

A U S T R A L I A N

# Medicine

The national news publication of the Australian Medical Association

## Shorten addresses Federal Council

Opposition Leader commits to lifting the Medicare rebate freeze, p4



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**Medicine**

**Managing Editor:** John Flannery  
**Editor:** Chris Johnson  
**Contributors:** Maria Hawthorne  
Odette Visser

**Graphic Design:** Streamline Creative, Canberra

### Advertising enquiries

Streamline Creative  
Tel: (02) 6260 5100

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42 Macquarie St, Barton ACT 2600  
Telephone: (02) 6270 5400  
Facsimile: (02) 6270 5499  
Web: [www.ama.com.au](http://www.ama.com.au)  
Email: [ausmed@ama.com.au](mailto:ausmed@ama.com.au)

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Dr Michael Gannon



**Vice President**  
Dr Tony Bartone

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Cover pic: AMA President Dr Michael Gannon welcomes Opposition Leader Bill Shorten to AMA House, Canberra

# May Budget could bring on the thaw

The Federal Government has given its strongest indication to date it will unfreeze the Medicare rebate in the May Budget.

Health Minister Greg Hunt announced on March 19 that he was looking at ways of accommodating doctors' insistence that the freeze be lifted.

"I am very confident, very confident, that we will reach an outcome which is positive for the medical profession, and positive for the sustainability of Medicare and, most significantly, improves patient outcomes," he told Sky News.

The Minister said he and Prime Minister Malcolm Turnbull were determined to work with the AMA to provide long-term support for Medicare and doctors.

He hinted that the freeze could be lifted in the Budget in return for doctors' cooperation "for ways of making our system more sustainable".

"More people are accessing doctors, and more people are accessing doctors without having to pay for it, and we're now working on that long-term plan very cooperatively with the doctors," he said.

"The way we're doing that is laying out the approaches which can help strengthen and stabilise Medicare so as we can reinvest funding into the sector, in return for cooperation from the medical profession.

"...I'm certain that, not just within my portfolio but across the portfolios, we'll be able to bring down a budget which meets our commitment to strengthening Medicare and, at the same time, achieve the overarching national task of ensuring that we live within our means.

"On the progress that I've seen so far, both at the budgetary level, and the progress within the health portfolio, I think we're able to do both things."

AMA President Dr Michael Gannon confirmed he had been having frank and open discussions with the Minister, who has no doubt of the importance of the need to lift the freeze.

"The freeze affects not only patients attending GPs, but other specialists as well," Dr Gannon said.

"And it's just one of the elements putting more pressure on the value proposition of private health insurance. It's a measure that is increasing the pressure on our public hospitals. So it has effects across the entire health system.

"The sooner the freeze is unravelled the better. That's good news for patients. It's their rebate. It's their contribution to the cost of seeing a doctor.

"For a lot of doctors, they will bulk bill patients roughly 85 per cent of GP services. And depending on the specialty, between 30 and 50 per cent of visits to private specialists.

"So it's important for them. It's their rebate. But it also affects the rest of the health system.

"The other thing about unravelling the freeze is it gives Minister Hunt and it gives the Turnbull Government clean air to try and navigate their way through a health narrative – some new health policy. It gives them clean air to negotiate other elements of their agenda.

"We know that they're keen to identify savings. But one of the things they've worked out is that those savings are not obvious. One of the things that I've said to Minister Hunt on many occasions is that we need to start looking at the spending in the health system more as an investment, not just a cost.

"The Coalition was burnt badly at the last election. That's because they were seen not to value health the same way the Australian population does.

"They need to find extra dollars. They need to work out ways that they can find this increased spending. Now we're being responsible on this. We know that there is a whole range of things that the Commonwealth Government spends money on.

"We know it's difficult. We think it's good government to aim to bring the Budget back to balance. But they learnt to their own cost at the last election that people care about Medicare. If they don't unravel the freeze and they don't produce a positive story in health, they will get burnt to toast at the next election."

Labor campaigned hard and successfully in last year's election on a health platform suggesting the Coalition was abandoning Medicare.

It became known as "Mediscare". Since just scraping back into office, the Government has been at pains to forcefully repeat its "absolute commitment" to Medicare.

CHRIS JOHNSON



# Labor commits to end the freeze



Bill Shorten addresses AMA Federal Council

Opposition Leader Bill Shorten addressed the AMA Federal Council in March – the first time he had done so – to discuss health policy and hear firsthand about the issues doctors want addressed.

Shadow Health Minister Catherine King accompanied the Labor leader for a 40-minute question and answer session before the full Council.

The Medicare rebate freeze topped the discussion, with Mr Shorten giving a rock-solid commitment to support it being lifted.

“There’s no doubt in my mind that one big test coming up in the May Budget will be of course what happens to indexation,” Mr Shorten said.

“Labor is firmly of this view that if you’re going to fix the problem of the freeze, you need to do it with all categories – not just GP rebates.

“We understand that these payments are not payments to doctors or to specialists. This is lifting the rebate to patients... increasing the rebate that Australians receive.

“If the Government chooses to relinquish the freeze, we’ll be very supportive of that. Full stop.”

He said the Government knows the freeze is no longer sustainable, but he expressed concern that the Coalition might only tinker with a slow thaw.

“Do it once, do it right. Don’t be back here arguing about it again in the future,” Mr Shorten said.

“If we were to form government in a year-and-a-half’s time, we won’t start with the view that everything that’s happened before is a waste of time.

“The more we can move health policy beyond changes of governments, the more we can create certainty in funding and certainty in direction.”

Other issues discussed included private health insurance, mental health, hospital funding, Closing the Gap, the Pharmaceutical Benefits Scheme, the sugar intake of children, preventive health, 457 visas, the medical workforce and professional development.

“I’m asked about the big picture and the appetite for reform,” Mr Shorten said.

“I’m determined at the next election that if people know nothing else about the brand of the party I lead, they know that one of our four issues will be health care.

“Health is not the most important issue, but there is no public issue in Australian life that is any more important.

“So we have a big appetite to get our health policies right.

“We regard health as mainstream business of Federal Government. You’ve got to be prepared to find priorities in the Federal Budget to fund health...

“We have plenty of appetite for good quality reform.”

AMA President Dr Michael Gannon welcomed the Opposition Leader, saying the whole Council was looking forward to learning more about the ALP’s policy position on health.

“You’ll know that the AMA commended the Labor Party on many elements of its policy taken to the last election, but it’s time to move forward,” Dr Gannon said.

“And you know that I’ve commended you personally.”

Ms King answered a number of questions and also expressed her desire to work more with the AMA on the issues of hospital funding and private health insurance.

CHRIS JOHNSON

# More training needed for doctors to identify and treat FGM

Training for doctors in how to identify and treat patients who have undergone female genital mutilation (FGM) should be included in tertiary medical curricula.

Releasing the AMA's *Position Statement on Female Genital Mutilation 2017* AMA President Dr Michael Gannon, said that while FGM is only practised in about 30 countries, and is illegal in Australia, Australian women are affected by the practice.

"The AMA uses the term 'female genital mutilation', or FGM, to reflect the severity of the practice," Dr Gannon said.

"FGM is illegal in Australia, as is taking a girl or woman overseas to undergo the procedure. Its practice is shrouded in secrecy, and collecting comprehensive data on its prevalence is difficult.

"However, surveys indicate that up to one in 10 paediatricians in Australia have treated patients who have undergone FGM and, in 2010, the Royal Women's Hospital in Melbourne reported that it was treating 600 to 700 women for FGM-related complications each year.

"These are only the women and girls who have sought care for their ongoing difficulties. There are significant cultural and practical barriers that may limit a survivor's ability to seek medical help for complications.

"Women who have undergone the procedure may not regard it as mutilation, and doctors who provide care to these patients should use culturally appropriate language that the individual patient is comfortable with.

"The AMA recognises the need for increased training and education for doctors in identifying and treating women and girls who have undergone FGM, and recommends the inclusion of FGM training in tertiary medical curricula."

FGM is practised to varying extents in about 30 countries throughout Africa, Asia, and the Middle East. However, changing migration patterns have seen FGM emerge in diaspora communities in countries with no previous history of the practice.

"There is no medical justification for FGM, and it can have devastating, even fatal, consequences," Dr Gannon said.

"Survivors are likely to need significant, specialised medical care in the immediate aftermath of the procedure, and in the long term, particularly during pregnancy, birth, and the immediate postnatal period.

"They are often left with lifelong medical complications, in addition to lasting psychological trauma. They may need reconstructive surgery, and pregnancy can present unique challenges.

"It is important that health practitioners are aware of the clinical indications that FGM may have occurred in order to correctly identify women and girls who may require specialist care.

"Someone who has undergone FGM may present with frequent urinary infections, chronic genital pain, or a reluctance to undergo routine examinations. Doctors should be particularly mindful of these symptoms when caring for patients from countries where FGM may be practised.

"Doctors and other health practitioners also have a valuable role to play in the prevention of FGM. If a doctor identifies an at-risk child, he or she has a responsibility to initiate a non-judgmental, culturally sensitive discussion with the parents.

"Where possible, this discussion can be followed up with a referral to a specialist FGM education program.

"If the health practitioner feels that the child remains at risk, he or she is bound by mandatory reporting requirements to inform appropriate child protection authorities."

The AMA *Position Statement on Female Genital Mutilation 2017* can be read in full at <https://ama.com.au/position-statement/female-genital-mutilation-2017>

MARIA HAWTHORNE

## Background:

- Female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other deliberate injury to the female genital organs for non-medical reasons, most commonly carried out between infancy and age 15.
- FGM is a harmful, internationally condemned practice that violates human rights, as well as numerous international laws and resolutions, including the United Nations *Intensifying global efforts for the elimination of female genital mutilations* resolution, which was co-sponsored by Australia.
- While some proponents of FGM cite religious custom as justification for its continuation, there is no mention of the practice in any major religious doctrine.
- It is estimated that, globally, at least 200 million women and girls are living with the consequences of FGM.
- Immediate risks include infection, severe pain, haemorrhage, shock, urinary complications, and death.
- Long term complications include scarring, sexual dysfunction, chronic genital, reproductive, and urinary difficulties, as well as lasting psychological trauma.

See Opinion p,15

# AMA backs call for inquiry into institutionalised racism



Winnunga Nimmityjah Aboriginal Health Service CEO Julie Tongs with Dr Michael Gannon and Dr Tony Bartone on Close the Gap Day

The gap between health outcomes for Indigenous and non-Indigenous Australians will not be closed until systemic racism is rooted out of the health system, the Close the Gap Campaign says.

Releasing its *2017 Progress and Priorities Report* on National Close the Gap Day on 16 March, the Campaign Steering Committee called for a national inquiry into institutionalised racism in hospitals and other healthcare settings.

“The reality for Aboriginal and Torres Strait Islander peoples is that we have a life expectancy at least 10 years shorter than non-Indigenous Australians. We need urgent action,” Close the Gap Campaign co-chair Jackie Huggins said.

The report found that four interacting factors within Australia’s health system continue to be ‘potentially lethal’ for many Indigenous people:

- limited Indigenous-specific primary health care services;
- Indigenous peoples’ under-utilisation of many mainstream health services and limited access to government health subsidies;
- increasing price signals in the public health system and low Indigenous private health insurance rates; and
- failure to maintain real expenditure levels over time.

“The persistence of these factors reflects systemic racism; that





# AMA backs call for inquiry into institutionalised racism

... from p6

is, racism that is 'encoded in the policies and funding regimes, healthcare practices and prejudices that affect Aboriginal and Torres Strait Islander people's access to good care differentially,' the report said.

"Failure to engage effectively with Aboriginal and Torres Strait Islander people through their elected peak organisations allows such racism to continue.

"The progress of the headline targets in the Closing the Gap strategy will continue to be disappointing until these issues are properly addressed."

The AMA supported the call for the inquiry, and for knowledge of Indigenous culture to be built into medical school curricula.

AMA President Dr Michael Gannon, AMA Vice President Dr Tony Bartone, and State and Territory AMA leaders toured the Winnunga Nimmityjah Aboriginal Health Service in Canberra on Close the Gap Day.

Dr Gannon said that while Aboriginal community-controlled health centres like Winnunga Nimmityjah were vital for primary care, it was not realistic to have hospitals dedicated to treating Indigenous patients only.

"It's so important that patients feel safe in the hospital setting, whether that's the tertiary hospital setting or in secondary hospitals," Dr Gannon told reporters.

"If patients don't feel safe, if they don't feel secure, if they're exposed to racism, well that's simply not good enough.

"So we support that call for the inquiry. It's so important that primary health care services are very much driven and delivered by Indigenous communities, but we need to do better when, inevitably, like all other Australians, Aborigines and Torres Strait Islanders end up in hospital."

Keeping medical curricula up to date with community needs was a constant challenge, but more needed to be done to teach medical students about Indigenous culture, he said.

"We talk a lot about the importance of positive experiences at medical student level, at junior doctor level, into specialist training level in rural areas, and the same should apply when it comes to Aboriginal and Torres Strait Islander health," Dr Gannon said.



Dr Michael Gannon with Winnunga's Dr Nadeem Siddiqui

"If I reflect on my training as a medical student in Perth, seeing Aboriginal patients was in many ways sadly commonplace.

"But it's so important that we give medical students across Australia, whether that's in the rural clinical schools or in the middle of our big cities, exposure to Aboriginal and Torres Strait Islander patients and their wants and needs."

Dr Gannon said that days like Close the Gap Day were a good opportunity to recognise the advances that have been made, but to realise that there is still so much work to do.

"It's going to take time, when we look at the metrics, whether they're in the area of health, whether they're in the area of employment or education, it is going to take time," he said.

"But I think that it's important that at least once a year on National Close the Gap Day, that we reflect on how far we've come, and hopefully as every year goes by, we talk about the gap shrinking in whichever target we're talking about."

MARIA HAWTHORNE

# Dr John Morris, AO, MBE

24 December 1926 – 11 March 2017



One of Tasmania's most respected physicians, Dr John Morris, AO, MBE, has died at the age of 90.

Dubbed Launceston's champion of medical research, Dr Morris was known as a dedicated physician, a loving husband, father, and grandfather, and founding chairman of the Clifford Craig Foundation.

Tasmanian Health Minister Michael Ferguson described Dr Morris as "an eminent yet remarkably modest Tasmanian, gentle in character and greatly admired by all who had the honour of knowing or working with him".

"Few others could equal the significant positive impact Dr Morris had on Tasmanian life across a vast array of organisations, passions, disciplines and worthy causes," Mr Ferguson said on behalf of the Tasmanian Government.

Dr Morris was a dedicated family physician with a commitment

to diabetes care, an author of local history, and the founder of the Clifford Craig Foundation for medical research.

Tasmanian Liberal Senator Jonathon Duniam said Dr Morris was a remarkable Tasmanian, whose vision for the Clifford Craig Foundation had changed lives.

"Dr Morris was absolutely certain that we could have a first-rate medical research organisation, and it would be feasible to have it in a major regional teaching hospital - that is, outside of one of our capitals, where medical services are often in abundance," Senator Duniam told parliament.

"With our regionally dispersed population in Tasmania, this was especially critical. Indeed, its regional location has been informative with regard to the types of work the foundation has supported, namely the medical and health issues facing Australians living in regional and remote areas.

"The establishment of this foundation and the amazing and, indeed, life improving, if not lifesaving work it has undertaken is just one element of the contributions that Dr John Morris made with his life."

Dr Morris was a former AMA Tasmania President and a former AMA Federal Councillor, Medical Council of Tasmania President, National Medicare Benefits Advisory Committee chairman, and chairman of the Royal Australian College of Physicians.

He was a visiting physician to the Launceston General Hospital for 40 years, where he was also chairman of the Department of Medicine and chairman of the Historical Committee.

He was also the President of the Association of Independent Schools of Tasmania, and the joint founder of the Lifelink telephone counselling service.

Dr Morris was also the President of the Royal Society of Tasmania, an organisation dedicated to the advancement of knowledge - historical, scientific and technological. The British Museum named the *Neopseudodogarpus scutellatus Morris*, a pseudoscorpion native to Launceston's Cataract Gorge, after him.

MARIA HAWTHORNE



# Former Prime Minister to take charge of beyondblue



Former Prime Minister Julia Gillard has been named the new Chair of mental health organisation beyondblue and will take over the role from former Victorian Premier Jeff Kennett in July.

Ms Gillard has been a member of the beyondblue board of directors since 2014.

Mr Kennett, who founded the organisation, said he was leaving with mixed feelings.

“Beyondblue is part of my DNA,” he said.

“I’ll miss it, but I’ll miss it less knowing that in Julia’s hands the organisation will go from strength to strength.”

Ms Gillard said she was “delighted and excited to take over the reins” as beyondblue Chair later this year.

“Jeff Kennett has done an incredible job as beyondblue’s founder and Chair – his advocacy has changed the landscape for mental health in Australia,” she said.

“Thank you to the beyondblue board for your trust in me and your support. I am very excited to lead this important and impactful organisation.”

Shadow Minister for Ageing and Mental Health, Julie Collins, said Labor welcomed the appointment.

She also praised Mr Kennett as a “strong advocate” for Australians living with mental illness.

“There is no doubt Ms Gillard will be a champion for people living with mental illness and her appointment as Chair will ensure the mental health of all Australians continues to be a national priority,” Ms Collins said.

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](mailto:generalpractice@ama.com.au)

# VP talks anaesthetist workforce



AMA Vice President Dr Tony Bartone met with the Australian and New Zealand College of Anaesthetists (ANZCA) and the Australian Society of Anaesthetists (ASA) in Melbourne on 14 March to build on previous discussions concerning current issues facing the anaesthetist workforce.

The Presidents of both organisations, Professor David A Scott (ANZCA) and Associate Professor David M Scott (ASA), joined with Dr Bartone to explore ways of addressing those concerns.

Following pressure from the three organisations, the National Medical Training Advisory Network (NMTAN) last year completed its modelling of the anaesthetic workforce.

The report, *Australia's Future Health Workforce - Anaesthesia*,

highlighted that, while the overall supply of anaesthetists was in balance, workforce distribution is a significant problem that needs to be addressed.

In discussing the findings of this report, Dr Bartone raised the issue of member concerns about the employment prospects for new Fellows and their level of preparedness for private practice.

There was strong agreement on the need for greater education about future career prospects across different specialties and further policy work to encourage doctors in training to look at working in under-supplied specialty areas and locations.

CHRIS JOHNSON

# Paleo, pearl couscous and pertussis



AMA President Dr Michael Gannon has hit back at celebrity chef Pete Evans over his claims that fluoride doesn't prevent cavities, sunscreen is toxic and a medical degree is unnecessary.

The reality TV star, better known as Paleo Pete because of his controversial dietary promotion (his book was pulped by the publisher because it suggested bone broth was a sufficient nutrient for babies), pushed his views and commercial activities during a recent interview on the Seven Network where he works.

He also used the interview to question the need for and effectiveness of child immunisation.

And he saw no problem with him freely preaching his views even though he had no medical training; quoting unnamed sources to back up his wild theories.

"What do you need a qualification for to talk common sense?" he said, when asked during the interview why he gave medical advice but had no qualifications.

"Why do you have to study something that is outdated, that is industry-backed, that is biased, that is not getting the results?"

"That would be insane to study something that you're going to waste your time with. That's just crazy, it's just crazy."

But it was Paleo Pete's own unqualified ideas that Dr Gannon suggested might be a little crazy.

"I think that Pete should stick to pearl couscous, and the scientists can stick to pertussis," Dr Gannon said on Sky News.

"Some of his comments are so irresponsible. He is an opinion leader, and when it comes to things like the importance of adding fluoride to the water in those parts of Australia where there's not the natural levels of fluoride to protect teeth, when it comes to some of his comments about nutrition and about important dietary sources of calcium, and now he's dipped a toe in the water when it comes to vaccination, he needs to be more responsible.

"He's got some fairly flaky ideas. We know some of the people he communicates with, in terms of his so-called sources. I think he should stick to his very obvious talents in the kitchen and leave the science to the scientists."

Earlier, the AMA had tweeted: "Pete Evans putting his fans' health at risk with extreme advice on diet, fluoride, calcium. Celebrity chef shouldn't dabble in medicine."

The National Aboriginal Community Controlled Health Organisation described Evans as "the kitchen version of Pauline Hanson" following his TV interview.

CHRIS JOHNSON



## INFORMATION FOR MEMBERS

# AMA Public Health Awards 2017

## 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 2017 AMA National Conference in Melbourne in May 2017, where the awards will be announced and 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.

All awards are presented subject to a sufficient quantity and/or quality of nominations being received in each category.

**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;
- contributing to medical research within Australia;
- initiation and involvement in public health projects or health awareness campaigns;

- improving the availability & accessibility of medical education and medical training;
- advancing health & medical issues in the political arena;
- promoting awareness of the impact of social and economic issues on health;
- 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.

Recent previous recipients of this award include 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;
- Contributing to medical research within Australia;
- Initiation and involvement in public health projects;
- 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.

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

## INFORMATION FOR MEMBERS

### AMA Women's Health Award

The AMA Women's Health Award goes to a person or group, who does not necessarily have to be a doctor or female, but who has made a major contribution to women's health by:

- Promoting and contributing to public health initiatives;
- Initiating, participating and promoting health awareness campaigns;
- Contributing to community needs as a health care provider; and/or
- Improving health care services in any field of women's health.

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

### AMA Men's Health Award

The AMA Men's Health Award goes to a person or group, who does not necessarily have to be a doctor or male, but who has made a major contribution to men's health by:

- Promoting and contributing to public health initiatives;

- Initiating, participating and promoting health awareness campaigns;
- Contributing to community needs as a health care provider; and/or
- Improving health care services in any field of men's health.

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

### AMA Youth Health Award

The AMA Youth Health Award goes to a young person or group of young people, 15-27 years of age, who have made an outstanding contribution to the health of young Australians by:

- Promoting and contributing to youth health initiatives;
- Initiating, promoting or participating in youth health awareness; and/or
- Development of youth health promotion programs.

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

## Nomination Information

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.

### Nominations for each award must include:

- a personal statement by the nominator describing the merit of the nominee/s in relation to the criteria for the relevant award;
- a current Curriculum Vitae for the nominee/s; and

- any additional supporting documentation relevant to the nomination.

Nominations, including all required documentation, should be submitted electronically to [awards@ama.com.au](mailto:awards@ama.com.au).

Please read the criteria for each award thoroughly, and ensure that your nomination clearly states which category you are putting the nominee forward for.

Nominations are open from 1 February 2017, and the closing date for receipt of nominations for each award is **COB Wednesday 19 April 2017**.

## 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](http://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](http://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](mailto: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.





## Addressing FGM in Australia

BY DR GINO PECORARO, CHAIR, FGM WORKING GROUP

Female Genital Mutilation (FGM) is the umbrella term for a range of procedures that involve the surgical manipulation of the clitoris or labia with the primary purpose of controlling female sexuality, specifically ensuring premarital virginity and sexual fidelity. There is no therapeutic benefit to undergoing any of these procedures.

AMA uses the internationally accepted term “FGM” to reflect the severity of outcomes for patients who have been subjected to the practice. However, some women who have undergone FGM do not identify with the term mutilation and prefer other terms more acceptable to them such as “cutting” or “khatna”.

FGM can lead to significant ongoing problems affecting a woman’s urogenital tract including difficulties with menstruation, bladder emptying, sexual function, ongoing scarring leading to pain and specific complications pertaining to childbirth. Superimposed on all of these physical consequences is the significant psychological trauma and need for often multiple surgical approaches to correct the initial damage.

Around the world, it is thought at least 200 million women and girls are affected by the consequences of FGM. In Australia, FGM occurs largely within migrant communities, particularly those from countries that practise FGM. Although secrecy surrounding the practice makes definitive data collection difficult, up to one in 10 paediatricians in Australia have treated patients who have undergone FGM.

FGM is illegal in Australia, as is taking a woman or girl overseas to undergo the procedure.

Many of the risk factors that increase the likelihood of a woman being subjected to FGM also reduce her propensity to proactively seek medical help for complications relating to the procedure. Australian health care workers need to be appropriately trained to identify women affected by the practice and also able to detect women and girls at risk. Newly arrived Australians may experience difficulty negotiating our complex but comprehensive health service and require specific targeted help to access the services and treatment needed.

The AMA believes that FGM risk factors, correct identification and treatment should be a major area of priority for ongoing training and professional development. Currently, the *National Education Toolkit for Female Genital Mutilation/Cutting Awareness (NETFA)* offers training modules to support clinicians to build their clinical knowledge and cultural competency around FGM.

I urge any doctor who comes into contact with a girl or woman who has experienced FGM or is at risk of becoming affected, to seek further training and skills acquisition in dealing with these patients, or at least become familiar with local practitioners who have received appropriate training in this area, to ensure the best outcomes for your patient.

The most significant risk factor for undergoing FGM is being born to a mother who has previously undergone the procedure. In recognition of this, any doctor who comes across an adult FGM survivor has a responsibility to open up a discussion with her to mitigate the risk of the practice being performed on her children, while ensuring that her own medical needs are being met.

While some defenders of FGM cite religious custom as justification for the procedure, it is important to note that there is NO mention of the practice in any major religious text or doctrine. Claims that FGM is a fulfilment of religious duty is completely false and its sole aim is to control the female body and limit sexual pleasure.

FGM is a violation of women’s human rights and its abolition is highlighted as a priority within the Sustainable Development Goals. Doctors are in a unique position to lead in the eradication of these procedures. We must be vigilant, in both preventing new victims and in caring for women who have already suffered from this practice. Underlying all of this is the commitment to ongoing education of all of our patients of the potential harms of this unnecessary illegal practice that has no religious basis for its existence. Although difficult, we must not shy away from our responsibility to tackle this problem head on and have what might be, on occasion, an uncomfortable discussion with our patients.



# Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

## Health COAG meets

The Federal and State and Territory Health Ministers met in Melbourne recently at the Council of Australian Governments (COAG) Health Council to discuss a range of national health issues.

The meeting was chaired by the Victorian Health Minister Jill Hennessy and welcomed New Zealand Health Minister Dr Jonathan Coleman as a participant.

The Ministers considered a draft of the *Health Practitioner Regulation National Law Amendment Bill 2017*.

Once enacted, the Bill will make a number of important reforms to the operation of the National Registration and Accreditation Scheme and the powers of National Boards and the Australian Health Practitioner Regulation Agency. The Bill responds to recommendations arising from the Independent Review of the National Scheme undertaken in 2014–15.

All Health Ministers also endorsed a revitalised agenda to streamline the conduct of clinical trials in Australia. Clinical trials are an important driver in improving health outcomes through access to new drugs, devices and treatment.

Under this directive, all Governments have agreed to redesign trial operating systems around central coordinating units that will make it easier to conduct and participate in safe, high quality clinical trials. The Commonwealth has committed funding of \$7 million over four years to support jurisdictional clinical trial reform.

The Ministers noted that timely negotiation of expiring National Partnership Agreements (NPA) was important for each jurisdictions' planning and delivery of services. They agreed to continue a cooperative dialogue to progress discussions about a range of expiring funding arrangements to ensure current care and timely preventative services can continue to be delivered to the community.

Medical research at Commonwealth and State levels; re-exposure prophylaxis for the prevention of HIV; meningococcal W; ear disease and hearing loss in Aboriginal and Torres Strait Islander children; digital health, childhood obesity, the

implementation of the Health Care Homes program; end of life care; and the medicinal cannabis were all also discussed at the Health COAG.

In addition, the Ministers agreed that the Fifth National Mental Health Plan will re-emphasise its objective of suicide prevention and will therefore become the Fifth National Mental Health and Suicide Prevention Plan.

They also agreed to a national opt-out model for long-term participation arrangements in the My Health Record system.

CHRIS JOHNSON

## New mental health advisory panel formed

A new mental health advisory panel has been established by the Federal Government.

It will be co-chaired by National Mental Health Commission CEO Dr Peggy Brown and Mental Health Australia CEO Frank Quinlan.

To be known as the Primary Health Network Advisory Panel on Mental Health, the body will examine how the Government's 31 Primary Health Networks (PHN) facilitate mental health services across the country.

Health Minister Greg Hunt said the panel would work closely with the Government on its plan to deliver more frontline mental health services.

"I have met with many organisations active in the mental health field to discuss the progress of our significant reforms," Mr Hunt said.

"All agree that targeting mental health support, care and funding at a regional level through the PHNs is the right approach. But like any major reform, the scale and pace of change presents challenges.

"Both Mr Quinlan and Dr Brown will ensure our significant funding of mental health services, through the 31 Primary Health Networks across Australia, delivers support where it is needed.

"They are both extremely well qualified and have played a significant role in creating awareness and understanding around





# Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

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mental health issues and the type of services needed to treat them.”

Four million Australians have a chronic or episodic mental health episode each year, which effectively means almost every family has been touched by mental health challenges.

The Primary Health Network Advisory Panel on Mental Health will serve four main functions:

- to review and provide guidance regarding the mental health plans developed by the 31 PHNs nationally;
- to review and provide advice on the guidelines for mental health commissioning provided to the PHNs;
- provide advice on strategies to support the PHNs to effectively carry out their commissioning responsibilities in mental health; and
- provide recommendations on ongoing governance and coordination of PHN's commissioning of mental health services.

CHRIS JOHNSON

## Prime Minister has prizes for our best scientists

The search is on again.

Each year the Federal Government honours Australia's best scientists, innovators, and science teachers through the Prime Minister's Prizes for Science.

The call has gone out for nominations for this year's humble science heroes, promising early-career researchers, media-shy innovators, and modest teachers who deserve to have their work recognised on the national stage.

This is what they're looking for:

- **heroes of Australian science** who have made a significant contribution to the advancement of knowledge through science — people like Rick Shine, Graham Farquhar and Ingrid Scheffer;

- **exceptional innovators from both industry and research** who have translated scientific knowledge into substantial commercial impact — like Michael Aitken, Colin Hall, Graeme Jameson, John O'Sullivan and Ian Frazer;
- **early to mid-career scientists** whose research is already making, and will continue to have, an impact on our lives — like Kerrie Wilson, Jane Elith, Ryan Lister, Andrea Morello, Angela Moles, Matthew Hill and Tanya Monroe; and
- **science teachers** — primary and secondary — like Suzy Urbaniak, Ken Silburn, Richard Johnson and Rebecca Johnson, who are inspiring the next generation with a love of science and exploration.

The prize recipients will receive national recognition and meet leaders in science, industry, education and government at the prize dinner in the Great Hall of Parliament House, Canberra.

The prizes are:

- \$250 000 Prime Minister's Prize for Science;
- \$250 000 Prime Minister's Prize for Innovation;
- \$50 000 Prize for New Innovators;
- \$50 000 Frank Fenner Prize for Life Scientist of the Year;
- \$50 000 Malcolm McIntosh Prize for Physical Scientist of the Year;
- Prime Minister's Prize for Excellence in Science Teaching in Primary Schools (\$50 000 shared between the recipient and their school); and
- Prime Minister's Prize for Excellence in Science Teaching in Secondary Schools (\$50 000 shared between the recipient and their school).

**Nominations close at 5.00 pm Canberra time, Wednesday 12 April 2017.**

It's simple to nominate in the first (shortlisting) stage, with an online form that requires:

- details of the nominator, nominee(s), two supporters;
- for the five science prizes: three external referees (two of whom must be based overseas);







# Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

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- an achievement summary of no more than 1 000 words;
- a two-page curriculum vitae;
- proof of Australian citizenship or permanent residency; and
- for the early to mid-career awards: evidence that their research career spans no more than 10 years (or full time equivalent) from completion of their highest relevant tertiary qualification.

If a nomination is shortlisted, further material will be required in the final stage.

For eligibility, selection criteria, nomination guidelines and forms, visit: [www.business.gov.au/scienceprizes](http://www.business.gov.au/scienceprizes) or contact 13 28 46

For more examples of past recipients, visit: [www.science.gov.au/pmscienceprizes](http://www.science.gov.au/pmscienceprizes)

CHRIS JOHNSON

## Turnbull does a Trump

Prime Minister Malcolm Turnbull tried channelling his US counterpart recently when in true Donald Trump fashion he embarked on a Twitter-fest to shout down news reports he claimed to be false.

News Limited newspapers had reported the Government was looking to scrap certain aged pensioner concession cards and welfare payments in the May Budget.

But just like the US President, Mr Turnbull didn't issue a statement or wait for a press conference to deny the reports – he blasted it across the Twittersphere.

"I can assure all aged pensioners the measure reported will NOT be in the budget," the PM tweeted.

He then subsequently tweeted that the reporter "insisted on writing the story" even though he had told her she was wrong.

The word "false" was tweeted, as was his "outright" rejection of the story.

Mr Turnbull saved his best Twitter attack on the subject for Opposition Leader Bill Shorten.

Using one of President Trump's favourite words ("sadly"), the Prime Minister tweeted: "And sadly, I can assure you that you can always rely on Bill Shorten to lie."

The Prime Minister would have been called on to withdraw such a remark if he had said it in Parliament but, sadly, it seems that in Twitter-land just like in Trump-land almost anything goes.

CHRIS JOHNSON



## Don't let her drink dirty water

**malaria, typhoid, dysentery, cholera, diarrhoea, intestinal worm infection, ... dirty water can kill.**

6,000 children are dying every day – and it's because they don't have clean water. So they're forced to drink water that could make them sick with diarrhoea, cholera and typhoid.

The good news is, problems like dirty water can be solved. You can help children access clean water through World Vision's Water Health Life program by providing practical and effective solutions.

From \$39 a month your support will help drill boreholes, protect water sources and provide health and hygiene training. You'll be helping communities to make long-term changes that ensure a clean water supply and basic sanitation.

**Stop dirty water killing children, support Water Health Life:**  
visit [worldvision.com.au](http://worldvision.com.au) or call 13 32 40.

**Water Health Life**

Basic Needs. Permanent Solutions.

World Vision Australia is a Christian organisation pursuing freedom, justice, peace and opportunity for everyone in the world. ABN 28 004 739 081. Beta 3/19. C10311 ANI 817





# Research

## Doctors not rushing to retire

Older doctors are not so keen to retire early, a new study has found.

Research conducted by Flinders University, the University of NSW, and the University of Sydney and published recently in the *Medical Journal of Australia*, found that more than a third of doctors aged 55 or over are not intending to retire any time soon – or they are not sure about it yet.

Their sense of purpose and the mental stimulation the job provides is keeping them at work, according to the study.

The findings are from the study's online questionnaire conducted in 2015 of currently practising Australian doctors of that age.

Of the total respondents, 62 per cent said they intended to retire, 11.4 per cent had no intention of retiring, and 26.6 per cent were unsure.

A total of 398 doctors (out of 1018 surveyed) stated they did not intend to retire, or were not sure about it, and 87.7 per cent of those said they strongly agreed or agreed that the cognitive stimulation of being a doctor was an important factor.

CHRIS JOHNSON

## World first "brain training" could help smokers quit for good

Simple computer-based exercises which train smokers' brains to improve their impulse control are being trialled at Deakin University's School of Psychology.

It's hoped the world-first Inhibitory Smoking Training (INST) program could help smokers give up for good.

Lead researcher, Associate Professor Petra Staiger, said tobacco remained the leading preventable cause of illness and death worldwide, killing approximately six million people every year.

"Despite the wide range of treatments designed to help people quit smoking, the vast majority relapse within six months," Associate Professor Staiger said.

Deakin University cognitive neurosciences expert Dr Melissa Hayden, who is also on the INST team, says research suggests difficulties overcoming addiction may be partly due to an

impaired ability to control automatic impulses.

"Recent advances in neuroscience have highlighted that one way to address this difficulty is by retraining people's brains to improve their impulse control," Dr Hayden said.

The INST trial is a collaboration with Dr Natalia Lawrence in the UK where the training technique has already enjoyed success helping people decrease the amount of unhealthy food they eat, leading to long-term (six months) weight loss.

The training has also helped people significantly reduce their alcohol consumption and Associate Professor Staiger said the method could have significant benefits over other quit programs.

"For a start, it's cost effective. Australians have highlighted that the financial costs associated with smoking are the number one reason they want to quit," she said.

"That means there's a need for smoking treatments to not only be effective, but also cost-effective if they are going to facilitate quitting for good.

"If it works, this computer brain training task has the potential to reduce the global prevalence of smoking at no cost to the consumer."

Associate Professor Staiger said the program was also time-efficient, taking only "10 to 15 minutes per day for two weeks".

"Plus with brain training there are no negative side-effects. Quitting aids like patches or gum can sometimes have adverse side-effects which negatively impact their uptake and long-term adherence, but there are none of those issues here."

Researchers with the INST team are still looking for participants to take part in the world-first trial.

"We're looking for smokers who wish to quit, aged between 18 and 60, living in the Melbourne metropolitan area and who smoke at least 10 cigarettes daily on average," Associate Professor Staiger said.

"It's a very simple program and you'll only need access to a computer and internet for a two-week period."

To find out more about the trial, contact the INST team at: [inst@deakin.edu.au](mailto:inst@deakin.edu.au)

ODETTE VISSER

# German Chancellor presented Australian statement on global health

German Chancellor Dr Angela Merkel has received a position statement on global health from Australian scientists.

Australian Academy of Science President, Professor Andrew Holmes, and his colleagues from the S20 Science Forum presented the position statement late in March ahead of the G20 Summit in July.

“The Ebola and Zika epidemics have shown how disease in one country can have global impact. Infectious diseases are causing at least 15 per cent of cancer cases. And 15 per cent of tuberculosis cases may be linked to type II diabetes,” Professor Holmes said.

This issues illustrate why health will be an important focus at the G20 Summit, along with economic growth and financial market regulation.

The Science Academies of the G20 states have drawn up recommendations on improving global health and are playing an active role in the G20.

In their joint statement, the Academies offer strategies and tools to tackle communicable and non-communicable diseases and to strengthen public health systems. The joint document provides a basis for the G20 Summit consultations.

Professor Holmes was in Germany for the Science 20 Dialogue Forum where the statement was presented.

“Global health – specifically the management of both infectious and non-infectious diseases - still causes issues world-wide for individuals, health systems and economies alike,” he said.

“We are calling for strong short and long-term evidence-based strategies to address these issues.”

In the statement the G20 Academies of Sciences call for:

- the strengthening of healthcare and public health systems;
- applying existing and emerging knowledge;
- addressing the broader social and environmental determinants of health;
- reducing serious risk factors for disease through education and promotion of healthy life styles;
- ensuring access to health resources globally; and
- enhancing and extending robust strategies for surveillance and information-sharing.

Furthering research is a prerequisite for providing knowledge and new tools to meet these challenges.

You can read the full statement at: [www.science.org.au/media](http://www.science.org.au/media)

CHRIS JOHNSON

## Small-town America feeling the pain of Trump’s immigration policies

Rural areas in the United States are bracing for a doctor shortage thanks to a decision by the Trump administration to change the timetable for some visa applications.

Small towns across America, similar to Australia, rely on a transient medical workforce and a flow of doctors from around the world.

But with President Donald Trump and his administration now fighting in the courts to maintain a temporary travel ban against six countries, another (far less-known) decision threatens to slow down the arrival of new foreign doctors.

The change would normally be hardly controversial and is simply a tweak of the timetable for visa applications.

It is a procedural change for skilled workers on H-1B visas. The change is a literal suspension of what is known as “premium processing” where employers, for an extra \$1,000+ fee, can choose to fast-track the applications of intended employees.

Premium processing can see an application approved in as fast as two weeks. Normal processing takes several months.

But with that option suspended, rural areas across the States are now fearing the worst.

It is estimated that the delay could affect thousands of foreign doctors hoping to practice in small-town America, where the need is the greatest.

It could also impact about 400 foreign medical graduates each year who join residency programs at American teaching hospitals.

CHRIS JOHNSON

# Trump can't get rid of Obamacare



United States President Donald Trump has suffered a humiliating defeat, with his failure to eradicate his predecessor's health laws.

Before even a single vote could be cast to repeal President Barack Obama's *Affordable Care Act*, otherwise known as Obamacare, Republican House Speaker Paul Ryan pulled the Bill.

There was not enough support in Congress for the repeal Bill to get up.

"We were very close," President Trump said in the Oval Office after the Bill was pulled. "It was a very, very tight margin."

But in reality, the decision to delay the vote (probably indefinitely) was highly embarrassing for Mr Trump, who made trashing Obamacare a key policy platform of his campaign.

He has blamed his Bill's failure on the Democrats, saying: "We had no Democratic support." But there was not even enough support from within his own party.

The President's credibility and authority are now severely dented, but so too is that of Speaker Ryan, who was defied by his own conference and had to pull the Bill in order to avert a crushing defeat.

Mr Ryan has indicated that the Bill might never resurface.

"We came up short," he told reporters. "We are going to be living with Obamacare for the foreseeable future."

However, the President subsequently tweeted: "Obamacare will explode and we will all get together and piece together a great health care plan for THE PEOPLE. Do not worry!"

House Minority Leader Nancy Pelosi, who was herself the Speaker who helped President Obama pass the *Affordable Care Act*, described the Republicans' defeat as "great day for our country" and a "victory for the American people".

"Let's just for a moment breathe a sigh of relief for the American people," she said.

Senate Minority Leader Chuck Schumer was even more forthright in his criticism of the President.

"In my life, I have never seen an administration as incompetent as the one occupying the White House today," he said.

"Today we've learned they can't count votes and they can't close a deal. So much for the art of the deal."

The American Medical Association has also opposed the House Republicans' plan to replace the federal health care law enacted by the Obama administration.

CHRIS JOHNSON





# UK doctor to perform at National Folk Festival

BY CHRIS JOHNSON



Dr Jarlath Henderson and his Uilleann pipes

Easter is fast approaching, which means it's that time of year to escape to one of the exceptional music festivals Australia puts on annually over the long weekend.

There is of course, Bluesfest near Byron Bay, NSW – offering five days of outstanding contemporary blues, rock and roots music by some of the world's leading acts.

This year's headline offerings include greats such as Santana, Billy Bragg, Buddy Guy, Bonnie Raitt, Tony Joe White, Neil Finn, Kasey Chambers, Mavis Staples, the Doobie Brothers and the incomparable Patti Smith.

In the nation's capital, however, is an even longer established music festival that has to be one of Australia's national treasures.

The National Folk Festival has been a musical institution in this country since 1967, spending its first quarter century of existence rotating through the States taking turns as host venues.

Since 1992 the National, as it is fondly known, has been permanently and fittingly staged each year in Canberra – it is the National Folk Festival after all.

With 27 international acts this year, plus a horde of home-grown artists, musical flavours from around the world will converge on the capital for five days and nights.

There is a genre to pretty much please every musical taste.

(One of the best kept secrets about folk festivals is you can always find great blues music being performed at them.)

So if you are into bluegrass, ragtime, jazz, gypsy jazz, Celtic, flamenco, tango, Afro, Middle Eastern, Western European, Indigenous Australian, old English folk, old Australian folk, bush ballads, country, blues or late night rock music – it's all on offer at the National.

Like Louis Armstrong once said: "All music is folk music. I ain't never heard no horse sing a song."

A feature artist from the UK this festival is a singing, Uilleann pipe playing medico Jarlath Henderson.

By day he's a doctor, but he hasn't had to give up his day job to also pursue his musical dream.

Jarlath Henderson is the youngest ever winner of the BBC Young Folk Award, which he won in 2003 aged 19.

He has created a sound that is being described as "defying convention" by dazzlingly juxtaposing the traditional with the modern.

From high-end entertainment to the expression of folk-life, the award-winning National Folk Festival is a celebration of all things folk.

With a program designed to inspire, enliven and entertain, from traditional and contemporary grooves to the quirky and the endearing, the National features all the key elements that make people want to come from everywhere to be part of it.

The 2017 Festival runs for five days at Easter (Thursday to Monday) across 18 venues all located within Exhibition Park in Canberra.

Discounted tickets are available until April 9 at the festival website. Patrons can BYO tent, motor home, caravan or hire a tent on-site with the festival's Rent-a-Tent Accommodation.

More info at [www.folksfestival.org.au](http://www.folksfestival.org.au) or follow National Folk Festival on Facebook, Twitter and Instagram.

# 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](http://www.ama.com.au/member-benefits)

AMA members requiring assistance can call AMA member services on **1300 133 655** or [memberservices@ama.com.au](mailto: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](http://jobs.doctorportal.com.au)



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



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**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](http://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 resource for AMA members. The AMA list of Medical Services and Fees assists professionals in determining their fees and provides an important reference for those in medical practice.



**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](http://www.ama.com.au/careers)



**Amex:** As an AMA member, receive no-fee and heavily discounted fee cards including free flights and travel insurance with 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.



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