

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

National Conference excels

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AMA LEADERSHIP TEAM



President
Dr Tony Bartone



Vice President
Dr Chris Zappala

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Cover pic: Past AMA Presidents Dr Bryce Phillips, Dr Bill Glasson, Dr Mukesh Haikerwal, Associate Professor Rosanna Capolingua, Dr Andrew Pesce, Dr Steve Hambleton, Immediate Past President Dr Michael Gannon, and current AMA President Dr Tony Bartone at the National Conference Gala Dinner, Brisbane Town Hall.

Cover and Conference Photos by Naomi Colley, Lightbulb Studio

National Conference a roaring success



AMA National Conference Brisbane 2019 was a huge success.

Almost 200 delegates, plus guests, observers and media converged on Brisbane's Sofitel Hotel for three days from May 24 to appraise the past 12 months and make plans for the year ahead.

Seven AMA Past Presidents were in attendance, along with distinguished guests from overseas.

These included the President of the American Medical Association (the other AMA) Dr Barbara McAneny, who presented an inspiring address at the Leadership Development Dinner; President of the World Medical Association Professor Leonid Eidelman, who spoke warmly of Australia's active role in global health; Thai Medical Association President Professor Ronnachai Kongsakon; Indian Medical Association President Dr Santanu Sen and its Honorary Secretary General Dr Rajakani Vivekanandan Asokan; and New Zealand Medical Association President Dr Kate Baddock and CEO Ms Lesley Clark.

"It is always exciting to host our friends from medical associations around the world," AMA President Dr Tony Bartone said when welcoming them.

"There are so many good stories about how our profession and associations operate globally. And so many of the issues and challenges that we face are shared."

Greg Hunt – who at the time of the conference had been re-elected as part of a re-elected Coalition Federal Government, but not yet reappointed as Health Minister (that came shortly after) – sent the conference a video message that promised continued cooperation with the AMA on improving the nation's health system.

He announced a 10-year plan to focus on primary health care. And he stressed the importance of re-thinking the approach to preventive health.

"I would like to strike a partnership with the AMA ... and others to drive forward a national preventive health strategy to achieve change in the way in which we approach health care," Mr Hunt said.

Dr Bartone told conference delegates that: "We have a lot of important work to finish with presumed Health Minister Greg Hunt."

The three-day conference covered issues as diverse as artificial intelligence, gender equity, aged care, mental health, doctors' health, doctor supply and medical schools, leadership, politics, and much more.

Numerous motions were debated from the conference floor. Members were honoured, awards were presented, and much fun was had.

CHRIS JOHNSON

Some of the events and proceedings of National Conference are covered in this edition of *Australian Medicine*, with more to follow in the next edition – a bumper print edition – published mid-June.

Conference stories will also be progressively published on the *Australian Medicine* web page <https://ama.com.au/ausmed> and more social photo galleries will appear in upcoming print, pdf and online editions.

National Conference opens with promise of more achievements



Dr Bartone addresses the AMA National Conference in Brisbane.

Vigilance on private health care, on mental health, and on doctors' own health and wellbeing will be major focuses for the AMA over the 12 months ahead.

Public hospital funding, GP funding, Indigenous health, and rural health will all remain high priorities for the Association, with its advocacy already having secured significant gains in some areas.

AMA President Dr Tony Bartone opened the AMA's National Conference in Brisbane declaring that while a lot had been achieved in the past year, "we have a lot of important work to finish".

His priority from day one of his presidency was general practice and primary care, and it "has paid dividends".

"Over one billion dollars in funding for general practice was announced in the 2019-20 Budget and MYEFO – one billion dollars of funding that both sides of Parliament agreed to fund," Dr Bartone told conference delegates during his President's Address.

"This was no accident or lucky occurrence. We put this on the agenda."

The AMA has called for a review of the employment models for the GP training program and it will be one of the first things to discuss with the re-elected Government.

"Another priority will be public hospitals," Dr Bartone said.

"When governments underfund, they are making a choice to constrain the supply of public health services..."



National Conference opens ...continued from p4

“Let me be clear – public hospital capacity is determined by funding...

“The other side of the equation – private health and private health insurance – is also unfinished business...

“We must do better. We cannot scapegoat one group and expect the problem to be resolved. If we can simplify the private health insurance products, we must be able to make rebate transparency possible as well.”

On mental health, Dr Bartone said it was largely neglected by the major political parties during the recent federal election campaign.

It has been or some time, he added.

“I am talking about a framework and funding for mental health care,” Dr Bartone said.

“With the election out of the way, I will be spending much of the

second year of my presidency talking about mental health.

“Not just talking. I will be demanding action.”

The President assured the conference that the health and wellbeing of the medical profession is a high priority for the AMA.

“This will include continuing strong action on mandatory reporting, which will involve cooperation between Federal and State AMAs,” he said.

About 200 delegates, observers and media gathered in Brisbane for the AMA’s three-day 2019 national conference.

CHRIS JOHNSON

***Dr Bartone’s full President’s Address can be found at:
<https://ama.com.au/media/ama-national-conference-2019-presidents-address>***

Gender diversity for all AMA representative bodies

The AMA has taken decisive action to increase the representation of women in leadership roles on all its forums.

At its Federal Council meeting held in Brisbane ahead of the AMA National Conference, the target was set for 40 per cent women on all AMA councils and committees, with a gender diversity target of 50 per cent representative positions overall.

Opening the National Conference the day after Federal Council met, AMA President Dr Tony Bartone praised the development.

“While the representation of women on the AMA’s Board currently sits at 40 per cent, it is much more variable among our councils and committees, with some doing well and others not so well,” Dr Bartone said.

“The AMA has work to do to improve the representation of

women on its councils and committees. We have more work to do to support more women to take on leadership roles both within the AMA and the broader profession.

“Federal Council supported a motion to adopt a target of 40 per cent women, 40 per cent men, and 20 per cent flexible for all AMA councils and committees.

“We recommend that the AMA Board adopts the same, with a gender diversity target of women holding 50 per cent of Federal AMA representative positions overall, for attainment by 2021.

“This is the first step in the AMA demonstrating its commitment to improving gender diversity in its representative structures.”

CHRIS JOHNSON

Conference calls on pharmacists to stop prescribing ... and other motions

The AMA has passed an urgent motion that the Federal Council and Federal President call for an immediate end to the trial of prescribing of antibiotics, paediatric vaccinations and oral contraceptives by community pharmacists in Queensland and nationally. The motion, put forward by Dr Bavahuna Manoharan, also calls for the Queensland Health Minister to adhere to national processes as occurring under the direction of the Council of Australian Governments.

Following contributions from the floor, all in favour of the motion, that went to issues of privacy, evidence-based medicine, incorrect prescribing, and Pharmacy Guild tactics, it was passed easily.



Another urgency motion passed at the AMA National Conference has recommend the AMA become a signatory to the Colombo Declaration 2017, which condemns attacks on healthcare facilities and workers – and their patients – around the globe.

Moved by Dr Sarah Whitelaw, the motion expresses concern about the rise of serious attacks on medical centres and facilities in war zones and other trouble spots in various parts of the world.

The Colombo Declaration calls in the United Nations Security Council to take immediate action against such attacks.

The Declaration also reaffirms: “Our belief that all people regardless of gender, sexuality, race, ethnicity, political affiliation, or religious beliefs should have the right to access health care, and all medical professionals should be able to deliver this care in facilities without threat of attack.”

Delegates at the AMA National Conference have also voted to push for all GP registrars to be employed under single employer contracts.



... other motions ... continued from p6

After considerable debate, the motion was emphatically passed to urge the Government to adopt a single employer model.

The motion reads: That our AMA recommends the Government develop a single employer model as an alternative to fee for service arrangements to deliver equitable remuneration and employment conditions for GP registrars, and between GP registrars, while at the same time meeting the needs of supervising practices. It was put forward by Dr Danielle McMullen.

Other motions passed at the National Conference include:

That our AMA advocates for all employees to have access to a minimum of 10 days of paid domestic violence leave. Moved by Dr Jill Tomlinson.

That the AMA support NHMRC guidelines that clinicians should advise women who are pregnant or planning a pregnancy that the safest option is to avoid alcohol entirely, based on the information that prenatal alcohol exposure may harm the unborn child and that no safe level has been established for alcohol consumption in pregnancy. Moved by Professor Elizabeth Elliott.

That the AMA calls on the National Health and Medical Research Council to introduce a rural research funding scheme for health and medical research. Moved by Dr Shehnaz Salindra

That our AMA promotes awareness of the risks of non-fatal strangulation among medical professionals and includes mention of the risks of non-fatal strangulation in the next iteration of the AMA Policy on Family and Domestic Violence. Moved by Dr Jill Tomlinson

That the AMA lobbies the Federal Government to increase funding for general practice, so that it represents at least 16 per cent of total health spending, and that this figure be mandated. Moved by Dr Richard Kidd.

Credentialed pharmacists in rural and remote areas. That the AMA advocates for the removal of the limit of 20 Medication Management Reviews per month credentialed pharmacists are able to perform in Modified Monash Model 4-7 to improve patient care and reduce adverse medication events. Moved by Dr Dilip Dhupelia.

That the AMA calls on the Commonwealth and State/Territory Governments to adopt a central repository for credentialing to store all relevant documents, as well as providing a scope of clinical practice library. Moved by Dr Sandra Hirowatari.

CHRIS JOHNSON

Supporting doctors' wellbeing

Doctors' health was a serious focus of the AMA National Conference, with panel discussions, presentations and policy debates dedicated to the issue. An important motion passed at the conference in relation to doctors' wellbeing was resolved by AMA President Tony Bartone and Council of Doctors in Training Chair Dr Tessa Kennedy.

It read:

That our AMA reaffirms its support for the 2017 update of the Declaration of the World Medical Association pledge, noting in particular: "I will attend to my own health, wellbeing, and abilities in order to provide care of the highest standard";

Affirms that doctors must care about and value the health of their colleagues, understanding that safe and mentally safe workplaces lead to health doctors and better outcomes for patients and their doctors; and

Calls on the AMA Federal Council to lead the action to coordinate and drive the medical profession to form a leadership group that will work:

- a) in a consistent, coordinated, supportive and inclusive manner to*
- b) collaboratively implement the national framework addressing factors that will enhance the physical and mental health of doctors and medical students and improve the health and well-being of the medical profession.*

The motion was passed emphatically.

More coverage of the attention doctors' health was given during conference proceedings will appear in the next edition of *Australian Medicine*.

Much deserving med student awarded Indigenous Medical Scholarship



Dr Bartone presents Ms Kastellorizios with her award.

Darwin medical student and mother of three, Nikki Kastellorizios is this year's recipient of the AMA Indigenous Medical Scholarship.

A second-year medical student in the Flinders University NT Medical Program, Ms Kastellorizios has a long-term goal of working as a doctor in remote communities.

"I am a registered nurse and chose to become a doctor as I feel I will have greater influence in making real change towards closing the gap that Indigenous Australians – my people – currently experience," she said when accepting the award.

"Through my encounters accessing health care, and acting as a support person for family members, I have recognised the profound impact people's experiences have on their health choices."

Ms Kastellorizios told *Australian Medicine* that she could not thank the AMA enough for the scholarship.

"This scholarship helps a lot. It changes my life. It's so very helpful. I'm not sure how to say how grateful I am. I really, really am," she said.

"I have three boys – aged five, four and two. This will help me balance my time. And the money will of course make a big difference. This will help me provide care. Time is something very precious to every med student and it also very precious to every parent.

"I love Darwin. Accessing health services – helping family members to do that and helping community members to do that – is important to me.

"Medicine is something I have always known I was going to do. When it comes to specialist areas, I always say I don't know what I want to be when I grow up.

"But I have interests. I really like the idea of working in critical care. And I want to eventually be working in remote areas and being the kind of doctor that I would like my family to meet."

In presenting the award, AMA President Dr Tony Bartone described Ms Kastellorizios as a most deserving recipient of the \$10,000-a-year Scholarship.

"Ms Kastellorizios has a clear determination to help improve the lives and health of Indigenous Australians," Dr Bartone said.

"Her dedication and commitment in taking on a medical degree while bringing up three young children is commendable, as is her desire to inspire Indigenous youth to strive for higher education.

"We know that Indigenous people have a greater chance of improved health outcomes when they are treated by Indigenous doctors and health professionals. 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.

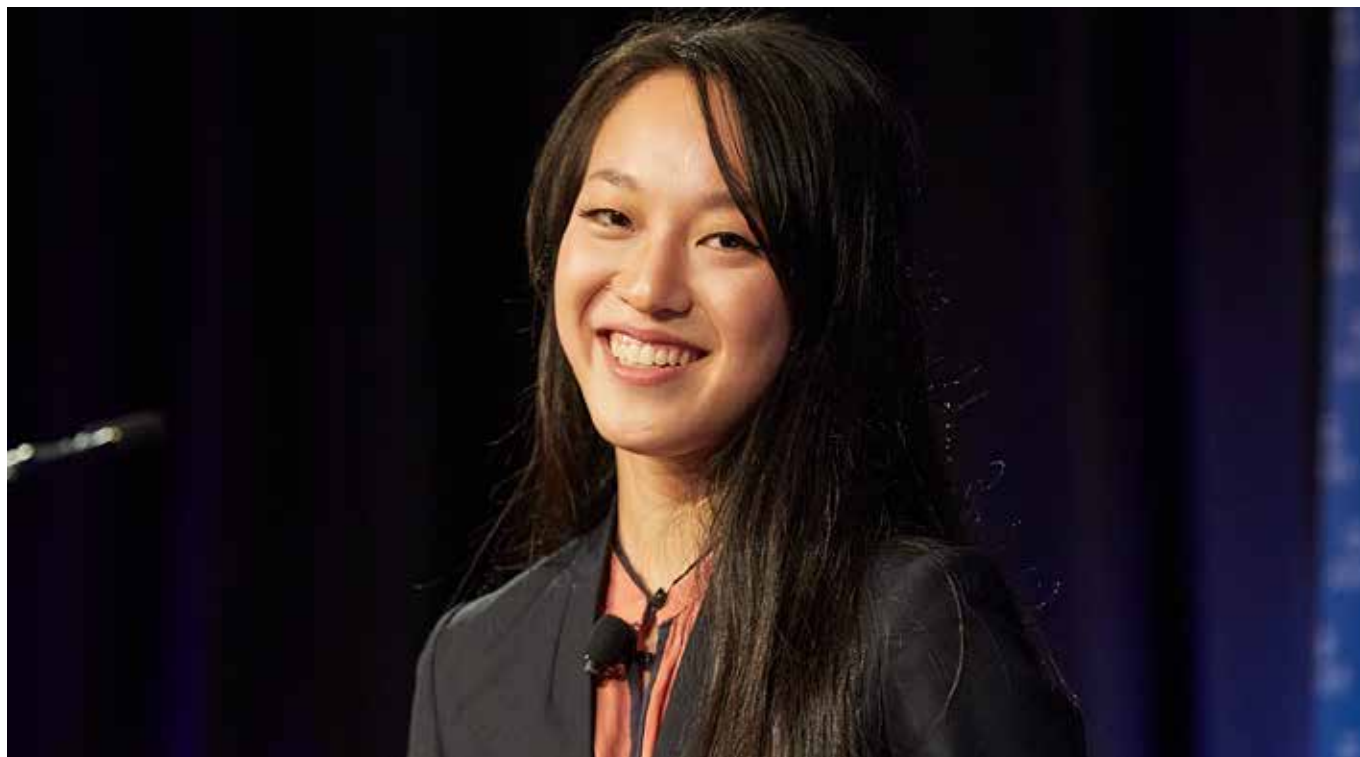
"Ms Kastellorizios will be exactly that kind of doctor."

The AMA Indigenous Medical Scholarship was established in 1994 with a contribution from the Commonwealth Government. It provides \$10,000 each year for the remainder of the recipient's medical studies.

The BB & A Miller Fund, a sub-fund of the Australian Communities Foundation, funded the 2019 Scholarship.

CHRIS JOHNSON

AMSA President impresses at conference



The AMA National Conference wound up in Brisbane with a call for change in the culture within the medical profession.

Australian Medical Students' Association (AMSA) President Jessica Yang received a standing ovation following her keynote address that went to the heart of discrimination, bullying, burnout, and generational divide.

"I would urge you to reflect on your time in medicine – what made your life better and what challenged you?" Ms Yang told conference delegates.

"What was the worst thing that happened to you as a student or junior doctor, and how can you stop it from happening to someone else?"

"The medical profession can do amazing things when they stand together for a common cause."

Ms Yang asked the doctors in the room to stop telling students and young doctors that they should just wait for the old generation to go so they can initiate change for the better.

"This idea of generational change only serves to isolate you from us," she said.

"And we should be working together, now more than ever.

"We cannot wait for change that may never come. We ourselves cannot change if we continue to advance into a system that disengages us and makes us cynical."

Ms Yang asked senior doctors to use small acts of kindness to drive away what she called the toxic undercurrent of medicine.

"The issues faced by the medical workforce seem insurmountable when heard back-to-back, but I ask you to consider the old adage: how do you eat an elephant?" she said.

"One bite at a time."

Conference Chair Dr Beverley Rowbotham described Ms Yang's speech as the highlight of the conference.

AMSA is the peak representative body for Australia's 17,000 medical students.

CHRIS JOHNSON

Ms Yang's full speech can be found at: <https://ama.com.au/ausmed/amsa-president-impresses-conference>

Crazy socks doc given President's Award



Dr Bartone presents Dr Toogood with the 2019 AMA President's Award

Dr Geoff Toogood is the recipient of this year's AMA President's Award.

The Melbourne cardiologist was bestowed the honour at the Gala Dinner of the AMA National Conference in Brisbane.

The President's Award is given to a person who, in the opinion of the President, has made an outstanding contribution towards furthering the objectives of the AMA.

Dr Toogood singlehandedly started an international movement to encourage doctors to openly discuss their mental health struggles.

In presenting the award, AMA President Dr Tony Bartone said Dr Toogood was a most worthy recipient on the basis of his demonstrated commitment to, and advocacy for, doctors' health.

"Geoff speaks from a lived experience, and is a passionate and authentic advocate for the medical profession," Dr Bartone said.

"Geoff overcame significant mental health issues, with the support of his family, family GP, and other health providers.

"But on his return to work, he faced discrimination and unfounded speculation about the state of his mental health.

"As part of his recovery, he wore bright socks, and adopted a puppy. And, as anyone who has ever lived with a puppy knows, socks and pups are not a good mix.

"One day in 2016, his dog Sammy chewed one of his socks as he was on his way out the door to work.

"When Geoff grabbed another, non-matching sock and wore it to

work, he became aware that his colleagues were laughing at him behind his back and whispering that he was 'going crazy again'.

"A simple question or chat would have cleared up the matter.

"Geoff decided it was time to break down the stigma and get people talking about mental illness in the medical profession.

"So he made the first Friday in June #CrazySocks4Docs day, and encouraged members of the health profession to share photos of their odd, crazy socks on social media.

"#CrazySocks4Docs is now a global phenomenon, with doctors around the world donning odd socks.

"Geoff's message is that it is okay for doctors not to be okay, and that by talking openly about mental illness, depression, and anxiety, we can empower our colleagues to seek help, or offer assistance.

"A *beyondblue* survey of 14,000 Australian doctors and medical students in 2013 found that they are burnt-out, more likely to experience psychological distress and suicidal thoughts than the general community, and are drinking too much alcohol.

"We have lost too many of our colleagues in recent years to ignore our own health.

"Dr Geoff Toogood has led the way in raising awareness around the world of the need to support each other and talk openly about mental health.

"I commend him for his work, and am proud to present him with this Award."

Cave rescue medic awarded AMA Gold Medal



Dr Richard Harris, the Adelaide anaesthetist who played a crucial role in rescuing 12 Thai boys and their soccer coach from a flooded cave last year, has been awarded the prestigious AMA Gold Medal.

AMA President Dr Tony Bartone made the announcement at the AMA National Conference Gala Dinner.

“Dr Harris’s credentials to receive the AMA Gold Medal are self-evident,” Dr Bartone said.

“In all aspects of his career, he has displayed all the attributes of the best of the medical profession – compassion, dedication, and excellence.

“His contributions to the medical profession, to emergency services, and to humanitarian work would be enough on their own to warrant recognition.

“Dr Harris worked with AusAID in the Pacific for two years,

providing anaesthesia and intensive care services in Vanuatu’s developing medical system.

“His love of diving led him into the field of hyperbaric medicine, and into search and rescue operations. Dr Harris established Australasia’s first sump rescue training course, and has built strong relationships with emergency services.

“Dr Harris became the centre of world attention in 2018 when he and his dive partner, veterinarian Craig Challen, took part in the heroic and dangerous rescue of the Wild Boars soccer team after 17 days trapped in Thailand’s Tham Luang cave system.

“A Thai Navy SEAL had already died during the dangerous mission, and Dr Harris and the other rescuers risked their lives to swim, walk, and crawl to reach the boys.

“Dr Harris assessed the boys medically, and determined the order in which they should be helped out.

“Crucially, he used his anaesthetics expertise to sedate the boys with ketamin before divers guided them unconscious through the treacherous cave system, as there was a real danger that the boys might panic during the three hours of diving and swimming through narrow passages, and put themselves and their rescuers in danger.

“The priority of doctors is ‘first, do no harm’. I can only imagine the range of emotions Dr Harris must have felt as he submerged that first unconscious boy to test the full face mask that would be used in the operation.

“It took three days to bring all 12 boys and their coach out of the cave. With the world watching, Dr Harris was the last person out.

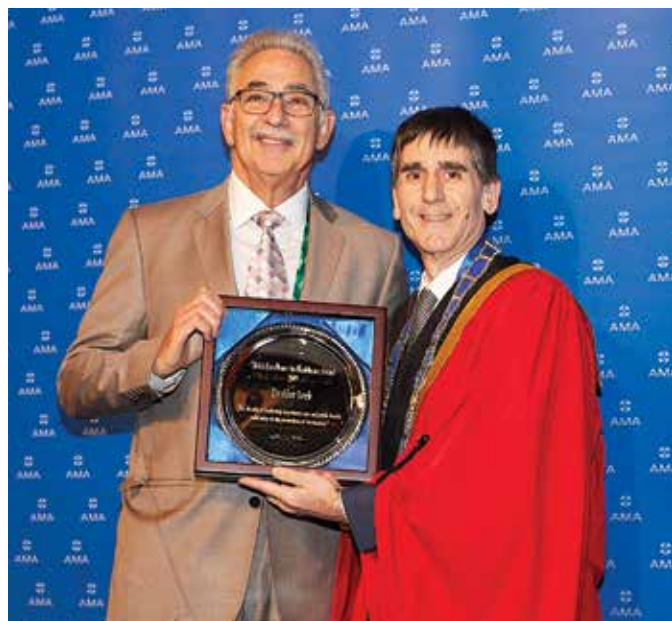
“Dr Harris is the 2019 Australian of the Year for South Australia, and the joint Australian of the Year with Dr Challen. He has been awarded Australia’s second-highest civilian bravery award, the Star of Courage (SC), the medal of the Order of Australia (OAM), and has been granted royal honours by the King of Thailand.

“Dr Richard Harris is truly a worthy winner of the AMA Gold Medal.”

Dr Harris was not in attendance at the dinner.

MARIA HAWTHORNE

Vax innovator receives Excellence in Healthcare Award



Dr Leeb is presented his award by Dr Bartone at National Conference

A Perth GP who developed a surveillance program to actively monitor vaccine safety in real time is the recipient of the 2019 AMA Excellence in Healthcare Award.

AMA President Dr Tony Bartone announced Dr Alan Leeb as the winner at the AMA National Conference.

“For more than three decades, Dr Alan Leeb has demonstrated his ongoing commitment to quality medical care and improving public health, particularly in the field of vaccination,” Dr Bartone said.

“Perhaps his most important achievement is developing the SmartVax tool, now used nationally, to deliver near real time, active adverse event information to general practices and hospital immunisation clinics, and to prospectively monitor the safety of all vaccines given in Australia.

“Dr Leeb was motivated by the events of April 2010, when the use of seasonal trivalent influenza vaccine in children was abruptly suspended following an unanticipated spike in febrile convulsions and other adverse events after the use of Fluvax.

“The suspension decreased public confidence in vaccinations and, more pointedly, caused a loss of confidence by some doctors in childhood influenza vaccination.

“Subsequently, there was a quick fall in the proportion of

children fully vaccinated for influenza – from 45 per cent in 2009 to just 7 per cent in 2011.

“High immunisation rates are critical to protecting the nation’s health and, as we have seen overseas, any decrease in immunisation rates can lead to an increase in the incidence of vaccine-preventable diseases, such as measles.

“Vaccinations and immunisation are key policy and medical issues, particularly at a time when a fringe group of highly dangerous anti-vaxxers is spreading false and potentially lethal misinformation.

“Dr Leeb was determined to never see another situation where the systems in place were unable to detect potential vaccine safety threats in a timely manner.

“Partnering with a software developer, Ian Peters, he developed SmartVax, a tool to actively monitor adverse events following immunisation (AEFI).

“SmartVax uses SMS and smartphone technology, and is a world leader in delivering active adverse event surveillance.

“The program has actively monitored almost two million vaccine antigens over 1.3 million immunisation encounters, and is in use at almost 300 practices and clinics across Australia.

“Dr Leeb’s significant contribution to developing and advancing vaccine safety surveillance in Australia has been recognised by the Royal Australian College of General Practitioners with the Peter Mudge Prize for the research most likely to significantly influence daily general practice.

“His work through SmartVax and a subsequent program, SmartStartAllergy, has enabled health care providers to actively monitor and respond to adverse events following immunisation across all age groups, and allergic reactions to food in infants.

“Importantly, in an age where false and dangerous disinformation is being spread by unqualified individuals, the work of Dr Leeb and his partners has helped provide the evidence-based reassurance to the public and health professionals about the safety of vaccinations and the National Immunisation Program.

“Dr Alan Leeb is certainly a very worthy recipient of the 2019 AMA Excellence in Healthcare Award.”

MARIA HAWTHORNE

Outrage at MBS Review Chair's comments

The AMA Federal Council has condemned comments made by MBS Review Chair Professor Bruce Robinson that anaesthetists were making a lot of money protecting colonoscopy lists at the expense of more complex work and that doctors were exploiting the Review.

During a speech delivered in May, Professor Robinson claimed some doctors and representative groups were blocking reforms, exploiting loopholes, and risking "cooking the MBS goose".

The remarks sparked immediate outrage, with calls from some quarters for Professor Robinson to resign or be sacked.


At its meeting late in May, held in Brisbane directly before the AMA National Conference, the AMA Federal Council passed a motion that:


1. condemns recent comments attributed to the Chair of the MBS Review as being unjust assertions of opinion that

appear to describe a philosophy inconsistent with the stated aims and purpose of the Review;

2. requests that the President communicate these concerns directly to the Minister for Health to warn of the risk that these opinions and philosophy have tarnished the MBS Review processes and recommendations; and
3. further requests that the President relay to the Minister that there are widespread concerns in the profession that the Review is being rushed to a conclusion without regard to consequences or proper modelling, and that these opinions and philosophy, rather than rigorous data, are being influential in the outcomes, and that Medicare rebates for patients are in many instances under unjust attack as a result.

CHRIS JOHNSON





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AMA National Conference 2019 Picture Gallery

PHOTOS BY NAOMI COLLEY - LIGHTBULB STUDIO



There will be more conference pics in the next edition of *Australian Medicine*



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Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Greg Hunt keeps his portfolio, and some



Greg Hunt



Richard Colbeck

Greg Hunt has been reappointed Health Minister in the re-elected Government of Prime Minister Scott Morrison.

In announcing the appointment, the Prime Minister said Mr Hunt would lead the charge on the Government's plan to combat youth suicide and youth mental health.

"He will do that of course as Minister for Health, where he's done an outstanding job.

"Greg will pull together an implementation forum of the nation's experts in coming months, dealing with both youth and Indigenous mental health issues and working through our plan to deliver that on the ground."

Mr Hunt will also take on the role of Minister Assisting the Prime Minister for the Public Service and for Cabinet.

Mr Hunt said he was "honoured and delighted" to be reappointed as Minister for Health.

"Every day I see the amazing work of our doctors, nurses and medical researchers in helping to protect patients and save lives," he said.

"Our task as a Government will be to support our patients and medical community in the ongoing implementation of the Long Term National Health Plan with its emphasis on guaranteeing Medicare and support for our Hospitals.

"In particular I will focus on delivering new medicines through the PBS, the deep shared passion with the Prime Minister of further strengthening our support for mental health and in particular youth mental health and suicide prevention and delivering our ten-year Medical Research Strategic Plan."

Tasmania Senator Richard Colbeck is the new Minister for Aged Care and Senior Australians, taking that role from Ken Wyatt who

has become the first Indigenous Cabinet Minister as Minister for Indigenous Australians.

Unprecedented demand for flu vax, says Minister

Influenza vaccination statistics were one of the first things the reappointed Health Minister turned his attention to, applauding the rate at which Australians are being immunised but also updating the nation on supply concern.

Australia is on track for a record number of flu vaccinations in 2019 with an additional 400,000 flu vaccines to be brought into Australia over the coming weeks to meet unprecedented demand.

Already, more than 12.1 million flu vaccines have been released into the market including 7.5 million for the National Immunisation Program (NIP) and State and Territory vaccination programs and 4.6 million doses for the private market.

Supplies for the NIP and State and Territory government programs are currently secure, the Minister said, however there has been unprecedented demand for flu vaccines in the private market.

"I have been working with vaccines companies to ensure that there is sufficient supply in the private market," he said.

"World leading medicine and vaccine company Sanofi will bring a further 400,000 FluQuadri® vaccines to Australia which will be made available through general practice and community pharmacy.

"This will take the overall number of flu vaccines available in Australia this year to over 12.5 million an increase from 11 million in 2018.

"Vaccination is the most effective way to protect individuals and the broader community from the flu. It's important to get vaccinated against influenza every year, as the virus changes year to year."

Those eligible for a free flu vaccine through the NIP include people aged 65 years and over, Aboriginal and Torres Strait Islander people aged 6 months and older and people aged sixth months or older with certain medical conditions which put them at risk of severe influenza.

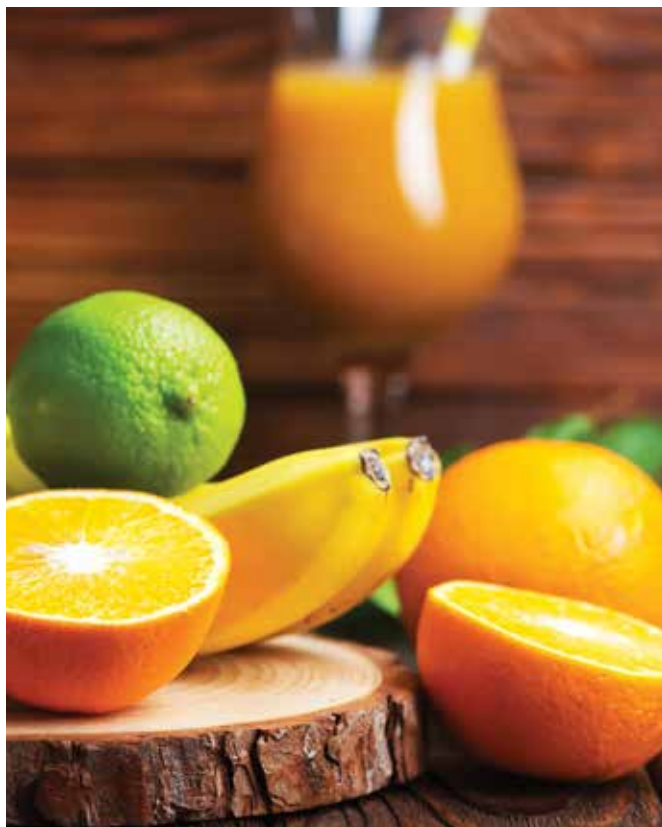
"Pregnant women are also eligible for a free flu vaccine – it's safe to receive at any stage of pregnancy to protect both mother and baby," Mr Hunt said.

"Immunisation is critical to maintaining public health and preventing the outbreak of infectious diseases."

For more information visit the Department of Health immunisation website at: www.health.gov.au/immunisation



Vitamin C levels in older hospital patients alarmingly low



Reports of increased scurvy outbreaks are consistent with recent Flinders University research findings that large numbers of older hospital patients have been recorded with severe Vitamin C deficiency.

Researchers at Flinders University and the Department of General Medicine at Flinders Medical Centre have been conducting extensive and ongoing research into the nutritional wellbeing of older hospital patients and found that more than 50 per cent are malnourished.

Now, reaching beyond macro nutritional examination of general medical patients admitted to Flinders Medical Centre, a team of researchers led by Dr Yogesh Sharma has focused on specific vitamins, reading the Vitamin C levels of general patients admitted between September and November 2017.

More than three quarters of patients examined in the study had lower than normal Vitamin C levels – with 40 per cent classified as having a severe Vitamin C deficiency.

Dr Sharma, a consultant physician and senior lecturer at Flinders University, who has a research focus on frailty and nutritional rehabilitation of older hospitalised patients, said the high proportion of patients admitted to hospital with a deficiency in Vitamin C – valued for its anti-oxidant properties and serving as a cofactor for several enzymes – presents a serious obstacle to the swift recovery and release of patients from hospital.

The researchers also found that most physicians are unaware that a large proportion of hospitalised patients may be Vitamin C deficient.

“Socially isolated older people are the high-risk group most prone to suffer from Vitamin C deficiency – the infirm, those living alone, people struggling with alcoholism and mental health issues – but our research found that this deficiency was found across all types of patients in hospitals aged 60 or over,” Dr Sharma said.

“It is a more significant issue than we first thought.”

Nutritional analysis research on older hospitalised patients has provided an alarming picture of poor nutritional health of patients when they are admitted to hospital, which ultimately leads to longer stays in hospital, and is proving very costly. This research has already been widely published in national and international journals.

“If proper screening was done of older patients’ nutrition when they entered hospital and an effective dietary plan was implemented, it would result in significant cost savings – an estimated \$900 per patient,” Dr Sharma said.

“If this was applied across all older patients admitted to Flinders Medical Centre, that would equate to a saving of \$1.8 million a year. If applied to all hospitals in South Australia, a saving of \$9 million a year.”

The paper, *Vitamin C deficiency in Australian hospitalised patients: an observational study*, by Yogesh Sharma, Michelle Miller, Rashmi Shahi, Adrienne Doyle, Chris Horwood, Paul Hakendorf and Campbell Thompson, has been published in *Internal Medicine Journal*.





Research

Sleep apnoea diagnoses being missed



Criteria allowing general practitioners to refer patients directly to a sleep study may be missing more than half of patients later found to have clinically relevant obstructive sleep apnoea, according to the authors of research published in the *Medical Journal of Australia*.

Obstructive sleep apnoea (OSA) affects 9 to 38 per cent of adults, is associated with high morbidity and mortality, and its health-related and other costs are high. Until recently, OSA was predominantly managed by sleep specialists.

Recent changes to the Medicare Benefits Schedule now allow primary care clinicians to directly refer patients for a sleep study if they have a positive result in at least two categories of the Berlin questionnaire (BQ), or an OSA-50 score of at least 5, or a score of at least 4 on the STOP-Bang questionnaire, if they also have an Epworth sleepiness score (ESS) of 8 or more.

However, according to research led by Professor Shyamali Dharmage, from the Allergy and Lung Health Unit at the University of Melbourne's School of Population and Global Health, a significant number of OSA patients are being missed.

Professor Dharmage and colleagues analysed data from 424

randomly selected participants in the Tasmanian Longitudinal Health Study with OSA symptoms, who completed OSA screening questionnaires and underwent type 4 sleep studies.

They found that STOP-Bang and OSA-50 correctly identified most participants with clinically relevant OSA (sensitivity, 81 per cent and 86 per cent respectively), but with poor specificity (36 per cent and 21 per cent respectively); the specificity (59 per cent) and sensitivity of the BQ (65 per cent) were both low.

When combined with the criterion $ESS \geq 8$, the specificity of each questionnaire was high (94 to 96 per cent), but sensitivity was low (36 to 51 per cent). Sensitivity and specificity could be adjusted according to specific needs by varying the STOP-Bang cut-off score together with the $ESS \geq 8$ criterion.

"If used to rule out OSA in primary care settings, the three screening questionnaires would exclude 14 to 35 per cent of people with clinically relevant OSA," the study authors wrote.

"Although adding the second criterion of an ESS score of 8 or more for ruling in OSA increased the specificity of screening from 21 to 59 per cent to 92 to 95 per cent, this combination missed 49 to 64 per cent of participants with clinically relevant OSA.





Research

“For people likely to trigger OSA assessment in primary care, the STOP-Bang, BQ, and OSA-50 questionnaires, combined with the ESS, can be used to rule in, but not to rule out clinically relevant OSA.”

The researchers recommended that the combined use of the STOP-Bang with different cut-off scores and the ESS facilitates a flexible balance between sensitivity and specificity.

“Our STOP-Bang/ESS-based decision support tool may assist primary care physicians make objective and uniform decisions regarding OSA assessment and referral,” they said.

New research institute launched

Deakin University has opened a new Institute for Health Transformation, made up of more than 200 researchers studying all areas from birth to end-of-life care.

Deakin’s Vice Chancellor Professor Jane den Hollander was joined by the Secretary of Victoria’s Department of Health and Human Services Kym Peake, to launch the new institute at the University’s Melbourne city offices, Deakin Downtown.

Professor den Hollander said the institute would focus on finding innovative solutions to Australia’s most pressing health issues: growing inequality between advantaged and disadvantaged groups, ageing populations with complex conditions, the increasing burden of preventable risk factors such as obesity, and the need to deliver quality care cost-effectively.

“Meeting these challenges will require a transformational redesign of our health and care systems nationally,” Professor den Hollander said.

“We believe innovative partnership research to develop evidence-backed programs and policies that have real-world impact is critical in meeting that aim.

“This new institute will work to transform how our environments impact on our health, improve the quality and experience of patient care, drive down the number of avoidable hospital admissions, and improve the sustainability of our health system.”

More than 200 academic staff and research students will come together as part of the institute, integrating research in

prevention and population health, health systems and services, health economics and financing, and data and digital health, a first for any Australian research institute.

Institute Director Professor Anna Peeters said the large and diverse team would all have their eye on three clear goals: to boost population health, improve patient experience and grow efficiency in the healthcare system.

“We are bringing together the long-standing expertise of two Strategic Research Centres, which include the work of the Centre for Quality and Patient Safety, Deakin Health Economics, and the Global Obesity Centre, a World Health Organisation Collaborating Centre,” Professor Peeters said.

“By using a collaborative model across Deakin’s Schools of Health and Social Development, Nursing and Midwifery, and Medicine, we will be leveraging the expertise of researchers with the highest possible ratings in their research disciplines nationally for research engagement and impact, including many ranked as world leaders in their fields.

“This includes academics like Professor Steve Allender whose work with communities has led to some of the first noted decreases in childhood obesity rates and is now being emulated around the world. And Associate Professor Samantha Thomas whose gambling harm research has influenced Australian and international policy. While Professor Trisha Dunning AM continues to develop world’s best practice guidelines for personalised treatment and end of life care for people with diabetes.

“More than \$10 million in external funding was brought in by the institute’s researchers last year, and we are confident that will grow as we engage further with national and international academic partners, governments, businesses, not-for-profits, health services, care providers and patients to increase our impact.

“The institute will provide excellent translational research that aims to accelerate the ideas we need to transform health and care in Australia and around the world.”

Four new research fellowships have been announced as part of the \$4.5 million investment from Deakin into the new institute, aimed at tackling some of Australia’s biggest health issues, including the following:





Reducing inequalities in population health – Closing the gap in Aboriginal nutrition

This three-year project led by the Global Obesity Centre's Alfred Deakin Postdoctoral Research Fellow Dr Jennifer Browne will examine for the first time how population-wide policies – like a sugar tax, food subsidies, junk food advertising ban, or mandatory food labelling – would impact on Aboriginal and Torres Strait Islander people.

After smoking, dietary risks and obesity are the biggest drivers of preventable illness and death for Aboriginal and Torres Strait Islander Australians. Yet up until now no evidence has been collected on which big-ticket obesity prevention policies would be most acceptable and effective for this group.

Delivering value in health care – Putting a price on caring for those with dementia

In Australia, there are currently 200,000 carers looking after a loved one with dementia in the community, but there is little accurate data on how much that informal care is worth.

This project, led by Deakin Health Economics research fellow Dr Lidia Engel, will estimate the monetary value of an hour of informal care provided to people with dementia, using new methodology, accounting for carers' experience and their preferences.

The data will help inform the cost-effectiveness of a range of different healthcare interventions that may affect informal care. Something that's increasingly important with reliance on informal caring support growing in line with Australia's ageing population.

Striving to improve stratification of syncope patients

Syncope is responsible for three per cent of all emergency department (ED) visits, but risk stratification of patients remains challenging, according to a study published by the *Medical Journal of Australia*.

Syncope is a transient loss of consciousness caused by a temporary loss of blood flow to the brain with a broad range of causes, both benign and potentially life-threatening.

Rates of admission to hospital of patients with syncope vary between countries, but range between 30 per cent and 70 per cent, according to the study's lead author Dr Jason Chan, an emergency medicine staff specialist at Redcliffe Hospital in Queensland.

"The high rate of hospitalisation reflects the challenging nature of managing patients with syncope, especially when the initial assessment in the ED does not identify an obvious cause," Dr Chan said.

"Most patients are admitted to hospital for 24 hours or less, with half of them being discharged without a definitive diagnosis, calling into question the utility of an admission.

"Nevertheless, 7 to 23 per cent of patients experience an adverse event within 30 days of their initial presentation, half of these events after the patient has been discharged from the ED.

"Clinicians need to identify patients at high risk of adverse events requiring admission. However, it is just as important to identify low risk patients who can safely be discharged from ED thereby avoiding unnecessary admissions to hospital."

Dr Chan and colleagues have designed their research to assess the utility and safety of the Canadian Syncope Risk Score (CSRS), the newest clinical decision-making tool, which has not before been tested in the Australian setting.

Patients aged 18 years or more who present to the ED after syncope in the preceding 24 hours and have returned to their baseline state will be enrolled in the study. Patients will be contacted by telephone to determine whether they have experienced any adverse events within 30 days of their initial presentation to the ED. The CSRS will be applied retrospectively to determine the relationship between whether patients were admitted to hospital or discharged home and the reporting of serious adverse events for each CSRS risk level.

"We will also undertake a cost-effectiveness analysis from the health care perspective," the authors wrote.

Once analysis of the results has been completed, they will be disseminated by Queensland Health. The study is funded by the Emergency Medicine Foundation.



World News

WITH CHRIS JOHNSON

New analysis ranks Australia number two in region



Australia has been ranked number two overall in a recent study of healthcare systems in the Asia-Pacific.

The research was analysed by ValueChampion Singapore, a consumer spending information service.

The study aimed to examine which countries in the region were

leading the way in terms of healthcare quality, accessibility and affordability.

Japan ranked first, due to its “exceptional healthcare outcomes, accessibility and affordability” and because its “citizens enjoy long lives and have access to health care that provides quality treatment for common health conditions, suggesting quality health care is a priority” even in old age.

Australia came next, followed by New Zealand, Singapore and South Korea to make the top five.

The study’s analyst, Anastassia Evlanova, said: “Australia ranked second in our study due to its robust government expenditure on health care, good citizen health and high concentration of doctors and nurses per capita.

“It scored exceptionally well on the Health Access and Quality index, suggesting that individuals have access to necessary treatment for life-threatening illnesses such as cancer, diabetes and respiratory infections. In fact, Australia’s cancer mortality-to-incidence ratio is one of the lowest compared to other developed countries.

“However, despite Australia’s rank for government health spending, its citizens pay higher out-of-pocket expenses than seven other countries on this list. This may stem from Australia’s high rate of private healthcare coverage.

“Despite its public healthcare system (Medicare) providing subsidised or free healthcare, about half of the population also purchases private healthcare coverage, which can incur a 25 per cent out-of-pocket cost. The conscious decision to pay out-of-pocket for private healthcare may be part of the reason for the relatively high individual expenditure.”

A full analysis can be found at: <https://www.valuechampion.sg/top-5-healthcare-systems-asia-pacific>



WMA signs up to promoting universal health coverage

The World Medical Association has committed the world's 12 million physicians to promoting the benefits of universal health coverage across the globe.

In a special ceremony in Geneva recently, WMA President Dr Leonid Eidelman officially signed the UHC2030 Global Compact for a safer, fairer and healthier world by 2030. The ceremony came on the second day of the World Health Assembly in May.

Dr Eidelman said that universal health coverage was key to reaching the World Health Organisation's triple billion targets – one billion more people benefitting from universal health coverage, one billion more people better protected from health emergencies and one billion more people enjoying better health and well-being.

"The World Medical Association embraces the concept wholeheartedly, and we are keen to see quality primary care provided by multi-disciplinary teams at the core of strong and comprehensive health care systems," Dr Eidelman said.

"In our view, UHC is the biggest step forward ever made by WHO, and we are firmly part of the movement.

"In parts of the world where health systems are close to UHC we can show that this is for the benefit of everybody – for our patients, our colleagues and the communities we serve. UHC is an ideal platform, not only for providing curative care, but also for providing prevention, rehabilitation and palliative care."

Investing in universal health coverage is not only a strong humanitarian move, according to the WMA, it is also a sound economic development to create viable and value-adding services for communities.

UHC2030, run by the WHO and the World Bank, involves building and expanding equitable, resilient and sustainable health systems, funded primarily by public finance, and based on primary health care.

Argentina and Algeria officially free of malaria



The World Health Organisation has officially declared Algeria and Argentina to be malaria-free.

Describing it as an important milestone in fighting the mosquito-borne disease, the WHO praised both nations for their commitment to eradicating it.

There are now 38 countries and territories that have been declared free of malaria, which is making somewhat of a comeback globally.

"Algeria has shown the rest of Africa that malaria can be beaten through country leadership, bold action, sound investment and science," said Dr Matshidiso Moet, WHO's Regional Director for Africa.

"The rest of the continent can learn from this experience."

WHO Director-General Dr Tedros Adhanom Ghebreyesus, said both Algeria and Argentina had showed unwavering commitment and perseverance – both by their governments and their people.

"Their success serves as a model for other countries working to end this disease once and for all," he said.

In 2017, there were an estimated 219 million cases of malaria worldwide and more than 400,000 malaria-related deaths.

In order for a country to be certified as malaria-free it has to prove it has stopped in-country transmission of the disease for at least three consecutive years. The last cases of indigenous malaria in Algeria and Argentina were reported in 2013 and 2010 respectively.



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