has uses in catering, including in whipped cream dispensers, that have caused it to be available outside medical and dental environments, and where there is no monitoring or regulation of its use.'

He said AMA(SA) Council members asked to respond to the Bill had been 'overwhelmingly supportive' of its intention, including the provisions for restricted sale of nitrous oxide, the age of individuals who may buy it, and the need for intended buyers to show acceptable identification to buy it.

However, Dr Moy noted, it has been pointed out that one section of the Bill requires a person who sells or supplies nitrous oxide to retain records for a period of at least two years. 'This requirement is greater than that for controlled substances of a similar nature and, apart from being a significant practical imposition, may be considered to be somewhat inconsistent or out of step with measures applied to comparable compounds,' he said.

'It has also come to our attention while researching this issue that it is possible to buy nitrous oxide online. For example, an advertiser on eBay's Australian site from Victoria advertises the sale of a 48-bulb package of nitrous oxide 'cream chargers' for $38; while the advertisement requires that a buyer is over the age of 18, there is no indication of how the advertiser would police that requirement.

'We would ask that in taking action to limit the local sale of nitrous oxide, you also consider how the online availability of this potentially dangerous product can and will be managed.'

Speaking about the submission at Council's November meeting, Dr Moy said it was important to curtail the misuse of a substance too few people knew had extremely dangerous side-effects.

'We commend Mr Boyer for his Bill but want to ensure that legislation isn't rendered useless because people can still buy these extremely dangerous products online and have them delivered in the hundreds to their homes,' Dr Moy said.

ADVOCATING FOR ALL

The submission from AMA(SA) President Dr Chris Moy about access to nitrous oxide is one of many provided to advocate for the health and welfare of South Australian residents in recent months.

In addition to those related to bullying in the health workforce and the Rural Medical Workforce Plan, discussed on other pages in this issue, the AMA(SA) has provided informed comment and discussion in a range of forums in relation to:

- the South Australian Parliament's Joint Committee on End of Life Choices
- the South Australian Parliament's Social Development Committee Medical Mesh Inquiry, to consider issues related to the surgical implantation of medical mesh in South Australia. After consultation with members in the relevant fields, AMA(SA) President Dr Chris Moy provided a response indicating that the AMA(SA) supported the approach of members of the Royal Australian College of Surgeons and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
- its recommendation that 'Gayle's Law' and its regulations be reviewed within a year
- the ramifications of the Federal Government's Modified Monash Model classification on the Gumeracha Medical Practice and other general practices
- the South Australian Law Reform Institute's examination of proposed abortion law reform.

Sharing his vision

As South Australian of the Year, ophthalmologist Dr James Muecke wants to shed light on the growing threat of diabetes and its impacts.

Dr James Muecke

When Dr James Muecke was named the Australia Day Council's Australian of the Year for South Australia last month, he spent most of his three-minute acceptance speech imploring any members of his audience who could have diabetes to have their sight checked.

It was a demonstration of the very reason that Dr Muecke earned the accolade – one that came in the same year he received a University of Adelaide Vice-Chancellor's Alumni Award.

The Australian of the Year Award recognises his work with Sight for All, a not-for-profit organisation that now helps more than one million people annually in Aboriginal and mainstream communities of Australia, Ethiopia, and nine countries of Asia. Dr Muecke will join other Australia Day award recipients from around Australia at the national awards ceremony in Canberra on 25 January 2020, which marks the 60th anniversary of the awards.

'Many people don't realise that diabetes is a blinding disease that worldwide is escalating at an alarming rate,' Dr Muecke told his audience at the awards presentation at Adelaide Oval.

'Diabetes can cause bleeding inside our eyes that can take away the eyesight, in an instant. And sometimes permanently.

'Importantly, and frustratingly, nearly all the blindness caused by diabetes is avoidable.'

Since starting his ophthalmic career, Dr Muecke has been passionate about fighting blindness.

In 2000, he founded the Vision Myanmar Program, a $1 million initiative of the South Australian Institute of Ophthalmology, which developed and operated eye health and blindness projects in the South East Asian nation.

He also co-founded Sight For All, which raises funds to treat and prevent blindness in low-income nations, and where he now donates up to 40 hours of his time and expertise each week. Through the provision of collaborative research, sustainable education, infrastructure and equipment, and health promotion, Sight For All has made significant steps towards eliminating avoidable blindness.

Dr Muecke says it was a trip to Myanmar in 2007 to conduct research about childhood blindness that was a catalyst for what has become his life's work.

'We discovered that nearly half the kids who were blind in that country were needlessly blind, with conditions such as measles or a lack of spectacles that could have been treated or prevented,' says Dr Muecke, who is also a Clinical Senior Lecturer in Ophthalmology and Visual Sciences at the University of Adelaide.

'We were able to bring over a young eye surgeon from Myanmar and train him for a year at the Women's and Children's Hospital in Adelaide.

'He went home as the first paediatric eye surgeon for his country of over 50 million people. We then set him up in the first paediatric eye unit with all the appropriate diagnostic equipment and surgical instruments. He now sees nearly 30,000 children annually and trains two to three of his own colleagues each year as paediatric eye surgeons.'

As South Australian of the Year, Dr Muecke will be promoting awareness of the impacts of diabetes among the broader community and the critical role that sugar is playing in its development.

Of the 1.5 million Australians with diabetes, he says, more than half are not having their all-important eye checks. As a result, among working-age Australians, diabetes is now the leading cause of blindness, and in Australia's Aboriginal communities it is the fastest-growing cause of vision loss.

Dr Muecke has produced several videos to raise awareness of the blinding risk of diabetes. The award-winning TV commercial, *Neil's Story*, can be viewed on the home page of Sight For All's website at www.sightforall.org. He hopes that South Australian medical practitioners can share with their patients and networks this heart-wrenching story about a man who suddenly lost vision in both eyes due to neglect of his diabetes .

'If you have diabetes,' Dr Muecke pleaded to his Adelaide Oval audience, 'please, get your eyes checked.'

Dr Samantha Mead and guests

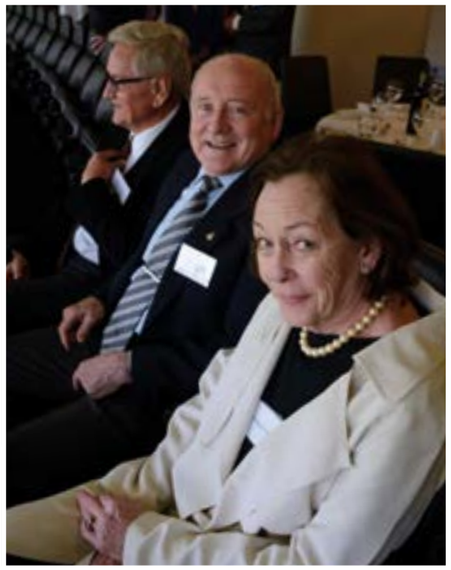
Dr Thea Limmer and Dr Chris Moy

Dr Tom Turner and Mrs Jan Turner

Dr Robert Penhall and Mrs Helen Penhall

New life members attending the function Dr David Tamblyn, Dr John Combe, Dr Chris Moy (AMA(SA) President), Dr George Kokar, Dr David Petchell Dr Lyn Gardiner and Dr Andrew Ramsay

Immediate Past- President Dr William Tam with Dr Doug Allen



Dr George Kokar, Dr David Close and Mrs Margaret Kokar

Dr Chris Moy addresses guests

Dr Robert Edwards and Mrs Helen Edwards

Among friends

Past Presidents of the Australian Medical Association in South Australia were among those congratulating those who have recently earned life membership of the organisation at Adelaide Oval last month.

President Dr Chris Moy pointed out that the function was being staged at one of his 'favourite places' – the home ground of his beloved Adelaide Crows – which was also the place where he first developed what would become a close friendship with soon-to-be Federal President Michael Gannon.

Dr Moy welcomed the new life members at the lunch: Dr John Combe, Dr David Tamblyn, Dr David Petchell, Dr Lyn Gardiner, Dr George Kokar and Dr Andrew Ramsay. He also congratulated and acknowledged those who could not be present – A/Prof Robert Atkinson AM, Dr Roy Francis, Dr Carl Kurlinkus, Dr Cresdon Magasdi, Dr Pamela Rendell and Dr Peter Joyner.

The following week, AMA(SA) members were pleased to join their general practice colleagues at the annual combined RACGP and AMA(SA) Christmas Party at College House in North Adelaide.

Above right: *Dr Chris Moy, RACGP SA&NT Chair Dr Zakaria Baig, Nat Cook MP, and RACGP SA&NT State Manager Carolyn McInarlin*

Right: *Dr Penelope Dargaville, Dr Robert Menz, Dr Patricia Montanaro, Dr Peter Joseph, GPEx Chair Alison Edwards, and the AMA (SA)'s Dr Chris Moy and Rebecca Hayward*

A united front

As the AMA(SA) prepares to stand up for members and communities in 2020, Prime Minister Benjamin Disraeli's claim that 'history is made by those who show up' has particular relevance.

The AMA (SA) is proud of being the peak membership association representing South Australian doctors, and a strong and trusted advocate for the medical profession and for the health and well-being of all South Australians.

The capacity of the AMA(SA) to make a difference relies on it representing South Australian doctors – and on being seen and heard as the voice of the medical profession in this state.

YOUR VOICE

President Dr Chris Moy, Vice President Dr Michelle Atchison, Immediate Past President Associate Professor William Tam and CEO Dr Samantha Mead lead the AMA(SA) work in developing submissions to explain the informed thinking behind public and private campaigns to improve health conditions for South Australians.

Regular meetings with Minister for Health and Wellbeing Stephen Wade ensure the South Australian Government understands AMA(SA) submissions, appearances before parliamentary committees, media responses and other public statements.

In one recent four-week period, Dr Moy was asked to provide media comment 11 times – and that's in addition to the regular segments on ABC Radio, where he discusses 'family GP' topics, and ABC Regional Radio, where he is apart of a panel discussing the week's events.

YOUR COMMUNITY

The AMA (SA) is passionate about bringing together all South Australia's doctors, focussing on what unites us as we work together for the greater good of the medical profession, and all South Australians.

As an AMA (SA) member you have the opportunity to connect with colleagues across all medical professions, build your professional network, and be an active part of the conversation on issues that affect the medical profession.

LOOKING AFTER YOU

Whether you are a medical student, starting out in your career, establishing your own practice, working in a large hospital or remote community, we are here to support you.

As an AMA (SA) member you have access to a range of free and discounted resources and services to support you, plus professional development opportunities, and advice on workplace and career matters.

ADDITIONAL MEMBER BENEFITS

- Free subscription to *Medical Journal of Australia* (save more than $400 a year)
- Free access to the AMA List of Medical Services and Fees (save $499), and discounted resources including Desktop Practice Support Toolkit for GPs
- Discounted services from Hood Sweeney and Norman Waterhouse Lawyers
- Opportunities to save thousands through corporate programs with Mercedes-Benz and Volkswagen
- Save more than $100 on Qantas Club and Virgin Lounge memberships
- 10% discount with Budget and Hertz
- 10% discount on purchases through the MJA Bookshop
- 10% discount on all products from Mentone Educational Supplies
- Free networking events, educational seminars and professional development sessions
- Discounted accredited training with our AMA Skills Training team
- Free use of the doctorportal Learning CPD Tracker
- Free access to AMA's Careers Advice Hub

To find out more, please contact Member Services Manager Rebecca Hayward at membership@amasa.org.au or on 08 8361 0108.

Real-time monitoring targets misuse

The AMA(SA) has welcomed a new $7.5 million scheme to provide doctors and pharmacists with real-time information about a patient's use of potentially harmful prescription drugs.

The scheme will create alerts for medicines in the Schedule 8 category, which includes fentanyl and oxycodone, enabling doctors and pharmacists to undertake an on-the-spot check before prescribing or dispensing medicines that are at high risk of misuse.

AMA(SA) President Dr Chris Moy says the system will reduce 'prescription shopping' or 'doctor shopping' and the accidental overdoses that can occur through the mixing of medications, which is often associated with long-term use.

It is also expected to help the early identification, treatment and support for patients who are developing signs of dependence.

'The AMA(SA) supports a real-time prescribing monitoring system to allow a doctor to obtain an immediate alert or information about the patient sitting in front of them, who may have been doctor shopping to try and obtain prescription opiates and other medications of dependence,' Dr Moy says.

'This, along with strategies such as the "Reach for the Facts" community awareness campaign, will be critical in combating the terrible consequences of prescription opiate abuse and dependence.

'Every day in Australia, prescription opioids are involved in nearly 150 hospitalisations and the deaths of three people.'

Australia's *Annual Overdose Report 2018* shows the number of accidental deaths from overdosing has risen steadily from 903 deaths in 2002 to 1,704 deaths in 2016. Oxycodone, morphine and codeine are the main contributors to overdose by opioid – which is associated with the increased prescribing of opioids.

The South Australian Government has convened a Real Time Prescription Monitoring External Advisory Group to provide strategic advice and feedback the implementation of the scheme.

'In representing the AMA(SA) on the Advisory Group, I have emphasised the importance of the system being consistent with a doctor's normal workflow,' Dr Moy says.

'The system should not add to a doctor's work.'

A fact-finding mission

The AMA(SA) has joined the ReachForTheFacts campaign led by ReturnToWorkSA, which asks doctors and the community to think twice when prescribing or using opioids for chronic pain.

Dr Chris Bollen
Medical Advisor,
ReturnToWorkSA

SA Health reports opioids as the most commonly reported drug class involved in medication incidents with oxycondone topping the list of drug related incidents in SA Health's Safety Learning Systems.[i] In South Australia, according to the *Pennington Institute Annual Overdose Report 2018*, there were 74 accidental deaths due to pharmaceutical opioids for in South Australia between 2003 and 2007; a decade later, from 2013 to 2017, the tally had increased to 121.[ii]

At ReturnToWorkSA we are recognising the issues and negative impacts prescription opioids can have on our injured worker's recovery and return to work after injury, as well as their safety in the workplace. The impacts of prescription opioids are not unique to our work injury scheme but, as the statistics demonstrate, are part of a broader community challenge. In fact, Playford has the highest opioid dispensing rate (109,191 dispensed prescriptions for opioid medication per 100,000 persons) in the state and the second highest of any statistical area in Australia.[iii] Regionally, the rate of prescription opioid dispensing in Barossa, Gawler-Two Wells and South East South Australia is more than 86,000 per 100,000 persons.[iv]

When we looked at what was available, accurate information was difficult to find, fragmented, often bundled together with resources about alcohol and illicit drugs, and usually came from the US. We wanted to work with partners and supporters to develop a South Australian-based community awareness campaign that would raise awareness of the potential harms of long-term use or misuse of prescription opioids, encourage questions about alternatives for safe and effective pain management, and achieve behavioural change over an extended period of time.

Knowing the impact extend across our whole community, we wanted to do something about it. We wanted to raise awareness, through an education campaign, the risks associated with high and long-term use of prescription opioids, for our community to understand that the longer you use prescription opioids, the greater your risk of dependence and experiencing negative side effects.

An independent survey of over 400 members of the South Australian community, including health professionals, reinforced our belief that a campaign was needed. The survey found that 84% of participants surveyed had taken some form of pain relief – mainly paracetamol and codeine - within the last 12 months for headaches, general aches and back pain. While awareness of the term opioids was high, more than a quarter didn't know what an opioid was and more than a third weren't aware of the potential side effects. Less than half knew that opioids should be taken in line with medical advice.

The ReachForTheFacts campaign launched in July 2019 with tailored messages for the public, prescribers and health professionals to explain the risks of prescription opioids. Support for the campaign has been bolstered by local and national stakeholders – including the AMA(SA) – who collaborate, inform and promote the campaign.

Television and radio advertisements, social media, billboards, posters and brochures point consumers, family members and supporters, and health professionals to www.reachforthefacts.com.au, where they find tailored information about opioids and their side effects, tools to identify dependency, information about pain and multi-modal methods of pain management. Powerful and often poignant testimonials describe real South Australian experiences with prescription opioids. The information is objective and non-judgemental, and strongly encourages consumers to discuss any changes to their pain medication with their doctors.

While the campaign is in its early stages, website access is increasing with health professionals finding its resources useful for patient education. The health professional pages also provide up-to-date information about prescribing and deprescribing, including tools such as HealthPathways SA. I suggest medical practitioners use these resources in their practice, with patients and for themselves.

Any feedback about the campaign that can be provided to campaign@rtwsa.com.

[i] *SA Health (2019). https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Clinical+resources/Clinical+topics/Medicines+and+drugs/opioids/*

[ii] *Penington Institute (2018), Australia's Annual Overdose Report 2018, Melbourne: Penington Institute*

[iii] *The Australian Commission on Safety and Quality in Health Care (2018), 'Opioid Medicines Dispensing 2016-2017' in Australian Atlas of Healthcare Variation.*

[iv] *The Australian Commission on Safety and Quality in Health Care (2018), 'Opioid Medicines Dispensing 2016-2017' in Australian Atlas of Healthcare Variation.*

Life in the real world

The next generation of doctors must consider what kind of doctors we'll be.

TOM GRANSBURY
STUDENT NEWS:
ADELAIDE UNIVERSITY

There is no doubt great excitement building among new graduates as we head towards 7 January: the first day our graduating cohort will work as doctors, which brings awareness of the gradually increasing autonomy and responsibility that inevitably follows. But there is one question on all our minds: what kind of doctors are we going to be?

I'm not talking what specialty. During medschool I've had the pleasure of working with a wide range of doctors in country and metro areas. While I've seen some brilliant medicine and had some amazing mentors, I've been saddened to realise we're entering into a world of all too many burnt-out doctors, many of whom have fallen into the comfort of a busy routine, conforming without questioning our highly functioning yet overly hierarchical and patriarchal medical system. So, what kind of doctors will we be?

Will I be a consultant who introduces every student, by name, to patients? Or will I forget to acknowledge students and put fixing medical education in the 'too hard' basket, thereby propagating a failing system?

Will I be a doctor who sits down with students and discusses their rotation objectives and grades them carefully, knowing it may determine their future job prospects? Or will I fall into habits of poor teaching and assessment practices, circling all Bs on student assessments because I know the university will never question it?

Will I stay up late preparing a well-targeted engaging lecture, or read from out-dated lecture slides with yellow text on a blue background?

Will I be a consultant who is approachable and reasonable, or one who juniors fear to call during the night, indirectly resulting in sub-standard patient care, or under whom interns will fear to report their true overtime hours for belief they will be criticised for their inefficiencies?

I'd hope the first answers are true in each of these cases. But under the pressure of life in the real world, I wonder how hard it will be. So to all the doctors who make the time to teach their medical students, and have kept their passion about learning and are keen to share that – I hope as we follow your path we can learn a thing or two from your mentorship, for you are the doctors who we, as a graduating cohort, should want and aim to become.

Stories to medical students

The culture in health workplaces is a concern for junior doctors.

JARROD HULME-JONES
STUDENT NEWS:
FLINDERS UNIVERSITY

The year has flown by! This is my final article as my term as Flinders Medical Students Society (FMSS) president ends. My thanks to the *medicSA* team and the AMA(SA) for allowing me to share my views every issue! To my student colleagues: it has been a privilege to be able to routinely represent you inside and outside Flinders and I sincerely hope my work has improved your experience. I'd like to congratulate the incoming and 45th FMSS President, Liam Ramsey, and his talented team; I wish them all the best for 2020 and am certain he'll do a tremendous job writing this column next year.

I will be an intern in the Central Adelaide Local Health Network next year and am thrilled to start taking more responsibility for patient care and start working in a field that is endlessly fascinating to me.

I am, however, a little apprehensive about our industry. I got married in August and we are hoping to have a child next year. Worryingly, I have been informed by senior and junior hospital doctors that it might be challenging to find support from management if my wife chose to work full-time and I chose to take time off to care for our child.

I'm also told that having a child might negatively affect my chances of getting a Basic Physician Training or Advanced Trainee position at the Royal Adelaide. Bizarrely, many different sources have unsarcastically informed me that some teams are great 'because they pay overtime' as though adherence to industrial relations law is unusual and something to be grateful for.

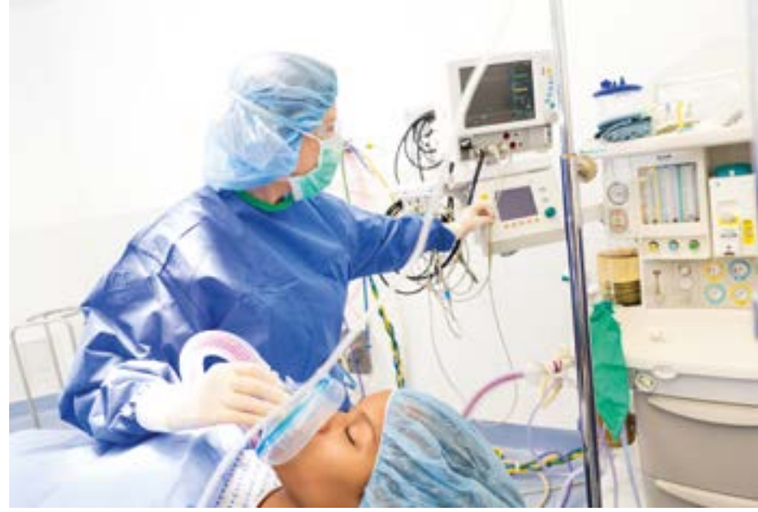
FMSS will be celebrating its 45th year in 2020

When I ask, 'why do these issues still exist?' The answer is always the same: if you rock the boat as a doctor in training, your career *will* suffer.

It is jarring messaging given most of my time working in South Australian hospitals has been positive. I hope that it truly is only small pockets of our industry that have these issues. Sadly, if I do encounter problems like these, it seems likely I'll feel powerless to do anything to address them other than tell stories to medical students.

Strength in anaesthetist numbers

Jane Ford finds young anaesthetists are drawn to their membership organisation's vocal power.



At a time when participation in associations and voluntary organisations is declining, particularly among younger people, the Australian Society of Anaesthetists (ASA) is doing something very right in South Australia and the Northern Territory.

Chair of the ASA (SA&NT) Committee Dr Brigid Brown says despite the well-documented time pressures and the trend away from participation in organisations, the ASA is in a strong position, with members recognising the need for collective engagement on key issues, as well as ongoing social and educational activities.

Membership of the voluntary organisation remains at around 60 per cent – perhaps an indication of the isolation that anaesthetists, particularly those in private practice, are said to feel.

'We have really been lucky; we have two excellent anaesthetic trainees on the state committee and a long list of applicants this year,' Dr Brown says. 'We really are in a strong position.'

The association, founded in 1934 to provide an independent voice for anaesthetists, is primarily concerned with advocacy, through supporting and representing anaesthetists. It also provides a forum for social and educational events, often in partnership with the Australia and New Zealand College of Anaesthetists (ANZCA).

As the first female Chair of the ASA (SA and NT) Committee in several decades and a relative newcomer to private practice, Dr Brown is living proof of the appeal of membership to a new demographic. She is keen to bring the sense of professional community to new audiences.

'I'm certainly not re-inventing any wheels in my first year as chair, but I wanted to bring those (female and younger) perspectives to add to the wealth of experience within the ASA,' Dr Brown says.

The association works hard to develop strong ties with trainees and graduates, offering free or discounted membership and providing opportunities to learn from colleagues about issues affecting the profession, as well as helping them through the transition from training to consultancy.

Dr Brigid Brown

It is also seeking to introduce a new course with question-answer opportunities for junior consultants.

'Connection with colleagues is important – that's a thing we notice particularly with those working in private practice,' Dr Brown says. 'In public practice people tend to see their colleagues a bit more but in private practice it can be quite isolating – it can also be quite a stressful job.

'One thing the ASA has been working on the past couple of years has been more information about welfare of the anaesthetist and running and supporting the Long lives, Healthy Work Places program.'

The high rate of membership perhaps also reflects the level of concern about the federal government's proposed measures to cut about $50 million from Medicare rebates for anaesthetists' services in the 2019 Medical Benefits Schedule review.

For example, whereas an additional rebate was paid for a patient over 70 years of age, the government increased the age to 75 from 1 November 2019.

'The ongoing debate over the cuts to anaesthesia rebates has really added to the stress,' Dr Brown says. 'The ASA's Economic Advisory Committee has been instrumental in reducing the impact of those proposed cuts.

'We think the overall impact is more likely to be around $13 million – significantly less than it would have been without the ASA's advocacy.'

Dr Brown says the association is also about connections, within SA-NT and beyond. Every two to three months she travels to Sydney to represent SA-NT at national discussions of strategy and issues affecting the profession.

'Chances are that if something is happening in Perth, we've experienced it in Adelaide as well – it is about shared experience,' Dr Brown says.

While some might fear that in a time-based economy, professional associations risk cannibalising each-other's membership, Dr Brown says the ASA draws strength from working with associations such as the AMA(SA) and ANZCA.

''South Australia is too small to risk our harmonious relationships with other professional bodies just so we will get a few extra members. We find that with the AMA and ANZCA, rather than competing, it's about supporting each other's events through funding and numbers and that is so important.'

SA squandering advantage in neonatal screening

The absence of a screening program for severe immune disorders is placing South Australians at risk.

@istock/chameleonseye

Paediatric immunologist Dr Patrick Quinn says South Australia has the potential to be a leader in neonatal immune deficiency screening, even though it currently lags the world in implementing a screening program for the most severe immune disorders.

Dr Quinn says there is 'unequivocal' international evidence of the need to include the T-cell Receptor Excision Circle (TREC) test for Severe Combined Immune Deficiency SCID) disorders in the standard 'heel prick' or Guthrie test at birth.

All states in the United States, many European countries and New Zealand have implemented the test, which detects whether babies have undergone a proper maturation process of T-cells in utero.

Dr Quinn says NSW is screening for SCID as part of a pilot in combination with spinal muscular atrophy but that South Australia has not announced any plans to test for the disorder, which is almost universally fatal if not detected within the first 12 months of life.

While South Australia had produced world-class research into perinatal testing for immune deficiencies, Dr Quinn says this expertise had been lost to international institutions.

The relatively small number of births in the state makes it an ideal environment for piloting screening programs yet this has not been successfully leveraged, he says.

'South Australia could be a centre of excellence because we don't have a big population but we certainly have a very strong research background in the genetics of primary immuno deficiency in our laboratory,' Dr Quinn says.

'We haven't made enough of that. We haven't leveraged that very well. If we recruit someone with that capability back to the state, it would take off.'

While there are about 350 primary immune deficiency disorders, the incidence of SCID was previously thought to be low, at about 1 in 100,000 births. The introduction of screening in the US highlighted that the rate is actually nearly double this, with many cases going undetected until too late.

... Children treated with hematopoietic stem cell transplant within the first four months of life have a 90 per cent survival rate ...

'There has been screening in some states of the US for five to eight years to establish the business case for screening and the business case is pretty strong,' Dr Quinn says. 'In paediatric immunology, there are two main medical emergencies: anaphylaxis in allergies and SCID and (in that case) we act immediately to prepare them for transplant.

'There is a lot of reason to pick SCID up early – you want to pick it up before they get infected. Currently the way we pick these children up is clinically, either they have a sibling with it and we know the family is at risk ... for most of them there is no family history so we wait until they get infected and they present to hospital.

'Now they are infected, and their survival rate is dramatically reduced.'

Children treated with hematopoietic stem cell transplant within the first four months of life have a 90 per cent survival rate but this declines to 50 per cent if transplanted after six to seven months of age. Without screening, children are often eight to 12 months, or older, before they present to an immunologist for investigation.

A new protocol for harmonising perinatal screening has been developed across states, but no tests have been added to the screening for many years.

'There is some interesting new technology and we should be developing this and rolling it out as part of a broader neonatal screening program that includes SCID and congenital adrenal hyperplasia. If other kids in the western world are being screened for SCID, why aren't ours being screened?' Dr Quinn asks.

'This is a potentially life-saving technology, and the cost of delivering care to these children is significantly reduced, as the transplantation before infection is easier with less risk of complications, and less time needed to be spent in hospital.

'How long are we going to have to wait for this to come up on the screening program? It would be very sad for South Australia's children if we were left out.'

Tai Chi a boost for healthy ageing

New and traditional forms of exercise are providing additional benefits for ageing and frail Australians.

Dr Paul Lam Tai Chi training at 71; fitter and stronger

We know that while the global population might be living longer, many people are not living so well in their latter years. That's why the World Health Organisation has urged nations to spend more on 'healthy ageing' – particularly functional ability in older people.[1]

'The greatest costs to society are not the expenditures made to foster this functional ability, but the benefits that might be missed if we fail to make the appropriate adaptations and investments,' the organisation warns.

Equally, the International Federation for Ageing says, improving quality of life and functional ability among older people must be geared toward helping them effectively manage chronic diseases and complex coexisting conditions.[2]

That's where Tai Chi for conditions such as arthritis and the prevention of falls has been shown to make a significant difference, according to a retired Sydney GP who has modified the ancient Chinese exercise with widely reported benefits over the past 20 years.

Dr Paul Lam wasn't satisfied that his own experience of the benefits of Tai Chi in treating and preventing arthritis was enough to 'pitch' it to his patients. But it was a powerful impetus for developing an evidence-based health program that has since been rigorously tested by more than 30 studies — mainly with randomised controlled trials — in refereed journals.

'I had lived through the Great Famine of China and, due to chronic malnutrition, I have had arthritis since the age of 13,' Dr Lam said. 'My cartilage was not well-developed, I had to do some labour work and my joints were damaged.

'I didn't want to take pills and I didn't really want to have joint replacements. I had heard that Tai Chi was good for arthritis, so I tried it and it really helped me control it. It helped me in so many respects that I got really passionate about sharing Tai Chi.'

Now 71, Dr Lam still has arthritis but is essentially pain-free. He is more flexible and stronger than most people half of his age. He spends six months travelling around the world conducting Tai Chi for Health instructor-training workshops.

Tai Chi for Health programs were developed by combining modern medical knowledge and evidence-based teaching methods with traditional Tai Chi. Dr Lam says the programs – designed for people to learn and practice in a flexible length of time – are easy to learn and safe for participants. He says about 30 minutes, four times a week, can relieve arthritic pain, improve balance, reduce rates of falling, improve muscular strength and help with relaxation. In short, he says, it improves health of the body and the mind.

It's a program that has gained significant support, with well over 10 million people participating since it was created. There is even a class exclusively for the over-90-year-olds in Salt Lake City in the US.

There is evidence that Tai Chi also has cardiovascular benefits, Dr Lam says.

'Tai Chi exercises all the muscles and bones and ligaments and although it looks gentle, it exercises a lot of the deep stabilising muscles and deep structures,' he says.

The benefits of Tai Chi for arthritis and in preventing falls in the elderly have been studied widely, including in the NSW Government's Central Area Health Promotion Unit study of 604 people over 60. The study found that after six months of Tai Chi, participants had a 67 per cent lower likelihood of falls.

Dr Paul Lam demonstrates Tai Chi techniques with AMA(SA) President Dr Chris Moy

As well as preventing falls and reducing arthritis symptoms through building up muscle strength and flexibility, Tai Chi has been modified for people with diabetes and to assist with memory loss.

For information about Tai Chi for Health visit www.taichiforhealthinstitute.org

[1] *World Health Organisation, Report on Ageing and Health 2-015, WHO, Geneva,*

[2] *J. Barratt, We are living longer. But are we living better? , 14 Feb 2017, Stat News, https://www.statnews.com/2017/02/14/living-longer-living-better-aging/ accessed 22 Oct 2019.*

[3] *Alexander Voukelatos, MA (Psychol), Robert G. Cumming, PhD,wz Stephen R. Lord, DSc,§ and Chris Rissel, PhD, A Randomized, Controlled Trial of Tai Chi for the Prevention of Falls: The Central Sydney Tai Chi Trial*

Dr Paul Lam leads a Tai Chi class of enthusiastic recruits in Adelaide

Functional exercise prevents falls

It's never too late for functional exercise, which helps strengthen the core and prevents falls.

And it doesn't hurt the ego to find you can still mix it with the 20- and 30-year-olds in your training session when you are in your 60s and 70s — if you are diligent.

That's the message from EFM Victoria Park trainer Sean Kinchington, who frequently trains people in their 80s and 90s in groups mixed with older and younger people.

'The thing I hear most from people is "I can't do that. I'm not fit enough", but it is wonderful to see people have the realisation that they are capable.

EFM Victoria Park trainer Sean Kinchington

It really builds their confidence,' Mr Kinchington says.

'Preventing falls is a hidden goal of this type of exercise. It's about building strength and balance so people can do the things they need to do.'

Functional exercise works on six key movements needed for mobility: squats, presses, pulls, single leg steps, rotations and hip hinges.

These movements, and a small amount of cardio exercise built into a short routine, represent the best way to keep mobile and prevent falls, Mr Kinchington says. People who haven't exercised in a while are advised to start with short sessions.

'A lot of clients see the benefits of functional exercise in other activities they do, such as playing golf. But even in less mobile clients, you see the benefits in their recovery from hip and knee surgery – and even the common cold. If you are fitter and healthier, you recover better,' he says.

'The aim is to find out what works for the client and apply the exercise that will help them progress.

'It's about slowing muscle degeneration – if you don't use it, you lose it.'

The curse of the ancient mariner

Poor nutrition is bringing back a disease many thought had been nearly banished from Western society, reports SA Health public health nutritionist Danielle Proud.

Scurvy has made press headlines recently as yet another disease making a comeback into modern society. While scurvy is not common across South Australia, identified cases highlight that some individuals may be more at risk of vitamin C deficiency, and potentially scurvy, than others.

The adult recommended dietary intake (RDI) to maintain healthy vitamin C levels for adults is 45mg a day. This translates as half an orange, or two to three brussels sprouts a day. Any individual who finds it difficult to regularly access or consume fresh, frozen or tinned fruit and vegetables (or their juices) is at risk of vitamin C deficiency. Citrus fruits, berries, capsicum, kiwi fruit and leafy green vegetables contain the highest amounts but there is enough diversity of fruit and vegetables containing vitamin C to suit most tastes and cultures.

Despite the variety of sources and their ready availability in Australia, only one in 20 adults in this country meets the recommended intakes of fruit and vegetables. Associations with low vitamin C levels, or intake, have been noted (mostly internationally) for people in the following population groups: those who live with disadvantage, including being homeless, in lower socioeconomic groups, with a disability, or with poor mental health.

People who smoke or consume large volumes of alcohol are also at risk, as are older adults. Other individuals at risk of vitamin C depletion include those who are post-surgery, have conditions affecting digestion, chronic diarrhoea or recent extended periods of poor appetite.

Factors directly affecting fruit and vegetable intake, particularly fruit and vegetables rich in vitamin C, include financial security, food accessibility, individual preference, food aversions, poor appetite, poor nutrition literacy and limited food preparation skills.

The early symptoms of scurvy may be easily misinterpreted as the flu, with symptoms including feeling generally unwell, nausea, fatigue, and loss of appetite. Dermatological symptoms and signs such as petechiae, ecchymoses, hyperkeratosis and corkscrew hairs may also occur. More progressive scurvy includes gingival signs such as loose teeth and gums prone to bleeding.

Due to overall poor nutritional quality in the diet, individuals may also be deficient in other vitamins and minerals (such as iron, folate, B vitamins, calcium and zinc). Due to its role in iron absorption, a person deficient in vitamin C may also have low iron levels, which can lead to anaemia.

Untreated, scurvy may result in damage to bones and muscles, stunt growth in children and babies, delay healing of wounds and, at worst, death. Clinical manifestations may be exacerbated if associated nutrient deficiencies are present.

Scurvy is preventable. Vitamin C deficiency can be avoided through the daily consumption of fruits and vegetables. The RACGP guide *Smoking, nutrition, alcohol, physical activity* (SNAP) provides information about healthy eating, dietary guidelines and using the 5As (ask, assess, advise/agree, assist and arrange) to help patients change their nutritional intake.

More information about identifying and addressing vitamin C deficiency can be found at www.sahealth.sa.gov.au

... The early symptoms of scurvy may be easily misinterpreted as the flu, with symptoms including feeling generally unwell, nausea, fatigue, and loss of appetite. . ...

HPV self-collection testing now available

New methods and information aim to increase screening rates among hard-to-reach women, writes SA Cervix Screening Program team leader Camilla Leaver.

The option of self-collection for cervical screening has been included in the National Cervical Screening Program (NCSP) to encourage women who have never been screened or are overdue for screening by two years or longer. Examples of women who may decline clinician collected samples include women who are post-menopausal, Aboriginal women, women from culturally and linguistically diverse backgrounds, victims of sexual violence, and women who have a fear or embarrassment regarding the test.

Two laboratories have met the National Pathology Accreditation Advisory Council accreditation standard for validation of self-collected vaginal swabs for Human Papilloma Virus (HPV) testing, Clinpath Pathology and Victorian Cytology Services (VCS) Pathology, both of which provide a service to South Australia. Self-collection can only be undertaken using a sampling instrument approved for HPV testing (Copan FLOQswab 552C); this must be ordered in advance from your chosen pathology provider. Patient instructions can also be obtained at the same time.

The red-topped flock swab (Copan FLOQswab 552C) is the only swab approved for self-collection.

Not all women are eligible for self-collection. To be offered this alternative approach, women must decline a speculum examination, be 30 years or over, and be 'under screened' (that is, overdue for cervical screening by two years or longer) or never screened. The sample must be collected by the patient at a medical or healthcare clinic that offers conventional cervical screening services. Pictorial patient information sheets to support self-collection are available from each of the accredited pathology providers.

Patients can have confidence in self-collection. In fact, in some countries it is the primary mode of screening for cervical cancer. A systematic review and meta-analysis by Dr Marc Arbyn and colleagues (BMJ 2018) evaluated the accuracy of self-collected samples tested for HPV to detect CIN2+ and CIN 3+. The team found that HPV testing using self-collected vaginal samples is as sensitive for detection of CIN2+ and CIN3+ as HPV testing conducted on clinician collected samples, provided that clinically validated Polymerase Chain Reaction (PCR)-based assays are used. In Australia the use of PCR assays is a requirement for analysing self-collected samples.

If oncogenic HPV is found via self-collection, the patient needs to return for a clinician-collected sample or colposcopic referral, depending on the type of HPV found. A pilot study in Victoria found that about 98 per cent of women will return for follow-up care if oncogenic HPV is detected via self-collection, although these women are likely to require additional clinic time, support and reassurance during the process.

EDUCATIONAL RESOURCES FOR UNDER-SCREENED GROUPS

About 70 per cent of cervical cancers occur in women who are lapsed screeners or have never been screened for cervical cancer. An online toolkit, available on the Cancer Screening website, aims to reach these women with information about barriers to cervical screening, engagement strategies to overcome these barriers and tips for discussing cervical screening.

The SA Screening and Innovation team will be focussing on increasing awareness of self-collection over the next 12 months. Suggestions for other patient resources or promotion strategies are welcome.

If you would like staff from SA Health's Screening and Innovation Team to talk to your practice about self-collection, please call (08) 8463 3435.

Get your practice NBN ready

As the NBN is rolled out across Australia, don't be caught out when it comes to your area.

By Graham Wadsley

The National Broadband Network (NBN) is being rolled out across the country, with about 10 million premises already connected and hundreds more homes and businesses being added every month.

The NBN aims to connect millions of Australians via high-speed internet, including enhancing the country's ability to support the health sector.

This includes individuals and businesses in rural regions that have traditionally had difficulties accessing trustworthy connectivity. With a reliable connection, the government has suggested, health-care providers can implement practices and procedures better suited for high-speed internet connection.

Telehealth is a concept that can reduce the financial stress placed on the healthcare system and a major component of the NBN's service to Australia. Tele-medical services refer to the treatment and delivery of health information from an external source via electronic means. It can involve anything from doctors and patients communicating over a video-conferencing platform such as Skype, to easier tracking of patients' health while at home, or, in extreme cases, even doctors performing procedures from hundreds or thousands of kilometres away.

The hope is that with access to tele-health services, people living in remote areas will be able to avoid unnecessary trips to the city for consultations and treatment.

As the NBN network is rolled out around the country, promising to deliver speeds of up to 1Gbps, the potential for telehealth grows. That said, some of our Hood Sweeney clients have already run into service issues with the basics of their NBN service, including phone systems, internet and faxes – and that's just the beginning. Alarms, security cameras, elevator phones, EFTPOS and more may also be affected.

We want to address your questions now, so that when the NBN comes to your business premises, you know exactly what you need to do.

For starters, one of the best resources is the NBN Co "check your address" website, www.nbnco.com.au/connect-home-or-business/check-your-address. Type in your address to see when the NBN is scheduled for your area, the type of technology to be provided and the construction stage for your location. You can even register for email alerts to notify you as the details change.

You can also contact Hood Sweeney Technology (nbnhelp@hoodsweeney.com.au) for more information about your service compatibility, or for a free consultation to help unravel how the changes will impact your business.

Graham Wadsley is an IT specialist at Hood Sweeney Accounting & Advisory.
He can be contacted at 1300 764 200 or amasa@hoodsweeney.com.au

Here are some of the most frequently asked questions and responses for you to consider:

HOW WILL THE NBN AFFECT MY PHONE SYSTEM (AND OTHER HARDWARE)?

At its simplest, the introduction of the NBN removes existing, traditional analogue phone lines and replaces them with digital services such as high-speed fibre-optic cabling. Moving to internet-based services over the NBN may affect your phone system or other analogue hardware.

Moving to the NBN is not automatic. Once NBN Co has announced your area is ready for service, you have about 18 months to move your landline phone and internet services to the NBN network, although some service providers may have shorter timeframes.

WILL I BE ABLE TO USE MY EXISTING PHONE SYSTEM?

This depends on your existing equipment and whether the type of NBN connection to your premises is 'fibre to the node' (FTTN), 'fibre to the premises' (FTTP), or another digital service.

Be aware that the NBN Co will disconnect (without notice) any services you do not cancel or move to the NBN within the specified timeframe.

CAN I USE MY HANDSET?

Some phone handsets will align with the NBN. Check that the correct technology is chosen to ensure that your phones will continue to work or if you need a new phone system.

IS OTHER HARDWARE AFFECTED?

The following equipment at your business premises must be tested or checked for NBN compatibility:

- internet router
- EFTPOS
- fax
- alarms
- security cameras
- elevator telephone
- other essential business services.

There are options to help you ensure compatibility with the NBN, depending on your equipment, requirements and the type of service connection to your premises.

There may also be viable alternatives to NBN connectivity at your address, and you may need to allow more time for services to be connected and the migration to occur. For example, preparing a dedicated fibre-optic connection can take up to three months.

It is advised that you engage a specialist to inspect and assess your premises and hardware as soon as the NBN rollout is scheduled for your business precinct, so you understand what you have, what you'll need and the best path forward.

For more information about moving to the NBN and assessing if your hardware is compatible, speak to a Hood Sweeney IT professional.

... the NBN Co will disconnect (without notice) any services you do not cancel or move to the NBN within the specified timeframe ...

There for doctors in times of need

The Medical Benevolent Association of SA is needed now more than ever, writes Dr Michael Rice.

The Medical Benevolent Association of South Australia (MBASA) was established in 1881 as an off-shoot of the SA branch of the British Medical Association, which had been formed in 1879 after the dissolution of the South Australian Medical Society. At the closure of this society, the balance of the funds, namely 197 pounds, was used to facilitate the formation of the MBASA. The vice-president of the local British Medical Association branch, Dr Corbin, was appointed as the first MBASA chairman and other senior members, Drs Cleland, Gosse, Clindening, Paterson and Wylde made up the management committee.

The new association aimed to help doctors and their families who were in distress. Rule 2 stated that 'the objects of the association be to relieve distress occurring in the families of medical men practising in the colony of South Australia; and to aid in educating and bringing up their children; and to form bursaries and for the assistance of medical students, the sons of medical men. Claimants who are the sons of subscribers shall have precedence'.

While the stated aims of the association have changed, the basic premise persists as indicated in the 2014 revision of the constitution, where the current objectives are described as, 'to assist medical practitioners who practise, or in the opinion of the Board have previously practised, predominantly in South Australia who are suffering financial hardship due to mental or physical disability or infirmity' and 'to assist spouses and/or children who are suffering financial hardship due to the mental or physical disability, infirmity or death of a medical practitioner who has practised predominantly in South Australia'.

No formal ties were ever established with the British Medical Association or its successor the South Australian branch of the Australian Medical Association (AMA(SA)), but records indicate that support has come from both bodies over the years. In 2019, the AMA(SA) provides secretarial support, including managing the financial and other records of MBASA.

MBASA is no longer an organisation to which doctors subscribe and its financial viability depends on donations from individual medical practitioners and other organisations. In the past decade MBASA has been particularly grateful for the financial support of the Chinese Medical Association of SA and Avant Medical.

The current Board of Trustees comprises Drs Michael Rice as chairman, Peter Joseph, Philip Harding, Jill Maxwell, Rodney Pearce, Bill Heddle, Peter Ford and Patricia Montanaro – all former presidents of AMA(SA) – and John Wyett, a former AMA(SA) treasurer. Trustees tend to be long serving; there have been only nine chairs in the Board's 138 years.

While the current Board maintains the long-standing but informal ties with AMA(SA), consideration is being given to a more formal relationship to ensure appropriate governance in today's business climate. Still, membership of the AMA(SA) won't be necessary for an applicant to receive the MBASA's help.

As the festive season approaches, the Board asks that all medical practitioners consider donating to help their colleagues and their families in need. The MBASA's financial resources have always been somewhat limited, which has meant that only short-term assistance to applicants is possible. The Board wants to extend its support to more people, for longer.

In the meantime, we strongly recommend that all doctors – including trainees, salaried medical officers and private practitioners – have personal income protection and an effective financial plan. An up-to-date will is also essential; more than once, our Board has been asked to help families facing significant financial difficulties, albeit in the short term, because there wasn't a will to dictate arrangements.

To contact the MBASA, write to the Medical Benevolent Association of SA, PO Box 134, North Adelaide, SA, 5006.

Helping others to be their best

Dr Bing Michael Oie Widyasurya
MBBS, FACPM, Mast. Med. Phys. Med.,
Grad.Dip. Phys.Med., Cert. Man. Med.

1950 - 2019

'You raise me up so I can stand on mountains'

Our dear friend and colleague, Bing (Michael) Oei, died tragically in a skiing accident at Thredbo on the 10 August 2019. In spite of outstanding emergency care by his doctor friends, who were present at the moment of his accident, and the Thredbo medical team who arrived soon after, he was unable to be revived. His loss is great to his family, friends, colleagues and patients.

Bing is survived by his beloved wife Katherine, their children Philippe and Rochelle, and their baby grandson Cooper.

Bing's was a life of passion and excitement. He was well known for his vibrant, friendly, loving and generous nature and his outstanding ability to make and to maintain friendships. He loved life and loved people. He loved helping people. He was a very dear friend to many, as well as an inspirational, talented doctor and sportsman. He had a flair for learning languages and he loved all things French.

Bing Michael Gregory Oei Widyasurya was born in Surabaya, Indonesia. He was the second child of Andre and Fiet Oei Widyasurya and lived in Surabaya for most of his childhood until the family moved to Jakarta when he was a teenager.

Bing came to Australia in 1967 to learn English and to finish high school. For three years, he attended and boarded at Sacred Heart College in Adelaide, where he was nicknamed 'the deer' because he was the fastest 100m and 200m sprinter in the school. Despite English being his second language, he excelled academically and was offered a place at the Adelaide University Medical School after finishing Year 12 in 1969.

After graduating in 1975, Bing moved to Sydney where he became known to his friends and colleagues as Michael. He interned at Prince Henry Hospital before starting paediatrics training. While studying paediatrics, he developed a passion for musculoskeletal and sports medicine, which he realised was not being well taught or practised at the time. He felt that this was his calling and left paediatrics for general practice, while building expertise in managing musculoskeletal injuries. The competitive sportsman started his own general and musculoskeletal practice in 1980, wanting to help others achieve their goals.

On 27 January 1988, Bing married the love of his life, Katherine, and over the next two years welcomed Philippe and Rochelle Oei. Philippe is now a sports physiotherapist and Rochelle a GP, both in Sydney.

In 2001 Bing obtained his Masters of Medicine in Physical Medicine at Sydney University and in 2003 he was awarded a Fellowship of Physical Medicine by the Australian College of Physical Medicine. He undertook further postgraduate training in France, Italy, the US, Asia and NZ, as well as Australia. He was the medical director of a number of national and international sporting events, as well as musical shows in Sydney.

In treating patients with chronic pain and musculoskeletal dysfunction, Bing successfully employed both conventional and less conventional modalities, including manual therapy, muscle energy stretching, perineural injection therapy, prolotherapy and platelet rich plasma injections. He achieved a huge following of patients, including some prominent sportsmen.

In 2018, Bing and Katherine moved to Brighton in Adelaide and Bing started working with his close friend and former classmate Jill Maxwell at Adelaide City General Practice.

Bing aspired to excellence in all that he did, and his driving passion was to help others achieve their personal best.

Jill Maxwell OAM

A scientific revolutionary

Dr John William Schrader
MBBS, PhD, FRSC
Immunologist

1947 - 2019

'... a charismatic, passionate, innovative and engaging scientist ... '

Dr John William Schrader was a world-class immunologist who distinguished himself by his creatively ability to think 'outside the box', challenge dogma and approach interesting scientific questions in novel ways.

John was born in Adelaide on 21 January 1947. He attended Adelaide Boys High School and was accepted into the University of Adelaide's Medical School in 1964. In 1970 he graduated with the top distinction in medicine and surgery. It was a time when medical students wore sports coats, ironed shirts and the obligatory AMSS tie to university, symbolic of future members of our respected medical profession. As a student, John found time to attend nearly every Convention of the Australian Medical Students Association and was AMSA National Secretary in 1967-68.

After a year as a Resident Medical Officer at the Royal Adelaide Hospital, John commenced his PhD in immunology in 1971 under Professor Gustav Nossal at The Walter and Eliza Hall Institute of Medical Research (WEHI) in Melbourne. He proved to be a highly intelligent and creative scientist. His work was in cellular immunology: the study of which cells make antibodies, how do they do it, where they come from and how long they live.

John married his wife, Sa, in Melbourne in 1973, before leaving Melbourne for New York as the CJ Martin Postdoctoral Fellow under Nobel Prize winner Dr Gerald Edelman at Rockefeller University. He returned to Melbourne before his appointment as the Founding Director and Professor of The Biomedical Research Centre (BRC) at the University of British Columbia took John, Sa and their two daughters to Vancouver.

Under John Schrader's three decades of leadership the BRC has had an outstanding impact on the training of medical scientists and immunologists.

One of John's most important contributions was the discovery of cell blockade whereby antibody forming cells can be switched off. He was a pioneer in cytokines, which orchestrate the immune response, and was a co-discoverer of interleukin-3, which he recognized as the (T lymphocyte) factor that acts on bone marrow stem cells relevant to leukaemia; because of the molecular processes of cells being similar, it is also relevant to breast cancer.

John invented SLAM (Selected Lymphocyte Antibody Method), a novel method for generating antibodies from humans from a single cell. He then commercialised this discovery by founding ImmGenix Pharmaceuticals, where he employed many of his PhD and post-doctoral colleagues.

In 2010 John made a novel discovery following his observations of the immune response to the 2009 swine flu epidemic. With this discovery he patented a universal flu vaccine that has entered clinical trials. His idea has revolutionised 50 years of immunological wisdom on influenza viruses and the influenza vaccine and received world-wide media attention.

In 2003 John was inducted as a Fellow into the Royal Society of Canada for his exceptional accomplishments in immunology.

He authored and co-authored some 180 scientific papers published in leading international journals.

John is survived by his wife, Sa, two daughters Dewi and Intan (both medical specialists and scientists), three grandchildren, his brother Dr Geoffrey Schrader in Adelaide and sister Sue in Hobart. He will also be greatly missed by his many friends and colleagues from the Adelaide Medical School, and remembered by many for his charisma, his gentle and lively character, and his enormous contributions to medicine and immunology. John's passion for science and devotion to his family and the scientific community made him enjoy every day as if he had 'never worked a day in his life' (his words). His colleagues remember him as a charismatic, passionate, innovative, and engaging scientist who was inspirational, supportive of colleagues and made immunology fun and exciting.

I count myself lucky to have crossed his orbit.

Dr Richard Hamilton

The revolution will be tweeted

The next revolution will be about more than labour efficiency, writes Dr Troye Wallett

By Dr Troye Wallet

Dr Troye Wallett is an aged care GP, health care consultant, speaker and writer. He thinks about mind strength and how he can support his peers better. Follow him on Twitter at @troyeswallett and @troyewallett on Linkedin.

Revolutions are happening faster and faster.

The first Agricultural Revolution changed the human race from hunter-gatherers to stable farmers. It allowed for population growth and stabilisation. It tamed nature and introduced manual labour.

The Industrial Revolution added steam to manual labour and mechanised it. It changed society, created upheaval and led to the loss of livelihood for many, but improved the standard of living for future generations.

The Electrical Revolution electrified the machines of the Industrial Revolution. It illuminated cities and homes. For the first time, people could work outside of daylight hours. Productivity increased exponentially at the expense of downtime.

The Digital Revolution computerised the electrified machines. Even our toothbrushes were digitised. The task automation created by computers freed time and reduced the need for repetitive labour but affected the jobs of many.

Now we are in the midst of the next revolution: the Machine Learning Revolution. This is adding intelligence to everything that we'd previously computerised. It's scary and exciting. It threatens livelihood again but holds the keys to unlimited opportunity.

Machine learning is driven by big data that's generated as people interact with the digital world. In that way, the data is a reflection and magnification of our culture and society. There are disturbing stories about how machine-learning algorithms are discriminatory. Amazon shut down a machine-learning algorithm used in recruitment because it discarded applications from women because they were under-represented in a particular job. Google's face recognition software had difficulty recognising non-white faces.

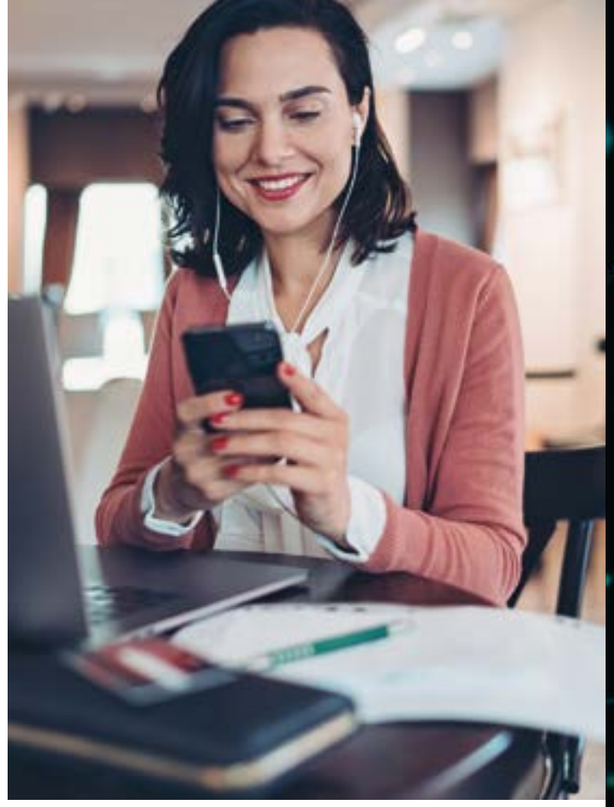
... It is the nature of revolutions to cause upheaval and crush people under the wheels of change ...

What does this tell us about ourselves?

It is the nature of revolutions to cause upheaval and crush people under the wheels of change.

Can it be different this time?

What is needed is a double revolution — a 'Compassion Revolution' alongside the Machine Learning Revolution. Add compassion to our machines, computers, systems, businesses and organisations and it will become part of big data. The Compassion Revolution will be the first that does not sacrifice the present for the future.



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It has started. The inaugural Compassion Revolution conference was staged in Melbourne in September. It brought together people from all over Australia to start talking about what compassion looks like in healthcare. Stories were told, experiences shared, tears shed, and the revolution began.

Compassion is the courage to act to address the suffering in ourselves and others.

Professor Paul Gilbert, the founder of the Compassionate Mind Foundation, says 'the courage to be compassionate' lies in the willingness to 'see into the nature and causes of suffering - be that in ourselves, in others and the human condition'.

'The challenge is to acquire the wisdom we need to address the causes of suffering in ourselves and others,' he says.

There are many places where it's clear compassion is needed. The Royal Commission into Aged Care is bringing to light alarming practices, SA Health is under scrutiny for corruption, and doctors are more likely to suicide than members of the general population. It is not uncommon to hear stories from our colleagues about the distress and pressures they face.

The system and the people in the system are suffering. Compassionate courage is required to stand up together and advocate for change.

... A revolution feels small at the beginning, but small actions add up quickly to make a big impact ...

The Compassion Revolution is about having hard conversations, the coming together of people who care and make a change.

It will start small with a social media post here and a tweet there. Dr Isabel Hanson and Safdar Ahmed show us how by publishing their comic *Healing Lone*, about their shared experience as a patient and a first-year doctor. Written in Australia and posted online, it was picked up and published by *The Guardian* in the UK. The semi-autobiographical story tells of the fear and insecurity felt by junior doctors and patients alike. It highlights the challenges they face and lays bare the experiences of two people in the prevailing system. It's a small action that created a ripple, which is now spreading wide and far.

A revolution feels small at the beginning, but small actions add up quickly to make a big impact. All that is needed is to talk about it, embrace it and think about how we can add a little compassion to everything we do.

Maybe then, when we see the reflection of our society and culture, we can smile with pride at what we see.

Vive la revolution.

NOTICES

DR BERNARD CARNEY – Plastic and Reconstructive Surgeon

Adelaide Plastic Surgery wishes to advise that Dr Carney recommenced consulting at Western Hospital in November 2019. He welcomes all referrals. Dr Carney will continue to consult and operate from Level 4, 18 North Terrace, Adelaide. Please call Adelaide Plastic Surgery on 8213 1800 or fax 8213 1811.

DR KYM DIAMANTIS, ear, nose and throat surgeon, wishes to advise referring general practitioners and colleagues that he is now visiting Southern Specialist Centre, 233 Main South Road, Morphett Vale. Dr Diamantis will also continue to visit Belair, Victor Harbor and his main rooms are Parkwynd ENT, 137 East Terrace, Adelaide. Referrals may be forwarded to our city location, phone 8223 2633 or fax 8223 3811. Our website is www.diamantisent.com.au and email is maddy@diamantisent.com.au.

DR NEISHA WRATTEN MBBS, FRACOG, gynaecologist wishes to advise that she has relinquished her privileges at North Eastern Community Hospital and to thank her colleagues and the hospital staff for their service and support for the past 23 years. She will continue in active practice at the Marden rooms and operating at St Andrew's Hospital.

DR RICHARD HAMILTON MBBS, FRACS, plastic surgeon, wishes to notify colleagues that his private clinic Hamilton House Plastic Surgery has recently been fully re-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 excision and reconstruction, hand surgery and general plastic surgery. Convenient 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 on 8272 6666, or www.hamiltonhouse.com.au.

ROOMS FOR SALE OR LEASE

ADELAIDE

Consulting room available at 12 Regent St North in the city. Fully inclusive admin service for a fulltime or sessional tenant. Please contact Karina – regent@internode.on.net (08) 8223 3304 for more information.

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 parking. Radiology, pharmacy and blood collection services also provided on site. Administration services available by negotiation. Contact Karen on 8472 3232 for more information.

BRAND NEW PROFESSIONAL CONSULTING ROOMS on associate or sessional basis at 480 Specialist Centre. Join over 45 specialist and allied health providers working across five sites. Contact Sylvia Andersons on 0499 974 710.

NORTH ADELAIDE

Available for lease, high-quality six-room consulting rooms/offices in North Adelaide.

Ideal accommodation for professionals joining six healthcare lessees in this prestige building.

Located with lift access on the top floor of AMA House, only 200 metres from O'Connell Street. Six fully partitioned rooms with large reception area, access to a balcony and northerly aspect with views and winter sun. Ducted air conditioning and 2 undercover car parks. Male and female toilets and kitchenette in the common area.

Long-term lease available. Rent negotiable. For inspection and details contact Trevor Dunsford on 0412 231 014.

NORTH ADELAIDE

Available for lease in January 2020, grand accommodation in Brougham Place, North Adelaide, to suit the medical, institutional and corporate sectors.

Ground-floor consulting rooms/offices in prestigious Newland House.

Comprising five consulting rooms/offices plus reception, dedicated staff kitchen, M&F toilets and sundry storage annexes.

The tenancy is serviced with ducted r/c air conditioning and four carparks.

Negotiable rental rate and terms. For details and inspection arrangements please contact Trevor Dunsford on 0412 231 014.

POSITIONS VACANT

AWARE WOMEN'S HEALTH – SPECIALISTS AND GPs WANTED

Our busy and expanding private Women's Health Clinic is looking for specialists and GPs to join our service. If you are interested in progressing your practice in this area OR if you are wanting to wind back your current practice, we offer fully serviced consulting sessions in a friendly and supportive environment along with other experienced clinicians.

Would suit Specialist Gynaecologists, Pain Physicians, Endocrinologists, Dermatologists, Breast Surgeons and General Practitioners in Women's Health.

Please contact the Practice Manager at reception@awarewomenshealth.com.au or (08) 8361 7866.

FULL-TIME OR PART-TIME VR GP REQUIRED, GAWLER SA

Gawler Medical Clinic is a privately owned, family friendly, fully computerised and mixed billing practice. Our aim is to provide holistic health care. In addition, we have a proactive approach to preventative health involving our practice nurses. Gawler offers a great blend of town and country. For more details contact Helen Swan on (08) 8522 1844.

Forester a head above the field

Rob Menz discovers that Subaru continues to offer SUVs that stand out from the rest.

You might think that we have exhausted the possibilities of SUVs but given that this is still the fastest growing segment in the Australian car market, we can't ignore the Subaru Forester.

Since it was first introduced in 1997 the Forester has been very popular, particularly among members of the car-buying public who like the height clearance (a reputedly class-topping 220 mm) and four-wheel-drive that the Forester offers.

Five generations and 22 years later, the Forester shares its platform with the Subaru Impreza, but can still trace its origins to the early '70s when Subaru sold a small 4WD wagon called Leone.

The current model is significantly more sophisticated than the earlier models – and its popularity among doctors verified when I returned to work after collecting the Forester from Jarvis Subaru and found three others in the car park.

The Forester follows the general Subaru family formula of horizontally opposed (boxer) engine and constant 4WD. There are four models with increasing levels of equipment but there is only one engine option: a 2.5 L non-turbo petrol engine. Diesel and turbo-petrol options have been dropped although Subaru is planning to release a hybrid Forester next year. We were lucky enough to drive the top-of-the-range S version, which includes sunroof, leather seats, eight-speaker Harman Kardon sound system and heated seats. Even the base model has vehicle dynamic control systems and vision-assist features including blind-spot monitoring, lane-change assist and rear cross-traffic alert.

All models feature Subaru's new eyesight driver assist system which includes adaptive cruise control and alerts when the driver drifts across lanes. It also detects when drivers may be distracted or appear drowsy. An increasingly rare full-sized spare wheel is provided as standard equipment.

The central display has the usual reversing camera view and a view from a camera mounted under the passenger's side external mirror; this shows how far the driver is from the curb and makes parking a breeze.

On the road the Forester is a very confident machine both around the city and in the country.

POSITIONS VACANT CONTINUED

NORWOOD – GP POSITION

We are looking for a part-time GP to replace a retiring doctor in a long-established, GP-owned practice. Interest in Women's Health & VR preferred.

Contact Catherine Mutton on 0411 232 891.

VR GP SOUGHT – PORT NOARLUNGA

VR GP sought - $15K attraction allowance - 70% of billings

Outstanding location and facilities - DPA exemption

Saltfleet Clinic, Port Noarlunga is accredited against the 5th Edition standards and offers a walk-up start. We have demand for one or more GPs to join our team.

Call Managing Director Jason Williams on 0429 847 749 or email jason@saltfleetclinic.com.au

SEEKING POSITION

PROFESSIONAL MEDICAL TRANSCRIPTIONIST available. 30+ years' experience in various medical specialties in private and public sectors. Quality resume available on request. I use Olympus software compatible with most Dictaphones. Please call Jo on 0402 024 456.

NOTICEBOARD

ADELAIDE NEUROSURGEON will be moving to the new Calvary Wakefield Hospital (120 Angas St, Adelaide) from January 2020. Please see website adelaideneuro.com.au for details.

DAVID W HAMILTON – MS, FRCS, FRACS advises colleagues that my practice details have been omitted from the White Pages 2020 business telephone directory but remain in the Yellow Pages section: 69 Finniss St, North Adelaide, telephone 8267 4255.

While it's no sports car, 136 kW (and for those interested 239 Newton metres) are perfectly adequate, and the CVT gearbox ensures very smooth driving. The boxer engine is a little noisy at low revs or in the cold but the Forester was otherwise quiet, even at highway speeds.

Subaru has also paid careful attention to fuel economy, which has been an issue in older model Foresters; this one claims 7.4 L/100 km combined driving.

The cruise control maintains speed even down steep hills such as Mt Alma Road (near Inman Valley) with a 17 per cent grade. The dashboard information settings provide confirmation of the gradient. The cruise control also detects if there is a slow car in the lane ahead or even a car crossing the road ahead and will automatically slow down to avoid collision. This can be disconcerting, although I was reassured that the rear brake lights activate when this occurs.

The boot is more than adequate, and with electric opening and closing loading the shopping is easier. There are levers towards the back of the boot that allow the rear seats to be dropped forward if you're carrying a longer item.

> ***... On the road the Forester is a very confident machine both around the city and in the country. ...***

Like most modern cars the Forester has both Apple and android CarPlay, although your phone does need to be connected by cable to allow hands-free dialing.

Although most of my driving was around the city in the all-too-brief few days of testing I did manage a day trip to Victor Harbor via Myponga and Spring Mount, returning via Hindmarsh Island, and included a stop at my favourite bakery at Aldinga. The Forester felt safe and surefooted, even on narrow bumpy country roads, and especially on unsealed roads.

AND FROM PASSENGER PHIL HARDING ...

Although I did not have an opportunity to be behind the wheel, I did have the pleasure of being chauffeured to AMA house for a medicSA editorial meeting, at which this appraisal was discussed. As you say very comfortable, considered and refined transport, with all the safety and infotainment features we are coming to now take for granted at this level of the market. They are very popular with those drivers who appreciate the clearance, constant 4WD surety, and load capacity for the occasional weekend adventure, in an otherwise very competent city car. I understand there is now a 5 year warranty.

Jarvis Subaru has an arrangement with the AMA to provide member discounts to allow purchase at government fleet rates. RACGP members can also use Member Benefits Assist to receive similar discounts, which means a driveaway price of about $42,000 for the top-of-the-range Forester.

To gain a seat behind the wheel please contact Taylor Evans or his team at Jarvis Subaru (1300 13 77 33).

Robert Menz is a GP who has owned a couple of Subarus, as have two of his children.

AMA(SA) CHRISTMAS CLOSURE

The AMA(SA) office will be closed from noon on Friday, 20 December 2019, reopening on Monday, 6 January 2020.

NOMINATIONS FOR AMA ROLL OF FELLOWS FOR 2020

The Federal office of the Australian Medical Association is calling for nominations for admission to the AMA's Roll of Fellows.
Nominations must be in writing and accompanied by a written citation.
For details of guidelines, definitions and conditions, please contact Claudia Baccanello on 8361 0109 or claudia@amasa.org.au.
Nominations are strictly confidential and should be received no later than 27 February 2020.

AMA(SA) COUNCIL MEETINGS

Meetings of the AMA(SA) Council are open to all members. AMA(SA) Council meetings are held eight times a year (there are no meetings in January, April, July and October).
The next meeting will be held on Thursday, 6 February at 7 pm. Any member wishing to attend should contact Claudia Baccanello on claudia@amasa.org.au or 8361 0109.

HELPFUL HINTS – LOGGING INTO THE MEMBER PORTAL

Having trouble logging on to update your details or renew your tax-deductible membership for 2020? Here's a simple tip to help:
Head to: members.amasa.org.au
Username: your email address
Password: if unknown, select 'I do not know my password for resetting'.

IS YOUR DATA CORRECT?

Early career doctors are encouraged to review their membership accounts to ensure the AMA(SA) database has accurate details.
For example, some interns forget to provide new email addresses to replace student contacts.
To check your details, log into your account or contact membership@amasa.org.au.

HOODSWEENEY
join the journey

MEMBER BENEFITS FROM PLATINUM PARTNER HOOD SWEENEY

Do you need a financial health check-up? Are you ready to plan your financial future?
Hood Sweeney, our platinum partner, offers AMA(SA) members special discounts for accounting services.
Hood Sweeney is the preferred accounting and financial planning provider of the AMA(SA) and a leader in business and financial advice to the health sector. Hood Sweeney is passionate about helping AMA(SA) members make informed financial decisions.
Phone 1300 764 200 or email amasa@hoodsweeney.com.au with your query or to contact one of their medical-profession specialists.
Hood Sweeney also holds regular seminars at AMA House, so don't forget to look on our events page in the new year for events scheduled for 2020.

SUPPORTING PROFESSIONAL DEVELOPMENT

Created by the Australian Medical Association, doctorportal Learning works with the best subject-matter experts to help doctors access and complete their development obligations.
The educational content goes beyond clinical topics to include aspects such as difficult conversations, ethics and professionalism, and leadership.
For more information go to www.dplearning.com.au
The AMA also has a range of practice support tools for members, such as the GP Practice Support Toolkit. For more information about resources about a range of specialty and professional development topics, visit www.ama.com.au.
If you're a doctor in training, you may want to ensure you've covered all the bases when applying for positions.
The career resources at ama.com.au/careers/career-coaching are designed to help you understand what you're applying for, and how to stand out from the crowd.

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Please add #amasamember to your pictures so we can see them and share!

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Dr Sally-Anne Parsons
General Practitioner
South Australia

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