AUSTRALIAN
Medicine
The national news publication of the Australian Medical Association

# AMA condemns Bupa

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Cover pic: AMA Federal Council passing motions condemning the Bupa changes.

# AMA Federal Council formally condemns Bupa move

That AMA Federal Council has passed two motions against private health insurer Bupa over plans to change to its policies and coverage.

Meeting in Canberra on Friday March 16, the Federal Council held lengthy discussions about Bupa's recent announcement to rework its medical gap scheme.

A third of Bupa's Australian customers were told their cover for a range of procedures will change from a minimal benefit to total exclusion.

And patients would only qualify for gap cover if treated in Bupa-approved facilities.

Bupa softened its position slightly after the AMA sharply condemned the announcement, but the AMA believes the move is still far too harsh and is heading towards a US-style managed care system.

It formally rebuked the private insurer with the following two motions:

1. "Federal Council expresses its concern at recent changes to health insurance products announced by Bupa. These changes threaten member choice and access to health care. Federal Council calls on Bupa to reconsider these changes and to act in the interests of its members and the broader Australian community."
2. "That Federal Council recommends that the AMA advises Australian citizens how they can change their private health insurance."

The AMA has already forced an investigation into Bupa, after AMA President Dr Michael Gannon called on the Government to look into the legality of the private insurer's move.

Federal Health Minster Greg Hunt subsequently ordered the Private Health Insurance Ombudsman to do exactly that.

The punitive changes were announced just weeks after Mr Hunt approved a 3.95 per cent increase to private health insurance premiums.

"The fact that the change has occurred straight after a premium increase, straight after agreement was made to retain second tier rates for non-contracted facilities, and straight after an announcement by Government to work collaboratively with the sector on the issue of out-of-pocket costs, is unconscionable," Dr Gannon said.

"The AMA will not stand by and let Bupa, or any insurer, take this big leap towards US-style managed care.

"The care that Australian patients receive will not be dictated by

AMA Federal Council.

a big multinational with a plan for vertical integration."

The affected procedures include hip and knee replacements, IVF services, cataract and lens procedures, and renal dialysis.

Bupa made the announcement initially via letter to medical practices, suggesting to them that: "Prior to the commencement of any treatment, patients should be encouraged to contact Bupa directly to confirm their cover entitlements, and any possible out-of-pocket expenses that may be applicable."

Bupa's Head of Medical Benefits Andrew Ashcroft also wrote: "Customers affected by these changes will be given an opportunity to upgrade their cover should they wish to receive full coverage for services that were previously only restricted cover."

Dr Gannon said customers were right to be concerned with the new list of exclusions, but that there was even more bad news hidden in the fine print of Bupa's new business plan.

"From 1 August 2018, no-gap and known gap rates will now only be paid to the practitioner if the facility in which the procedure takes place also has an agreement with Bupa," he said.

"Medical benefit rates outside those facilities will now only be paid at the minimum rate that the insurers are required to pay – that is, 25 per cent of the MBS."

Dr Gannon has written to all AMA members to explain the changes and why they are bad for patients and the medical profession (the full letter can be viewed at https://ama.com.au/ausmed/bupa-decision-bad-news-patients-and-profession).

CHRIS JOHNSON

# Report Card shines a light on PHI

PRIVATE HEALTH INSURANCE REPORT CARD 2018

The AMA has revealed the best and worst of private health insurance coverage, with the release of its *AMA Private Health Insurance Report Card 2018.*

Following the recent decision by Bupa, which is one of Australia's largest health insurers, to significantly reduce patient choice and coverage – while at the same receiving the go-ahead to increase its premiums – the Report Card is a timely reminder that private health insurance consumers should shop around.

> "The Report Card provides an overview of how private health insurance should work to benefit patients, and explains how proposed new arrangements will result in less choice and value for policy holders."

In releasing the Report Card, AMA President Dr Michael Gannon warned that changes being implemented by Bupa and pursued by some other health insurers will reduce patient choice of doctor and hospital.

And they will leave policy holders questioning the value of their significant investment in private health insurance, he said.

"The big insurers are pursuing a US-style managed care agenda to save costs and further increase profits by making it harder for patients to receive care from the doctor they want in the most appropriate hospital for their condition," Dr Gannon said.

"Bupa's new arrangements, which only provide maximum benefits for patients in hospitals with Bupa contracts, undermine the role of the doctor in providing and advising the most appropriate care – and could ultimately drive up out of pocket costs for patients.

"Public confidence in private health insurance is already at an all-time low. These changes will further devalue policies, which are a major financial burden for Australian families, and will place dangerous pressure on the already stressed public hospital system."

The Report Card provides an overview of how private health insurance should work to benefit patients, and explains how proposed new arrangements will result in less choice and value for policy holders.

It shows that there are a lot of policies on offer that provide significantly varying levels of benefits, cover, and gaps.

"There are also a lot of policies on the market that will not provide the cover that consumers expect when they need it," Dr Gannon said.

"If people have one of these 'junk policies', they should consider carefully what cover they really need.

"The Government has undertaken some important reforms to

# Report Card shines a light on PHI

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private health insurance to help people understand the different conditions that each policy category – gold, silver, bronze, and basic – will cover.

"The funds must not be allowed to sabotage these reforms."

The Report Card shows that some insurers perform well over all, and some only perform well for certain conditions.

It reveals that the same doctor performing the same procedure can be paid significantly different rates by each fund, which is often the untold story behind patient out of pocket costs, despite there being high levels of no gap and known gap billing statistics.

The latest APRA statistics show an overall no gap rate of 88.1 per cent and a known gap rate of 7.3 per cent.

Dr Gannon said the medical profession is working hard to ensure patients receive value for money.

"Our Report Card shows that the profits of the insurers continue to rise, the growth of policies with exclusions continues to grow, and policy holder complaints continue to rise," he said.

"We explain what insurance may cover, what the Medicare Benefits Schedule (MBS) covers, and what an out-of-pocket fee may be under different scenarios.

"We also highlight the frustrating fact that what an insurer pays can vary from State to State – even within the same fund.

"To help consumers better understand what they are buying, we set out the percentage of hospital charges covered by State and insurer, and the percentage of services with no gap, State by State.

"There is also a breakdown of the complaints received by provider and organisation, which shows that the number of private insurance complaints are significant, and on the rise."

The data in the *AMA Private Health Insurance Report Card 2018* is publicly available – drawn primarily from the Australian Prudential Regulation Authority (APRA), the Private Health Insurance Ombudsman, and the insurers' own websites.

The *AMA Private Health Insurance Report Card 2018* is at https://ama.com.au/article/ama-private-health-insurance-report-card-2018

Further coverage of the *AMA Private Health Insurance Report Card 2018* will be a feature of the next edition of *Australian Medicine*.

CHRIS JOHNSON

INFORMATION FOR MEMBERS

## Essential GP tools at the click of a button

The AMA Council of General Practice has developed a resource that brings together in one place all the forms, guidelines, practice tools, information and resources used by general practitioners in their daily work.

The GP Desktop Practice Support Toolkit, which is free to members, has links to around 300 commonly used administrative and diagnostic tools, saving GPs time spent fishing around trying to locate them.

The Toolkit can be downloaded from the AMA website (http://ama.com.au/node/7733) to a GP's desktop computer as a separate file, and is not linked to vendor-specific practice management software.

The Toolkit is divided into five categories, presented as easy to use tabs, including:

- online practice tools that can be accessed and/or completed online;
- checklists and questionnaires in PDF format, available for printing;
- commonly used forms in printable PDF format;
- clinical and administrative guidelines; and
- information and other resources.

In addition, there is a State/Territory tab, with information and forms specific to each jurisdiction, such as WorkCover and S8 prescribing.

The information and links in the Toolkit will be regularly updated, and its scope will be expanded as new information and resources become available.

Members are invited to suggest additional information, tools and resources to be added to the Toolkit. Please send suggestions, including any links, to generalpractice@ama.com.au

# Aged Care Commission needed to address workforce issues

The AMA has made a detailed submission to the Government's Aged Care Workforce Strategy Taskforce, arguing that the aged care workforce does not have the capability, capacity and connectedness needed to provide quality care to older people.

It calls for an Aged Care Commission to be introduced.

Australia has an ageing population that has multiple chronic and complex medical conditions, but older people face major barriers in accessing appropriate and timely medical care.

Medical practitioners must be supported by the Government and aged care providers to enhance and facilitate much needed access to medical care for people living in residential aged care facilities.

The submission argues that aged care providers need to be supported to ensure access to an appropriate quantity of well-trained staff who work in a rewarding environment with a manageable workload.

"This would ensure older people's care is not neglected due to shortages of appropriate staff," it states.

An Aged Care Commission could streamline the aged care system and to help ensures there is an adequate supply of appropriate, well-trained staff to meet the demand of holistic care to a multicultural, ageing population.

An Aged Care Commission would also ensure the aged care workforce has clear roles and responsibilities.

"Australia has an ageing population that is experiencing chronic, complex medical conditions that require more medical attention than ever before," the submission states.

"For example, 53 per cent of residents in Residential Aged Care Facilities (RACFs) have dementia. This proportion will continue to grow over time, with projections reaching up to 1,100,890 people with dementia by 2056, which is estimated to cost Australia $36.85 billion by the same year.

"A recent study identified that residents of RACFs with dementia had direct health and residential care costs of $88 000 per year. Currently, the aged care system as a whole, and its workforce, does not have the capacity or capability to adequately deal with this growing, ageing population."

The aged care system needs a strategy, the submission states, to ensure the workforce is appropriate to meet the demands of older people in the future. In order to improve the quality of the aged care workforce, the following is required:

- An overarching, independent, Aged Care Commission that provides a clear, well communicated, governance hierarchy that brings leadership and accountability to the aged care system;
- Medical practitioners need to be recognised and supported as a crucial part of the aged care workforce to improve medical access, care, and outcomes for older people; and
- Aged care needs funding for the significant recruitment and retention of, and support for, nursing staff and carers, specifically trained in dealing with the issues that older people face.

Care of an older person involves a diverse range of professions. All providers of aged care services need to collaborate together to ensure the optimal level of care for the older person. The strategy will be able to provide an ultimate goal for the whole aged care workforce, which should include access to the older person in order for each workforce profession to be able to provide quality care for that older person.

There needs to be a focus on prevention to ensure older people remain healthy for as long as possible to remain in their own home, the submission states, but also to reduce demand and pressure on the aged care workforce.

# Aged Care Commission needed to address workforce issues

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“Medical practitioners, in particular GPs, regularly incorporate prevention methods as part of providing holistic health and medical care,” it says.

“This includes immunisation, screening for diseases, providing education and counselling to their patient, and also referring the patient to a specialist or allied health professional if required. It is therefore imperative that older people have access to a GP and other services provided by health professionals.”

In its submission, the AMA stresses that the current policy settings do not support GPs visiting RACFs, working after hours, or being available to answer telephone concerns about their patients.

“Our members report that continuity of care goes generally unacknowledged in many RACFs and a resident’s care management plan is not well known,” it says.

“This creates an environment where the default step for RACF staff may be to refer the patient to a hospital emergency department (ED). In a study of 2880 residents of RACFs presented to the ED, one third of presentations could have been avoided by incorporating primary care services.

“Reasons for decisions to transfer residents to an ED include limited skilled staff, delays in GP consultations, and a lack of suitable equipment.”

Medical practitioners also need to be supported within the broader health care system to provide high quality care in RACFs. For example, by local hospitals providing secondary referral, timely specialist opinion, specialist services and rapid referral pathways to advice and services.

Older people are often burdened with complex and multiple medical disorders that requires the regular attention of medical practitioners, quality nursing care and allied health care professionals.

Embracing Information and Communication Technology (ICT) potentially has huge benefits for the aged care sector. It can increase communication between healthcare providers, reduce administrative burden, and assist to improve the health and independence of older people.

Aged care providers require improved ICT systems that are interoperable with the My Health Record, in particular its Medication Overview feature. This would ensure medical health professionals have the tools in place to access all relevant medical information with all relevant stakeholders to improve prescribing and to reduce the risk of adverse reactions and interactions between medications.

“Although working with older people is generally a rewarding experience, it comes with multiple challenges,” the submission states.

“For example, older people can be highly reliant on an aged care worker, and many have behavioural conditions that make day-to-day tasks difficult, and sometimes dangerous for the carer to carry out if the older person’s mental health is not appropriately managed.

“Carers are known to have high rates of moderate stress and depression. The health and wellbeing of aged care staff must be considered for the wellbeing of the workers, and so this stressful environment does not deter people from wanting to work in the aged care sector, or force existing workers to leave.”

Many of the issues outlined in the submission can be rectified by improving the capability, capacity and connectedness of the aged care workforce. Currently, this workforce is not adequately trained to be able to care for older Australians, as older peoples’ care needs are growing in both complexity and volume.

In addition, although medical practitioners are well-equipped to provide quality medical care to residents living in RACFs, they are not adequately supported or remunerated to do so due to the range of issues described above. This has resulted in an unnecessary barrier to quality medical services for RACF residents.

“The aged care workforce needs clear leadership and accountability, which an Aged Care Commission could provide,” the statement says.

“Many aged care governance (and workforce) issues described above have already been addressed in recommendations to the Government as a result of the multiple aged care reviews. Now is the time to act on these recommendations to prevent more unacceptable examples of neglect and bad quality care in RACFs, and to give people living in RACFs the quality of life that they deserve.”

The full submission can be viewed at: https://ama.com.au/submission/title-ama-submission-aged-care-workforce-strategy-taskforce-%E2%80%93-aged-care-workforce

CHRIS JOHNSON

# You've Got Mail

**An AMA Director shares here some of the more amusing correspondence he and his staff receive … with spelling and grammar mistakes left intact.**

Politicians are accustomed to receiving hate mail. As a long-time staffer at Parliament House, rarely a day passed by without a phone call, email, or letter from an angry constituent.

Likewise, whenever the AMA President is in the news, someone sends a missive telling us what they think. Certain issues particularly inflame correspondents, such as vaccinations, marriage equality, firearms and asylum seekers. Others have views about health matters ranging from cannabis use to particular medications they have invented or use that will save humanity.

Almost all correspondents receive a personalised response, and when people make false accusations or claims, the Public Health secretariat provides a detailed response. Letters that are abusive, homophobic or racist do not deserve a response.

A commonality of many of the more disagreeable writers is to use CAPITALS and shout at the AMA; while not using spell check is commonplace.

Here are some more entertaining examples from letters to the AMA:

Winnie thoughtfully worried about the appearance of (a former) AMA President: "You look not very well – at least in comparison with your last interview by another abc reporter. a slight puff /swollen face/forehead...as if your whole head has been submerged in water for a while... that kind of puffiness. of course your hair was not coiffeured suited for an interview … you need to be v.good to the abc backstage makeup artists, they could be very unforgiving at times...i suppose you should be able to look after yourself as a very seasoned and senior physician, so please do that."

Duncan had a problem with the AMA and doctors in general: "I submit that all your health advocacy is phony. The AMA is not independent, as you claim, because it is funded by doctors, the people you represent."

Kim's letter related to an ABC special on mental health. "One of the songs about mental illness that came on quite early in the evening. This song was putting [those with mental illness] down by trivialising their suffering and symptoms. I was in the bath! at the time so couldn't turn the TV off, otherwise it wouldn't even have lasted for the duration of the song. If there is any influence that you could have in this matter I'd appreciate your assistance."

One of my favourite letters was from a school principle: "I have a boy in Year 1 whose mother gave him an amber necklace and bracelet to wear. The child's teacher asked the boy not to wear these as they did not comply with our uniform policy. As a result, the boy's mother has obtained a medical certificate from a local doctor which states the beads are part of his medication program. Is anyone in your organization able to outline the scientific theory about such beads as I am of the opinion I am dealing with voodoo medicine rather than verifiable fact."

Sometimes letters are disturbing: "While my wife was pregnant, boxing promoter, [xxx] ,had me KO'd Twice, & this was after his mates had already fractured my skull on the street. I'd gone to them for help, because [xxx], who later -skullfractured 70YrOld [xxx] on the Manly Ferry, was responsible, BUT, he has a Federal Senator for an Auntie? And so the cops commit-ed the worst Corruption to cover for all these criminals..."

Oftentimes we reply with AMA position statements or other publications, although this doesn't satisfy everyone: "Dear Mr.Simon Tatz, many thanks for your quick response to my query. could you please provide to me data that proves 'herd immunity" exists.' You have attached a document of 21 pages … You may have been in a hurry, as you did not answer my query."

Similarly, George took exception: "Dear Simon, thank you for your response. However, what you have provided is a crock of rubbish. Really? Are you serious? This is how the AMA operates. You throw science out the door."

Other writers provide too much personal information: "I offer the assistance of a 50 year cannabis user who has PhD's and has never had a day of mental illness in my life. You keep making these broad statements about cannabis but you have ZERO RESEARCH to back up your comments which are untrue and very naïve about cannabis."

David was one of those writers who was more metaphorical than specific: "You describe a beautiful construction that you in the AMA have built. I am sure you are very proud of it. My main point is to try to draw your attention to the possibility that some of the foundations of your construction are unreliable. It contributed to the leverage we needed to engineer a change in our constitution towards democratic processes. When people enter an adversarial political situation with a platform that is built on unreliable foundations, it is not uncommon for a diet of humble pie to follow. I am trying to warn you about this. I doubt that my advice is welcome, or will be heeded."

Ben wrote to us many times about the "Spiritual Effects of Electromagnetic Radiation", yet for some reason he wasn't convinced by the AMA reply.

My favourite letters are from AMA members who appreciate the work of Federal Council: "I have been a member of the AMA for over forty years. Never before have I felt so proud to be a member. May I congratulate you and your colleagues on your courage to make this strong and statement."

SIMON TATZ, DIRECTOR, PUBLIC HEALTH

Australian Medical Association Limited ABN 37 008 426 793

# AMA Public Health Awards 2018 Call for Nominations

The AMA is seeking nominations of people or groups who have made an extraordinary contribution to health care and public health.

Recipients will be invited to attend the 2018 AMA National Conference in Canberra in May 2018, where the awards will be presented. The AMA may contribute to travel costs for recipients to attend the presentation.

In the year following the presentation of the awards, recipients will have the opportunity to participate in interviews with interested media, and engage in AMA supported activities promoting their work in their field of expertise.

**Nominations are sought in the following categories:**

## AMA EXCELLENCE IN HEALTHCARE AWARD

The AMA Excellence in Healthcare Award is for an individual, not necessarily a doctor or AMA member, who has made a significant contribution to improving health or health care in Australia. The person may be involved in health awareness, health policy or health delivery.

The recipient of this award will be an individual who has made a major contribution to health care in Australia in one or more of the following criteria:

- Showing ongoing commitment to quality health & medical care; and/or
- Contributing to medical research within Australia; and/or
- Initiation and involvement in public health projects or health awareness campaigns; and/or
- Improving the availability & accessibility of medical education and medical training; and/or
- Advancing health & medical issues in the political arena; and/or
- Promoting awareness of the impact of social and economic issues on health; and/or
- Contributing to community needs as a health care provider; and/or
- Improving health care services in any field.

Nominations for this award can be submitted by any member of the community.

Previous recipients of this award include Dr Denis Lennox, Associate Professor John Boffa, Ms Donna Ah Chee, Associate Professor Smita Shah, and Dr Mehdi Sanati Pour.

## AMA WOMAN IN MEDICINE AWARD

The AMA Woman in Medicine Award is for a female member of the AMA who has made a major contribution to the medical profession by:

- Showing ongoing commitment to quality care; and/or
- Contributing to medical research within Australia; and/or
- Initiation and involvement in public health projects; and/or
- Improving the availability and accessibility of medical education and medical training for women; and/or
- Contributing to medical politics.

**This award is presented to a female member of the AMA. Nominations for this award may only be made by a member of the AMA.**

Previous recipients of this award include Dr Genevieve Goulding, Associate Professor Diana Egerton-Warburton, Dr Joanna Flynn AM, and Professor Kate Leslie.

## NOMINATION INFORMATION

### How are nominations assessed?

Nominations will be reviewed by a judging panel consisting of the Federal AMA President and two members of AMA Federal Council, after a shortlisting process undertaken within the secretariat. Award recipients will be informed as soon as possible after the panel has made its decision.

### How do I make a nomination?

Nominations must be made by completing the Nomination Form, which must include a personal statement by the nominator describing the merit of the nominee in relation to the criteria for the relevant award. A Curriculum Vitae for the nominee/s, and any additional supporting documentation relevant to the nomination can also be included with the nomination form. The nomination form is available at https://ama.com.au/article/ama-public-health-awards

Nominations should be submitted electronically to awards@ama.com.au. Nominations are open from 19 February 2018, and the closing date for receipt of nominations for each award is **COB Monday 23 April 2018**.

### When will I find out if my nomination has been successful?

Awards are presented at the AMA National Conference, which is held in Canberra on 26 -28 May 2018. Award recipients will be notified 2-3 weeks prior to arrange attendance at the ceremony, where possible. The person who made the successful nomination will be notified prior to the ceremony. If your nomination is unsuccessful, you will be notified by email in due course.

# Poll finds understanding gap between alcohol and disease

Many Australians are unaware of the links between alcohol consumption and a range of cancers and other diseases, according to a recently released survey.

But a vast majority of them believe they have a right to such information and that Governments have a responsibility to educate them.

A new poll, released by the Foundation for Alcohol Research and Education (FARE), reveals that Australians have a lack of understanding of the official drinking guidelines that could help keep them healthier.

The same poll also reveals that they want to know about the long-term harm associated with regular alcohol consumption, and they are increasingly of the opinion the alcohol industry is deliberately downplaying independent university research linking alcohol to a range of harm, including cancer and cardiovascular disease.

The *Annual Alcohol Poll 2018: Attitudes and Behaviours*, conducted by YouGov Galaxy, found that fewer than half of Australians are aware of the link between alcohol misuse and stroke (38 per cent), mouth and throat cancer (26 per cent) and breast cancer (16 per cent).

While 70 per cent of *Australian adults are aware of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, only one in four of them (28 per cent) are aware of the content.

FARE's Chief Executive Michael Thorn said the lack of knowledge of both the link between alcohol consumption and the risks of cancer and other chronic diseases, together with a clear understanding of how to avoid those risks, was extremely alarming.

"It really is a dangerous cocktail. Community awareness of alcohol's link with a range of chronic health conditions remains low," Mr Thorn said.

"In the case of alcohol's link to breast cancer, the awareness is only 16 per cent. Nor are Australians armed with the knowledge that would reduce their risk of long-term harm. Only one in four Australians have some awareness of the actual content of the official drinking guidelines."

Now in its ninth year, FARE's national alcohol poll provides valuable trend data and insights into community perspectives on alcohol

This year, Australians were asked for the first time whether they thought they had a right to know about the long-term harm associated with regular alcohol use.

When advised that the World Health Organisation recognises that alcohol is linked to approximately 200 disease and injury conditions such as breast cancer, liver disease, mouth cancer and stroke, the vast majority of Australians (84 per cent) agreed that they had a right to that information, with 80 per cent of Australians reporting that Governments have a responsibility to educate Australians on this matter.

"If there is a silver lining here, it is that Australians clearly recognise their rights as consumers to be fully informed of the harm associated with the products they consume," Mr Thorn said.

"The lesson here for Government is that it must do a better job of ensuring Australians fully understand the long-term harm from alcohol, and are given the information that would help them reduce that harm."

The 2018 Poll findings make clear that the job cannot be left to the alcohol industry – 61 per cent of Australians believe that the alcohol industry would downplay independent university research findings linking alcohol consumption to a range of harm such as cancer and family violence.

Polling revealed that community perceptions of the alcohol industry have not improved since 2015, finding that the majority of Australians continue to believe that the alcohol industry targets people under the age of 18 years (55 per cent), and that it has too much influence with Governments (57 per cent).

The full is available at www.fare.org.au.

CHRIS JOHNSON

# Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

## Senate notes World Tuberculosis Day

A cross-party motion in the Senate has recognised World Tuberculosis Day and noted the enormous contribution of 19th century German physician Dr Robert Koch in combating the disease.

It has also highlighted the prevalence of TB in this region, particularly in Papua New Guinea, and Australia's leadership in testing for and treating it throughout the Pacific.

Prior to March 24, which was World Tuberculosis Day, Liberal Senator Concetta Fierravanti-Wells, who is also Minister for International Development and the Pacific; Labor Senators Claire Moore (Shadow Minister for Women) and Lisa Singh; and Greens Leader Richard Di Natale combined to draw attention to TB and Dr Koch's legacy.

Their motion insisted on the Senate noting that:

1. 24 March is World Tuberculosis Day, and marks the anniversary of German Nobel laureate Dr Robert Koch's 1882 discovery of the bacterium that causes tuberculosis;
2. tuberculosis is contagious and airborne, ranking as the world's leading cause of death from a single infectious agent;
3. in 2016, 1.7 million people died from tuberculosis worldwide and 10.4 million people became sick with the disease, with over 60 per cent of cases occurring in countries in our region;
4. large gaps in tuberculosis detection and treatment remain, with 4.1 million cases of active tuberculosis that were not diagnosed and treated in 2016, including 600,000 children;
5. in 2016, Papua New Guinea had one of the highest rates of tuberculosis infection in the Pacific, with an estimated 35,000 total cases, including 2,000 drug-resistant cases, not taking into consideration the large number of cases that go unreported in many regions; and
6. tuberculosis is... the leading cause of death among HIV positive people globally.

Their motion went on to detail how HIV weakens the immune system and is lethal in combination with tuberculosis, each contributing to the other's progress.

"It is now linked to non-communicable diseases like diabetes, and considered a preventable and treatable disease, however many current treatment tools – drugs, diagnostics and vaccines – are outdated and ineffective," they said.

The Senate also recognised that the funding Australia is providing to support the testing and treatment of tuberculosis in PNG, including the joint program with the World Bank, is already leading to an initiative to achieve universal testing for tuberculosis in the township of Daru.

It also noted he commitment of up to $75 million over five years for Product Development Partnerships in the Indo-Pacific Health Security Initiative to accelerate access to new therapeutics and diagnostics for drug resistant tuberculosis, and malaria and mosquito vector control – an increase in funding to build on the successes of Australia's previous investments.

Australia has a three-year $220 million pledge to the Global Fund to Fight AIDS, Tuberculosis and Malaria (2017-2019) – a fund that has supported tuberculosis testing and treatment to 17.4 million people since 2002, including over 8.2 million people in the Indo-Pacific region.

Through Australia's endorsement of the Sustainable Development Goals in September 2015, it made what the Senators described as a bold commitment to end the tuberculosis epidemic by 2030.

"The scheduling of the first United Nations High-Level Meeting on Tuberculosis in September 2018... will set out commitments to accelerate action towards ending tuberculosis as an epidemic and provide Australia with an opportunity to showcase the success of our investment in tuberculosis in our region," they said.

Their motion also called on the Australian Government to attend the UN High-Level Meeting this year, and commit to increased Australian action and leadership on research and development, prevention, testing and treatment as part of the global effort to eradicate tuberculosis.

CHRIS JOHNSON

# Research

## Chlamydia infection increases ovarian cancer risk

Chlamydia, a common sexually transmitted disease, can double a woman's risk of ovarian cancer.

This is according to new research undertaken by the American Association for Cancer Research (AACR).

Women who had chronic chlamydia infections had twice the risk of ovarian cancer compared to women with no evidence of ever having been infected, researchers found in a report to be fully released at the American Association for Cancer Research in April this year.

"Our data is lending support for there being a role of pelvic inflammatory disease in ovarian cancer and the prime cause of pelvic inflammatory disease, particularly in the U.S, is chlamydia infection," the National Cancer Institute's Dr Britton Trabert told a briefing ahead of the meeting.

"We are seeing a doubling in ovarian cancer risk with a prior history of pelvic inflammatory disease."

The AACR research undertook a retrospective analysis of two different cohorts and control groups, one of them, conducted in Poland, included 279 women with ovarian cancer and 556 matched controls. The other, data from an American National Cancer Institute (NCI) case-control study, included 160 women diagnosed with ovarian cancer during follow-up and 159 matched controls.

The AACR said that there needs to be a greater understanding about what causes ovarian cancer to improve screening and treatment and, ultimately, improve survival.

Chlamydia is treated with a single course of antibiotics but if left unchecked can lead to pelvic inflammatory disease and even infertility in women and testicle infections in men.

Over time, chlamydia causes widespread inflammation that can cause infertility. Now, this new piece of research suggests it may also cause cancer.

While ovarian cancer is not common, every year in Australia approximately 1,600 women are diagnosed with it and more than 1,000 succumb to the disease. If found in its early stages, women have an 80 per cent chance of being alive and well after five years. Unfortunately, 75 per cent of women are diagnosed in advanced stages. There is no early detection test for ovarian cancer.

Chlamydia, however, is very common. The latest data from The Kirby Institute shows Chlamydia was the most frequently notified sexually transmissible infection (STI) in Australia, with a total of 71,751 notifications in 2016. Three-quarters of these notifications were among people aged 15–29 years.

The Kirby Institute's research also found the annual rate of notification of chlamydia in the Aboriginal and Torres Strait Islander population in the Northern Territory, Queensland, South Australia and Western Australia was 2.8 times that in the non-Indigenous population in 2016. And in female sex workers, chlamydia incidence increased by 35 per cent between 2012 and 2016.

The Kirby Institute says the data strongly suggests a need for testing to be routinely offered to sexually active adolescents and young adults as the vast majority of infections in young people (15–29 years) remain undiagnosed and untreated.

The AACR research can be found here: http://www.abstractsonline.com/pp8/#!/4562/presentation/4037AACR%202018%20Abstract%204942

The Kirby Institute's HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2017 is available here: https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP_Annual-Surveillance-Report-2017_compressed.pdf

MEREDITH HORNE

## Immunisation data pinpoints communities at risk

The latest release of Australia's childhood immunisation and HPV immunisation rates show a wide variation of uptake across communities.

While new data from the Australian Institute of Health and Welfare (AIHW) confirms childhood immunisation is increasing, Australians continue to fall short of the 95 per cent national goal.

Nationally, 93.5 per cent of all children aged five were fully immunised in 2016–17. Aboriginal and Torres Strait Islander children aged five had a higher national immunisation rate, of 95.7 per cent.

"The greatest improvement was seen in the Central Queensland, Wide Bay and Sunshine Coast Primary Health Networks (PHN) area, which rose from 91.6 per cent in 2015–16 to 93.3 per cent in 2016–17," said AIHW spokeswoman Tracy Dixon.

"Despite the majority of Australian children being immunised, it's important that we don't become complacent. We need to maintain high immunisation rates to protect the vulnerable groups in our community."

# Research

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Vaccines have played a big part in helping halve the number of child deaths since 1990. The World Health Organisation (WHO) estimate vaccines save 2-3 million lives each year.

Importantly, the new AIHW data helps to identify where Australian communities of low immunisation are. Categorised across Australia's 31 PHN, the data shows variation in immunisation rates that range, from 98 per cent in the Nepean Blue Mountains, NSW to 89.8 per cent in Western Victoria, for example.

Health Minister Greg Hunt said the Government would strategically use the new data to target geographical areas with low immunisation rates and identify the 10 per cent of Australians there who have some doubts or uncertainties about it.

"They're the areas we're focusing on and, in particular, now we're able to micro-target through Facebook, through Google, through GP practices," he said

The Government currently targets areas of low immunisation through the Get the Facts campaign, which seeks to provide parents, through a range of platforms, with evidence based information on the benefits of immunisation.

"The messaging here is very, very clear, that immunisation is both safe and it saves lives," Mr Hunt said.

The effectiveness of the Government's No Jab No Pay policy is to increase vaccination rates has been supported by another report that shows an increase in an uptake in Australia of a vaccine containing measles.

The National Centre for Immunisation Research and Surveillance (NCIRS) report found the proportion of children fully immunised at one and five years of age had reached the highest levels ever recorded in mid-2016 (at 93.9 per cent and 93.5 per cent respectively), just after the introduction of the No Jab No Pay policy.

Dr Frank Beard, public health physician, and head of coverage and surveillance at NCIRS explained: "While Australia has been certified free of local measles, we need to maintain high immunisation rates as we are constantly at threat from measles coming into the country from overseas and spreading locally."

He added that: "Measles catch-up vaccination in adolescents is particularly important, as recent outbreaks have disproportionately affected this age group due to inadequate vaccination."

Last year Europe faced a four-fold increase in measles, with 20,000 cases and 35 lives lost.

"Every new person affected by measles in Europe reminds us that unvaccinated children and adults, regardless of where they live, remain at risk of catching the disease and spreading it to others who may not be able to get vaccinated... a tragedy we simply cannot accept," warned Dr Zsuzsanna Jakab, WHO Regional Director for Europe.

The other part of the AIHW data released related to HPV vaccination rates and showed an increase for both girls and boys in the uptake of the HPV vaccine among Australian teenagers.

Professor Karen Canfell from Cancer Council Australia welcomed the increase: "As well as helping protect girls against cervical cancer in the future, increasing rates of vaccination across both teenage males and females will help reduce our population's overall risk of a range of cancers linked to the HPV virus."

Unfortunately, boys are falling behind in the fight to eradicate HPV. Nationally, 80.1 per cent of girls aged 15 were fully immunised against HPV, compared to only 74.1 per cent of boys aged 15.

Mirroring the childhood immunisation rates, the AHWI data also revealed: where you lived effected the likelihood of being vaccinated. HPV immunisation rates ranged from 85.6 per cent of girls fully immunised in Central and Eastern Sydney (NSW) to 69.2 per cent in Tasmania.

"It is concerning that one in five teens still aren't directly protected through vaccination and there are some communities where uptake remains lower. We need more research to understand these trends," Professor Canfell said.

She also believes both vaccination and cervical screening are necessary to combat HPV.

"To further work towards a future without cervical cancer, we encourage parents to ensure their teenagers get vaccinated, and we recommend all eligible women participate in cervical screening," she said.

Australia was the first country to introduce a free HPV vaccine program, starting with girls in 2007, and including boys from 2013. Later this year the new HPV vaccine is being rolled out which protects against additional strains of HPV making it even more effective.

Details about the AIHW report can be found here: https://myhealthycommunities.gov.au/our-reports/immunisation-rates-for-children/march-2018

And here: https://myhealthycommunities.gov.au/our-reports/HPV-rates/march-2018

MEREDITH HORNE

INFORMATION FOR MEMBERS

# Specialty Training Pathways Guide – AMA Career Advice Service

With more than 64 different medical specialties to choose from in Australia, making the decision to specialise in one can seem daunting.

AMA members now have access to a new resource – one designed to assist in making decisions about which specialty pathway to follow. We know that concerns about length of training, cost of training and work-life balance are important factors in making these decisions, and information on the new site will help here too.

The absence of a comparative and definitive guide was raised by our doctors in training and medical students.

Responding to this need from our doctors in training and medical students, the AMA Career Advice Service has developed a comprehensive guide to the specialties and sub-specialties which can be trained for in Australia. The Guide will be updated annually to reflect changes made by the Colleges, and the 2017 update will be uploaded shortly.

The web-based Guide allows AMA members to compare up to five specialty training options at one time.

Information on the new website includes:

- the College responsible for the training;
- an overview of the specialty;
- entry application requirements and key dates for applications;
- cost and duration of training;
- number of positions nationally and the number of Fellows; and
- gender breakdown of trainees and Fellows.

The major specialties are there as well as some of the lesser known ones – in all, more than 64 specialties are available for comparison and contrasting.

For example, general practice, general surgery and all the surgical sub specialties, paediatrics, pathology and its sub specialties, medical administration, oncology, obstetrics and gynaecology, immunology and allergic medicine, addiction medicine, neurology, dermatology and many, many more.

To find out more, visit www.ama.com.au/careers/pathway

This new addition to the Career Advice Service enhances the services already available which include one-on-one career coaching, CV templates and guides, interview skills “tips” and, of course, a rich source of information available on the Career Advice Hub: www.ama.com.au/careers

For further information and/or assistance, feel free to call the AMA Career Advisers: Annette Lane and Christine Brill – 1300 133 665 or email: careers@ama.com.au

Please note current information within the guide relates to 2016 requirements. Information will be updated to reflect 2017 requirements soon.

Let the AMA’s Specialty Training Pathways guide help inform your career decisions.

# Tobacco addiction grows from dirty deeds

A damning report launched at the 17th World Congress of Tobacco (WCTOH) shows the tobacco industry is increasingly targeting vulnerable populations in Africa, Asia, and the Middle East where people are not protected by strong tobacco control regulations.

The figures in *The Tobacco Atlas* are nothing short of alarming. In 2016 alone, tobacco use caused over 7.1 million deaths worldwide (5.1 million in men, 2.0 million in women).

Most of these deaths were attributable to cigarette smoking, while 884,000 were related to secondhand smoke. But while tobacco-related disease and death grows in some communities, so do tobacco industry profits.

The combined profits of the world's biggest tobacco companies exceeded US $62.27 billion in 2015. This is equivalent to US $9,730 for the death of each smoker, an increase of 39 per cent since the last Atlas was published, when the figure stood at US$7,000.

"The Atlas shows that progress is possible in every region of the world. African countries in particular are at a critical point – both because they are targets of the industry but also because many have opportunity to strengthen policies and act before smoking is at epidemic levels." said Dr Jeffrey Drope, co-editor and author of The Atlas.

In sub-Saharan Africa alone, consumption increased by 52 per cent between 1980 and 2016 (to 250 billion cigarettes from 164 billion cigarettes). This is being driven by population growth and aggressive tobacco marketing in countries like Lesotho, where prevalence is estimated to have increased from 15 per cent in 2004 to 54 per cent in 2015.

José Luis Castro, President and Chief Executive Officer of Vital Strategies, co-author of *The Atlas* said it: "Shows that wherever tobacco control is implemented, it works... People benefit economically and in improved health. And the industry rightly suffers."

Gender inequity was also address at the WTCOH, highlighting the negative economic impacts of tobacco use on women – not just in healthcare costs resulting from tobacco-related illness, but also in the diversion of family income, from food and education to tobacco. The emphasis was that tobacco use drives families into poverty.

WHO Regional Director for Africa, Dr Matshidiso Moeti, said: "The tobacco industry views this region as virgin territory to be exploited. They are targeting women and girls specifically and interfering in the adoption of tobacco control policies that will protect health when properly enforced."

Tactics of fear by tobacco companies were also heard at the conference from several tobacco control advocates who had bravely fought violence or threats because of their advocacy against the expansion of smoking in their countries, including Indonesia and Nigeria.

Dr Lekan Ayo-Yusuf, Chair of the WCTOH Scientific Committee, said the research showed the need to look at the totality of the supply chain of tobacco products, and to follow the whole process from farming, through to taxation, through to point-of-sale restrictions.

WHO launched new guidance at WCTOH on the role tobacco product regulation can play to reduce tobacco demand, save lives and raise revenues for health services to treat tobacco-related disease, in the context of comprehensive tobacco control.

Many countries have developed advanced policies to reduce the demand for tobacco, but Governments can do much more to implement regulations to control tobacco use, especially by exploiting tobacco product regulation.

Dr Douglas Bettcher, WHO's Director of the Department for the Prevention and Control of Non-communicable diseases (NCDs), said: "Tobacco product regulation is an under-utilised tool which has a critical role to play in reducing tobacco use."

"The tobacco industry has enjoyed years of little or no regulation, mainly due to the complexity of tobacco product regulation and lack of appropriate guidance in this area. These new tools provide a useful resource to countries to either introduce or improve existing tobacco product regulation provisions and end the tobacco industry 'reign'.

"Only a handful of countries currently regulate the contents, design features and emissions of tobacco products and tobacco products are one of the few openly available consumer products that are virtually unregulated in terms of contents, design features and emissions," Dr Bettcher said.

A copy of *The Atlas* can be seen here: https://tobaccoatlas.org/.

MEREDITH HORNE

# AMA Member Benefits

AMA members can access a range of free and discounted products and services through their AMA membership. To access these benefits, log in at **www.ama.com.au/member-benefits**

AMA members requiring assistance can call AMA member services on

**1300 133 655** or **memberservices@ama.com.au**

**Jobs Board:** Whether you're seeking a new position, looking to expand your professional career, or looking to recruit staff to your practice, doctorportal Jobs can help you. Discounts apply for AMA members. jobs.doctorportal.com.au

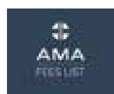
**MJA Events:** AMA members are entitled to discounts on the registration cost for MJA CPD Events!

**UpToDate:** UpToDate is the clinical decision support resource medical practitioners trust for reliable clinical answers. AMA members are entitled to discounts on the full and trainee subscription rates.

**doctorportal Learning:** AMA members can access a state of the art CPD tracker that allows CPD documentation uploads, provides guidance CPD requirements for medical colleges, can track points against almost any specialty and provides access to 24/7 mobile-friendly, medical learning.

Learning.doctorportal.com.au

**MJA Journal:** The Medical Journal of Australia is Australia's leading peer-reviewed general medical journal and is a FREE benefit for AMA members.




**Fees & Services List:** A free online resource for AMA members. The AMA list of Medical Services and Fees provides an important reference for those in medical practice to assist in determining their fees.

**Career Advice Service and Resource Hub:** This should be your "go-to" for expert advice, support and guidance to help you navigate through your medical career. Get professional tips on interview skills, CV building, reviews and more - all designed to give you the competitive edge to reach your career goals.

www.ama.com.au/careers

**Amex:** As an AMA member, receive no-fee and heavily discounted fee cards with a range of Amex cards.*

**Mentone Educational:** AMA members receive a 10% discount on all Mentone Educational products, including high quality anatomical charts, models and training equipment.

**Volkswagen**: AMA members are entitled to a discount off the retail price of new Volkswagen vehicles. Take advantage of this offer that could save you thousands of dollars.

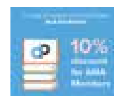
**AMP:** AMA members are entitled to discounts on home loans with AMP.

**Hertz:** AMA members have access to discounted rates both in Australia and throughout international locations.

**Hertz 24/7:** NEW! Exclusive to the AMA. AMA members can take advantage of a $50 credit when renting with Hertz 24/7.

**Qantas Club:** AMA members are entitled to significantly reduced joining and annual fees for the Qantas Club.

**Virgin Lounge:** AMA members are entitled to significantly reduced joining and annual fees for the Virgin Lounge.




**MJA Bookshop:** AMA members receive a 10% discount on all medical texts at the MJA Bookshop.