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Reviewing the reviewers

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AMA LEADERSHIP TEAM

President
Associate Professor
Brian Owler

Vice President
Dr Stephen Parnis

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Profession united in approach to MBS Reviews

AMA President Professor Owler and Vice President Dr Stephen Parnis at the Roundtable hosted by the AMA to discuss the Government's MBS Schedule review

The AMA last month convened a high-level Roundtable of the medical colleges, associations, and societies to discuss the profession's involvement in, and response to, the Government Reviews of items on the Medicare Benefits Schedule (MBS).

The meeting was attended by over 70 people, representing 53 organisations.

Professor Bruce Robinson, Chair of the MBS Review Taskforce, made a presentation to the meeting and responded to questions from the floor.

Following the meeting, AMA President Professor Brian Owler wrote to Health Minister Sussan Ley to inform her that the profession would be united in its response to the Reviews, and outlined some of the major concerns arising from the meeting.

Here is the text of that letter …

I am writing to you to set out broad concerns with the Medicare Benefits Schedule (MBS) Reviews: the broadened scope that will impact long standing arrangements; the composition of the review working groups; and that new items are out of scope.

The AMA is concerned that the Reviews will be undertaken in the absence of an overarching vision and specific direction for the Australian healthcare system to guide the final outcomes.

In addition, as there are no specific and quantifiable aims, other than delivering better patient outcomes, there is a risk that the scope of the reviews will extend into dangerous territory, whereby the fundamental structure of our healthcare system will be interfered with.

Continued on p5 …

Profession united in approach to MBS Reviews

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The latter was highlighted in Professor Bruce Robinson's presentation to a forum of the medical colleges, specialist associations, and societies convened by the AMA on 19 August 2015 to discuss the medical profession's involvement in the MBS Reviews. Professor Robinson made a presentation to the group and very generously answered all of the participants' questions.

> "The 70 participants representing 53 medical organisations at the AMA forum were extremely vexed by this latest turn of events"

We learnt that the Reviews will now also consist of groups to review "macro issues and rules", and that this will consider issues such as referral arrangements and the potential removal of surgical assistance fees. We heard that patients find it inconvenient to visit their GP for a referral to a specialist. Given that the referral arrangements are the most fundamental feature of our healthcare system, providing the gateway to clinically necessary tertiary care, it is incredible that such a change might be contemplated in an environment where Government wants to reduce expenditure.

In addition, the surgical assistance fees support the very basis of vocational training in Australia. Removal of them will have a significant impact on the training opportunities and therefore the future medical workforce. It is equally incredible that a change to these arrangements is being contemplated.

On both these issues it is not clear what the objective is, and therefore why they would even be on the table for review.

The 70 participants representing 53 medical organisations at the AMA forum were extremely vexed by this latest turn of events.

Working groups

The profession is very concerned that the working groups will not comprise a representative from the relevant specialist college, association or society. While working group members will be able to "confer with colleagues", it is more appropriate for professional organisations to be formally included in the working groups. We believe this is critical to professional buy in to the outcomes of the Reviews, as well as continuity of the professions' participation in the ongoing maintenance and management of the MBS into the future.

Further, there are potential problems with the members of the in-scope speciality discipline comprising less than 50% of the working group numbers, with decisions to be made using a >60% majority. The equation has the potential to arrive at incorrect outcomes because the members of the speciality discipline with the knowledge and expertise will be in the minority. We appreciate the need to transparently manage conflicts of interest, but this should not be at the expense of arriving at sensible outcomes in the decision making process.

New items

The medical profession supports an MBS that facilitates patient access to evidence based modern medical procedures and practice. This cannot occur if the review process is limited to removing obsolete and infrequently used items, and working groups are not able to consider and recommend the inclusion of new items on the MBS. While there is scope to update items, this may not always be the best way to bring the MBS up to date, and the objectives of the Reviews will be only partly achieved.

In many cases, completely new items for procedures that have evolved in the 20+ years since they were first included on the MBS will be the only sensible outcome. If this is not resolved, the Reviews could thwart patient access to services that have been provided for several years even though they are not explicitly catered for in existing items. If the rapid review questions are appropriately framed, these services should be substantiated by the relevant literature.

There must be capacity to include new items on the MBS as a result of the reviews, which does not involve a full health technology assessment and consideration by the Medical Services Advisory Committee.

Professor Brian Owler
President

Continued on p6 ...

Profession united in approach to MBS Reviews

... from p5

Based on discussions at the MBS Roundtable, the AMA compiled the following list of issues for medical colleges, associations and societies to consider and discuss in preparing for the Reviews.

1. **Identify how the MBS should be changed to reflect current practice**
   - Identify current practice for specific services.
   - Describe those services and the clinical circumstances for which they are intended.
   - Identify how the MBS currently covers those procedures.
   - Determine what is needed for the MBS to properly reflect current practice.
   - Identify services that are new due to 'evolution' and therefore require an update to the item descriptor compared to 'novel' services where there is new technology used.
   - Identify the time period in which the 'novel' service/s was introduced in your practice.
   - Identify items that can be deleted and the reasons for deleting them.
   - Frame the questions that will form the literature review.
   - Determine what data you need to demonstrate/inform the changes.
2. **Identify the key participants**
   - Identify who of your colleagues is best placed to represent you.
   - Identify the craft groups that also provide the services.
   - Identify the craft groups that do not provide the services, but whose clinical practice might be affected.
   - Anticipate how they might respond.
3. **Identify other issues**
   - Are there quality considerations?
   - Are there compliance issues?
   - What are the likely impact on business structures of the changes and what transition is needed?
4. **Guiding principles for participating in the reviews**
   - Ensure services support best practice, provides value for public expenditure and supports quality, safe and effective care that is appropriate to the patient's needs and circumstances.
   - Avoid limiting services to specific specialties, expertise, scope of practice, credentialing, and/or endorsement arrangements. If there are safety and quality issues, consider how these can be best dealt with i.e. medical registration and/or hospital credentialing arrangements.
   - Accept the MBS rebates are inadequate. The reviews are not the vehicle to address inadequate rebates, and certainty not at the expense of another specialty group.
   - Share information about the reviews to ensure consistent outcomes and clinician participation throughout the review process.

The MBS Review Taskforce is seeking nominations from clinicians to participate in clinical committees and working groups. The Taskforce is seeking people who have sound clinical knowledge and experience, are committed to interpreting evidence and research, and are interested in furthering the objectives of the Review. Nominations can be made to MBSReviews@health.gov.au providing the name, position, clinical expertise, and email contact.

Information about the reviews can be found at

http://www.health.gov.au/internet/main/publishing.nsf/Content/healthiermedicare

JOHN FLANNERY

AMA slams Medicare misinformation

AMA President Professor Brian Owler last week questioned comments from the Health Minister about the latest Medicare data that suggested the Government is setting the scene for Health budget cuts through the Medicare Benefits Schedule (MBS) Reviews, which are due to report to the Minister by the end of the year.

> "The Government is misleading the public by talking about the number of Medicare services per patient as if they are all separate visits to doctors, which is wrong"

Professor Owler said the Health Minister is being alarmist about health expenditure.

"The Government is misleading the public by talking about the number of Medicare services per patient as if they are all separate visits to doctors, which is wrong," Professor Owler said.

"A single visit to a doctor can result in several services being provided to the patient on the day.

"Contrary to the Minister's view that the Medicare data paints a complex picture, it is really quite simple. Growth in health expenditure will always occur, as the population increases and ages.

"A first world country like Australia should embrace the fact that it can offer its citizens timely and affordable access to a full range of health care services.

"This is essential to a productive nation. Good health keeps people in jobs. And good health keeps people actively contributing to their communities, which contributes to a strong economy.

"Rather than focusing on the number of items on the Medicare Benefits Schedule, the Government should be celebrating the positive health outcomes that the MBS delivers to the nation.

"Many of the items that have recently been added to the schedule are a direct result of Government policies.

"The MBS should and must reflect modern medical practice.

"The medical profession is participating in the MBS Reviews that the Minister has commissioned.

"The profession will take the lead in identifying waste and inefficiency in the healthcare system."

Professor Owler said that it was the AMA's understanding that the MBS Reviews were not set up as a Budget cost-cutting exercise, but the Minister's media release contained language that suggests otherwise.

"By using terms such as 'Medicare usage had continued to skyrocket' and 'the cupboard needed a good clean', the Minister has clearly indicated that the 'blueprint' for the MBS Reviews will inevitably have a focus on the budget bottom line rather than a funding mechanism for supporting good health care," Professor Owler said.

"The Australian public would prefer the Government to set the strategic vision and direction for Australia's healthcare system, which in turn will guide the MBS Reviews."

Professor Owler said it is wrong for the Government to claim that health funding is out of control.

"Medicare expenditure increased by 5.6 per cent in 2014-15. Over the last seven years, this is the second lowest annual increase in Medicare expenditure. Last year (2013-14), was the lowest, at three per cent.

"The Government's Commission of Audit report stated that Medicare expenditure was expected to grow by 7.1 per cent per year until 2023-24, and continue growing. Yet the last two years have been well under that projection.

"The Commonwealth Government's total health expenditure is reducing as a percentage of the total Budget. In the 2014-15 Budget, health was 16.13 per cent of the total, down from 18.09 per cent in 2006-07.

"It reduced further in the 2015-16 Budget, representing only 15.97 per cent of the total Commonwealth Budget.

"The Reform of the Federation White Paper estimates '*that 10 per cent of patients account for around 45 per cent of MBS expenditure*'.

"This shows that the MBS is working as intended."

JOHN FLANNERY

Medibank saga remains unpreventable

> "The AMA rarely intervenes in these sorts of disputes but, because it has such wide-reaching implications for the health system, both private and public, we have regarded this as essential that, one, it gets sorted out, and, two, that it is done in a transparent way"

The full page ads last week in some capital city papers may have heralded 'peace in our time' in the dispute between Medibank Private and Calvary Health, but the big insurer's approach to safety and quality in our hospitals is still in question by hospitals, doctors, and patients.

While Medibank and Calvary may have finally signed a contract, the detail of the belated agreement remains top secret.

While the AMA agrees that any commercial details should remain private, it is in the public interest that any agreement over Medibank's draconian list of 165 preventable events should be disclosed.

Calvary CEO, Mark Doran, told Adelaide radio that Medibank Private had agreed to engage with the Australian Commission on Safety and Quality in Health Care on what they believe are preventable events, and that they will act on the call for an independent clinical review process. But that's about all we get to know at this stage.

AMA Vice President Dr Stephen Parnis said that Medibank's '*trust us, we'll do the right thing by you*' response is not good enough.

"I'm a doctor and I don't say that sort of thing to patients anymore," Dr Parnis said.

"I've got to give them the specifics. And I think Calvary and Medibank Private need to do the same here.

"We'd like to understand exactly what the arrangements are with regard to that long list of 165 complications, which Medibank was erroneously calling mistakes, to understand what is going on with those as a result of this new agreement.

"The concern, of course, is that if you're insured it's the detail that tells you what you're covered for and what you're not covered for.

"The treating doctors need to understand what their patients will be covered for so that they can treat them in the appropriate setting.

"Up to now it's been hardball by Medibank.

"The AMA rarely intervenes in these sorts of disputes but, because it has such wide-reaching implications for the health system, both private and public, we have regarded this as essential that, one, it gets sorted out, and, two, that it is done in a transparent way.

"It is positive that the Commission for Safety and Quality in Health Care is now involved.

"The Commission does things the right way when these complications are being assessed to try and reduce risk, rather than what was happening with Medibank saying these are not complications, they're mistakes, and if they occur we're not funding them or we're dramatically reducing our funding.

"So we need more detail here because it doesn't just affect Calvary and it doesn't just affect Medibank Private. Every other player in the health system is watching on here.

"If this sets a good precedent, wonderful. If it doesn't, then it's going to have repercussions for everyone."

JOHN FLANNERY

AMA updates stance on Climate and Health

Following an extensive engagement process with members, the AMA updated its *Position Statement on Climate Change and Human Health* (Revised 2015), which was last revised in 2008.

The updated Position Statement takes account of the most recent scientific evidence.

AMA President Professor Brian Owler said the AMA Position Statement focuses on the health impacts of climate change, and the need for Australia to plan for the major impacts, which includes reducing greenhouse gas emissions.

"It is the AMA's view that climate change is a significant worldwide threat to human health that requires urgent action, and that human activity has contributed to climate change," Professor Owler said.

"The evidence is clear - we cannot sit back and do nothing.

"There are already significant health and social effects of climate change and extreme weather events, and these effects will worsen over time if we do not take action now.

"The AMA believes that the Australian government must show leadership on addressing climate change.

"We are urging the Government to go to the United Nations Climate Change Conference in December in Paris with emission reduction targets that represent Australia's fair share of global greenhouse gas emissions.

"There is considerable evidence to convince governments around the world to start planning for the major impacts of climate change immediately.

"The world is facing a higher incidence of extreme weather events, the spread of diseases, disrupted supplies of food and water, and threats to livelihoods and security.

"The health effects of climate change include increased heat-related illness and deaths, increased food and water borne diseases, and changing patterns of diseases.

"The incidence of conditions such as malaria, diarrhea, and cardio-respiratory problems is likely to rise.

"Vulnerable people will suffer the most because climate change will have its greatest effect on those who have contributed least to its cause and who have the least resources to cope with it.

"*The Lancet* has warned that climate change will worsen global health inequity through negative effects on the social determinants of health, and may undermine the last half-century of gains in development and global health," Professor Owler said.

The *AMA Position Statement on Climate Change and Human Health* (Revised 2015) states that:

- Australia should adopt mitigation targets within an Australian carbon budget that represents Australia's fair share of global greenhouse gas emissions, under the principle of common but differential responsibilities.
- Renewable energy presents relative benefits compared to fossil fuels with regard to air pollution and health. Therefore, active transition from fossil fuels to renewable energy sources should be considered.
- Decarbonisation of the economy can potentially result in unemployment and subsequent adverse health impacts. The transition of workers displaced from carbon intensive industries must be effectively managed.
- Regional and national collaboration across all sectors, including a comprehensive and broad-reaching adaptation plan is necessary to reduce the health impacts of climate change. This requires a National Strategy for Health and Climate Change.
- There should be greater education and awareness of the health impacts of climate change, and the public health benefits of mitigation and adaptation.
- Climate policies can have public health benefits beyond their intended impact on the climate. These health benefits should be promoted as a public health opportunity, with significant potential to offset some costs associated with addressing climate change.

The AMA Federal Council last month passed a policy resolution acknowledging the need for the healthcare sector to reduce its carbon footprint through improved energy efficiency, green building design, alternative energy generation, alternative transport methods, sustainable food sourcing, sustainable waste management, and water conservation.

The *AMA Position Statement on Climate Change and Human Health* (Revised 2015) is available at https://ama.com.au/position-statement/ama-position-statement-climate-change-and-human-health-2004-revised-2015

JOHN FLANNERY

Breaking the bad effects of 'ice'

Building on the formation of its very own Methamphetamine Working Group and growing community concern about the higher profile of methamphetamine ('ice') in the Australian community, the AMA has reviewed its position on dealing with the dangers of the 'ice' phenomenon.

The updated *AMA Position Statement on Methamphetamine* (2015), which was first drafted in 2008, acknowledges the increased use of 'ice' in Australia, and makes a number of recommendations, including improved resources – incorporating security – at hospitals and health services that deal with patients affected by 'ice'.

AMA President Professor Brian Owler said that 'ice' is having detrimental effects on the health of far too many Australians.

"Doctors have seen a significant increase in the number of people using 'ice', and a significant increase in the severity of the health conditions associated with methamphetamine use," Professor Owler said.

"Methamphetamine users are at significant risk of mental illness, but there is also a wide range of serious physical illnesses that can result from methamphetamine use.

"The impact is also being felt in emergency rooms across Australia.

"Affected patients can be difficult to treat, and are more likely to be aggressive, non-communicative, and non-cooperative.

"Methamphetamine-induced psychosis is particularly problematic, with many users requiring hospitalisation for their own safety or the safety of others."

Professor Owler said the AMA welcomes Government leadership through the establishment of the National Ice Taskforce and the impending National Ice Action Strategy.

"Swift action and an increased focus on the health implications is important," Professor Owler said.

"But it is critical that the National Ice Strategy is supported by a strong commitment to implementation from all levels of government.

"It is important that doctors and other healthcare workers are well supported to engage with methamphetamine users, many of whom may be reluctant to disclose their use.

"GPs should be encouraged and supported to screen for illicit drug use.

"There must be appropriate treatment and rehabilitation services for doctors to refer their patients on to.

"Treatment services must reflect the full range of methamphetamine users, including intensive inpatient support involving a number of medical specialists through to less intensive care and support provided in the community setting."

Recommendations of the updated Position Statement include:

- education and training opportunities for all medical practitioners, as well as inclusion in the medical curricula
- appropriate security arrangements in all hospitals
- quiet areas within emergency departments might be used to help settle and treat patients,
- health financing systems to include specific funding for methamphetamine treatment, rehabilitation, and support, and
- the need for generic life skills programs to reduce the health and social consequences.

The AMA this year established a Methamphetamine Working Group, with expert members from across the medical profession, to provide ongoing policy direction for the AMA.

The *AMA Position Statement on Methamphetamine* (2015) is at https://ama.com.au/position-statement/methamphetamine-2015

JOHN FLANNERY

AMA calls for combat sports ban

The AMA is calling for a ban on combat sports, including boxing, for people under the age of 18.

At the very least, the AMA wants greater safety measures introduced to protect the health of participants in these popular dangerous activities.

The AMA's concerns are detailed in its new *Position Statement on Combat Sport* (2015), which supersedes and builds on the *AMA Position Statement on Boxing* (1997. Reaffirmed 2007).

AMA President Professor Brian Owler said that the AMA is a long-time opponent of boxing, and has now extended its concerns about the health of participants to include all so-called combat sports.

Professor Owler said the AMA is recommending the prohibition of all forms of combat sport for people under the age of 18.

Further, the AMA wants boxing banned from the Olympic Games and the Commonwealth Games.

"As medical practitioners, the AMA is concerned by any sports that involve displays of interpersonal violence, and where the goal is to injure the opponent to the point that they are unable to continue," Professor Owler said.

"The fighters in boxing and other contact sports typically aim to hit their opponent in the head to cause a 'knockout'. This is inherently dangerous, and sometimes the results are fatal.

"Even when fighters are not knocked unconscious, repeated blows to the head are inherently dangerous.

"Head injuries are essentially invisible, and can evolve over time. Even what may appear to be minor head injuries can turn serious very quickly.

"Along with head injuries, combat sports are associated with a range of other, often severe injuries, including dislocations and fractures, spine and neck injuries, and maxillofacial injuries.

"Despite the acknowledged harms, combat sports are growing in popularity, in terms of participation and with television and online audiences.

"It is important that we do not 'normalise' violence. Children and young people may be particularly vulnerable to the promotion of 'sports' that encourage interpersonal violence.

"Doctors witness the loss of life and quality of life as a result of injuries incurred in boxing and other combat sports. We must put an end to this senseless carnage."

The *AMA Position Statement on Combat Sport* (2015) is at https://ama.com.au/position-statement/combat-sport-2015

JOHN FLANNERY

Cars that save lives

Professor Owler launches the 'Avoid the crash, Avoid the trauma' campaign with the Australasian New Car Assessment Program

Ninety per cent of road crashes involve some form of human error, so not paying attention when behind the wheel, even for a second, can result in devastating injury or death.

The AMA and the Australasian New Car Assessment Program (ANCAP) last month came together to launch the 'Avoid the crash, Avoid the trauma' campaign to call for automatic brakes to be installed in all new vehicles sold in Australia. Autonomous Emergency Braking (AEB) systems use camera and sensor technology to detect the speed and distance of objects in a vehicle's path, and automatically brake if the driver does not respond.

More than 80,000 Australian lives have been saved due to improvements in road safety since the 1970s, but modern daily lives are full of spur-of-the-moment choices and potentially deadly interruptions.

Juggling work and family commitments is never easy and being contactable every moment of the day on our mobile phones has, arguably, added another layer of complexity and distraction.

AMA President Professor Brian Owler said systems like AEB could be as effective as seatbelts in saving lives.

Speaking at the campaign launch at Parliament House in Canberra, Professor Owler called on politicians, the car industry, and all road users to join the push for adoption of new technologies such as AEB to make cars safer and save lives.

Professor Owler, who is a leading Sydney neurosurgeon and the face of the successful NSW Government 'Don't Rush' road safety campaign, said road trauma was avoidable.

"The key is making cars safer, and educating drivers about the risks of speeding and careless driving," Professor Owler said.

"Too often, I see the horrific injuries and loss of life caused by road crashes when drivers get it wrong."

ANCAP Chief Executive Officer Nicholas Clarke said fitting new cars with AEB is standard practice overseas, but in Australia it is either a costly option or not offered.

"AEB is a technology that will reduce the number of deaths and injuries from road crashes," Mr Clarke said.

"While the number of people killed on Australia's roads is declining, road crashes are still unnecessarily killing around 1200 people every year."

ODETTE VISSER

Chronic disease

AMA representatives, Dr Tony Bartone and Dr Richard Kidd, met with PHCAG Chair, former AMA President, Dr Steve Hambleton, and PHCAG members, Dr Brian Morton, AMA, and Jeanette Quigley, from the Department of Health

Data released by the Australian Institute of Health and Welfare (AIHW) has found about half of all Australians have a chronic disease, with 20 per cent suffering from at least two.

AMA President Professor Brian Owler said the data sent another strong message to the Government that significant new investment in primary care, especially general practice, is needed to equip the health system to meet Australia's current and future community needs.

AIHW examined eight common chronic diseases: arthritis, asthma, back problems, cancer, chronic obstructive pulmonary disease, cardiovascular disease, diabetes, and mental health conditions.

Nearly 40 per cent of Australians aged 45 and over have two or more of the eight chronic diseases examined.

AIHW spokesperson Louise York said that, for this age group, the two most common chronic diseases to occur in combination with any other chronic disease were arthritis and cardiovascular disease.

"When looking at particular combinations of diseases in this age group, we found that arthritis and cardiovascular disease occurred most frequently in 16 per cent of the population, followed by arthritis and back problems (10 per cent) and back problems and cardiovascular disease (eight per cent).

Among younger Australians (0-44 years), mental health conditions and back problems were the most common comorbidities, followed by mental health and asthma, and back problems and asthma.

Professor Owler said that the AIHW data highlights the significant burden of chronic disease, and said it is internationally recognised that a strong primary health care system is key to the future sustainability of any health system.

"The Government is talking a lot about the need to reform and improve primary care, but the talk is not being backed up with policy and action – policy and action that is needed right now," Professor Owler said.

"There is an urgent need to provide greater funding to general practice so that hardworking GPs across Australia are supported in caring for their patients, many of whom are suffering from multiple chronic conditions."

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Chronic disease

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Minister for Health Sussan Ley said the AIHW data highlighted that reform is needed with Medicare benefits for chronic care soaring to $587 million, up almost 17 per cent in 2013-24 alone.

Ms Ley said that the Government is committed to finding better ways to care for people with chronic and complex conditions and ensure they receive the right care in the right place at the right time.

Shadow Health Minister Catherine King said the data vindicated the decision to make a greater focus on chronic disease care, which she said was in stark contrast to the Government, which had spent the past two years attacking primary health care through a 'GP tax'.

The Primary Health Care Advisory Group, led by former AMA President Dr Steve Hambleton, released a discussion paper in early August outlining potential reforms to address the rising chronic disease care challenge.

He said increasing life expectancy meant more patients were presenting with multiple chronic and complex health complaints, and current arrangements were increasingly struggling to meet their care needs.

The Primary Health Care Advisory Group has just finished holding a series of public meetings, and is due to present its final report to the Government by the end of the year.

KIRSTY WATERFORD

Nauru detention unsafe for children: Senate inquiry

Doctors have backed a Senate report that calls for the faster removal of children from the Nauru detention facility.

The Senate Select Committee found conditions in the centre were "not adequate, appropriate, or safe for the asylum seekers detained there".

In a speech to medical students, AMA President Professor Brian Owler expressed his concern for the physical and mental health of immigration detainees, particularly children.

"The AMA has been vocal about Australia's human rights obligations in relation to asylum seekers and refugees," Professor Owler said.

"We have an obligation to ensure that they have access to health care that meets Australian standards at a minimum."

The report also recommends '*Australia increase the transparency of conditions and operations at the Regional Processing Centre*' by negotiating increased access for the Human Rights Commission and by the media.

"The medical profession has protested strongly about the Border Force Act and its draconian measures against doctors who speak out about the health care of asylum seekers. The AMA continues to advocate for an independent panel of doctors to inspect detention centres and report to Parliament," the AMA President said.

Professor Owler acknowledged the Federal Government had already significantly reduced the number of children in detention, but warned that every remaining child was unsafe.

"There are still too many being held and we need to get those children out and into a safe environment in the community."

The Committee was convened by five Senators from three major parties; two Labor, two Liberals, and one Greens.

Immigration Minister Peter Dutton rejected the report as a political witch hunt, pointing out the Committee is dominated by Labor and the Greens, but has also indicated that he's open to considering the recommendations.

"I'm happy to consider any of the recommendations that provide for a better outcome for people," Minister Dutton said.

ODETTE VISSER

Advance care planning – time to talk the talk

A panel discussion at Westmead Hospital in Sydney in August was not just the hot topic for the people in the room – the subject matter sparked media interest as well.

So, what were they talking about? They were talking about geriatric medicine and advance care planning, and AMA President Professor Brian Owler reckons this is the sort of conversation that should be taking place more often around Australia.

While top surgeons at Westmead were urging their colleagues to carefully think about how they treat ailing and ageing patients, one media commentator thought the subject matter was 'cold', but warmed to the arguments when he asked Professor Owler on-pair about the importance of advance care planning.

The big question raised by the journalist was: "is it worth going that extra yard to treat the person - or to carry out surgery on the person - when they are already in very advanced years?"

Professor Owler said it is a conversation that we need to have as a community because there are an awful lot of our resources used in the last, very last months of life.

"And this amounts to what we call futile care," he said.

"So it doesn't come down to age necessarily, although elderly patients would be more frequently in this group.

"But sometimes procedures and treatments are conducted on patients, often because they don't have the ability to say for themselves whether or not they would want to have this treatment.

"And it's done because people feel like it's the right thing to do. And we're, of course, always trying to prolong people's life and, when an individual patient is in front of you, it's very hard to say no.

"But we know that, I think, there are a lot of patients who, if a discussion could be had, would probably opt, if they were able to, not to have that procedure.

"And I think, as resources in the system are scarce, we need to be thinking carefully about how we use those resources, and some of these treatments that can be classified as futile is the sort of treatment we need to think twice about."

Professor Owler said that one of the problems that we have is that many people haven't had a conversation with their relatives about what they would want to be done in particular circumstances.

"So there's a real role here for what we call advance care directives," he said.

"These are plans made by people when they're well, when they're able to make decisions. It may be about a disease that they have, and what the end result might be.

"It could be about how much surgery, how much chemotherapy, or other types of treatments, they should have or when they might want to say, okay, enough's enough.

"And so, having that conversation with family up front, and really having an advance care directive in place for some people, is a very important step and allows us to not necessarily go the whole hog in treating patients with these sorts of illnesses."

Professor Owler raised the example of the real case of a 93 year old patient with a malignant brain tumour.

"Now, that patient, you know, was confused, she's 93," Professor Owler said.

"It would be inappropriate for me to go ahead with a big operation for that patient – or even giving them radiotherapy.

"That's the sort of thing that unfortunately, you know, we shouldn't really treat. We should be trying to make that person comfortable, they've had a good life, and we're not going to really extend it by very much - if at all - by doing the treatment.

"And so, you know, putting them through a big operation - it's probably not in their best interests. So sometimes we need to make sure that we take a step back, we say right, what's in the best interests of this patient?

"For individual doctors - particularly surgeons – it is very hard when you've got a patient in front of you. The relatives are keen for everything to be done. But sometimes you just have to say, look, that's not appropriate for the patient.

"We need people to be having this conversation over the kitchen table, with their families discussing, you know, what in this sort of circumstance, what would you want to be done?

"Would you want to be in ICU with tubes? Would you want a big operation?

"Because it's so much easier to have that conversation when people are clear-minded, when they're well, rather than in the emergency room or at the bedside when someone's in urgent need of treatment."

JOHN FLANNERY

Time to stub the habit – tobacco tax excise increase

The latest national tobacco tax excise increase of 12.5 per cent, introduced on September 1, saw the recommended retail price for the cheapest pack of 25 cigarettes increase to above $20.

The increase will see smokers paying an extra $1.52 in tax for a pack of 25 and up to $3.05 more for a pack of 50, with the price of a single cigarette rising to more than $1 for some brands.

Not everyone was happy with the increase, with both Phillip Morris Limited and British American Tobacco releasing statements saying the hike would fuel the growth of black market for cheap, illegal, and unregulated cigarettes.

The tax hike is the third in an annual series of four hikes.

In 2013, Labor changed the method of twice-yearly indexation so that tobacco excise grew in line with wages rather than the slower-growing consumer price index. The move was supported by previous Health Minister Peter Dutton.

Assistant Minister for Health Fiona Nash said that 'Big Tobacco' can whinge all they like, excise increases help reduce smoking rates and save lives.

"Excise increases are supported by the Coalition, Labor, and the Greens. As well as reducing smoking rates and saving lives, they contribute to offsetting the costs smoking has on our health system," Ms Nash said.

Recent data indicates that daily smoking rates in Australia have hit an all-time low with 12.8 per cent of people over the age of 14 partaking in the habit.

Ms Nash said that smoking kills an estimated 15,000 Australians and costs us $31.5 billion in social and economic costs every year,

"Scaremongering by cigarette giants about the illegal tobacco market is no reason to roll back sensible health policies," Ms Nash said.

"The figures cited by Phillip Morris, from a tobacco industry report, are not consistent with the Australian Institute of Health and Welfare *2013 National Drug Strategy Household Survey*, which has a sample size of 24,000. This survey shows the proportion of smokers who reported using 'unbranded' tobacco declined from 4.9 per cent in 2010 to 3.6 per cent in 2013.

"Australia also has significant penalties for tobacco smuggling – a maximum penalty of 10 years imprisonment – and a strong enforcement and compliance framework."

KIRSTY WATERFORD

Drop in medicine exports

New figures show there has been a 30 per cent drop in Australia's exported manufactured medicines in the past few years, with industry warning solutions to high manufacturing costs need to be addressed to compete, or risk losing out to growing markets in Asia.

> "… the Government had identified medical technologies and pharmaceuticals as a key economic area in which Australia has the best potential to compete internationally and in which we can create new economic opportunities"

Australian Bureau of Statistics trade figures released last month found Australia's pharmaceutical export industry is now worth about $2.5 billion a year, a significant drop from 2012 when it was worth more than $4 billion.

Pharmaceutical exports have now fallen behind car exports and are on track to drop behind the wine export industry, which is worth just more than $2 billion a year.

The data has underlined recent warnings from Medicines Australia who say that an increasingly unstable business operating environment is discouraging companies, citing high wages, taxes, and a tangle of regulations.

Medicines Australia said that to further support the pharmaceutical industry the Government must identify additional ways to encourage more local innovation and adopt policies that will lead to more research and development, clinical trials, and advanced manufacturing investment.

The strong Australian dollar through much of 2012-2014 is another key factor in manufacturing competitiveness.

The Abbott Government has started putting in steps to overhaul drug cost reimbursement rules in order to ramp down costs, while at the same time setting up funding for biomedical research that could lead to more innovative drugs discovered locally.

A spokesperson for Industry and Science Minister Ian Macfarlane told the *Sydney Morning Herald* that the Government had identified medical technologies and pharmaceuticals as a key economic area in which Australia has the best potential to compete internationally and in which we can create new economic opportunities.

The spokesperson said the Government has chosen the sector for one of five new industry growth centres and added that the pharmaceuticals sector has been strengthened by a $50 million manufacturing transition program and a recently established health industry forum led by Mr Macfarlane and Health Minister Sussan Ley.

KIRSTY WATERFORD

INFORMATION FOR MEMBERS

Information regarding payments under the previous GP Rural Incentives Program

On 1 July the GP Rural Incentives Programme (GPRIP) moved to the new classification system, the Modified Monash Model, which entailed the introduction of new eligibility criteria for doctors and new payment levels.

The AMA recently sought advice from the Department of Health regarding the Department's process for issuing final payments under the previous GP Rural Incentives Program, which ceased on 30 June 2015.

The Department advised that those doctors that completed four active quarters at the end of June 2015 will receive their payments as normal from August 2015. Those doctors that have more than one but less than four active quarters at 30 June 2015 will receive a final pro-rata payment in November 2015.

To enable the payment of service provision under 12 months, the Department of Health and the Department of Human Services are making significant changes to the current payment system model. The Department has advised that these changes have caused the delay in the dates when payments were expected to occur.

As of 1 July 2015, assessment of payments under GPRIP will be based on the new criteria. The first payments under the new arrangements will occur from June 2016 to eligible medical practitioners who have completed the required number of active quarters.

For more information visit the Department's Rural and Regional Health Australia website.

e-cigarettes – what is the damage?

There has been a lot of debate about whether electronic cigarettes are the best technological solution to the smoking pandemic or the biggest looming threat to public health.

E-cigarettes are battery-powered devices that deliver nicotine to the user through a vapour by heating a solution of propylene glycol or vegetable glycerin, flavouring, and other additives. Flavours range from butter rum to caramel macchiato to strawberry lemonade.

The US Centre for Disease Control and Prevention reported earlier this year that the use of e-cigarette devices among middle school and high school students tripled between 2013-2014, with around 13 per cent of students using the devices. This surpasses the number of teens who smoke conventional cigarettes in the US.

Currently, there are more than 500 e-cigarette brands and more than 7000 flavours, and they all work in different ways to deliver varying amounts of nicotine, toxins, and carcinogens. With most e-cigarette studies funded or otherwise supported or influenced by manufactures of e-cigarettes, the current evidence base on e-cigarettes is very poor.

Julia Belluz from *Vox* recently examined more than 60 articles, studies, and reviews, and interviewed nine researchers and health experts to try and determine whether e-cigarettes were actually safe. You can read her detailed findings at. http://www.vox.com/2015/6/26/8832337/e-cigarette-health-fda-smoking-safety

She found that the health effects of e-cigarettes were unclear because of the lack of credible research. But she said that so far the short-term exposure to e-cigarettes doesn't appear to carry any serious side effects, however the research is still early.

She found that e-cigarettes were mostly composed of nicotine and a nicotine solvent (propylene glycol or vegetable glycerin) and that the levels of toxicants and carcinogens in e-cigarette vapour were nine to 450 times less prevalent than in conventional cigarette smoke. Though propylene glycol and glycerin are generally considered safe substances, not a lot is known about the long-term effects of daily inhalation.

Most researchers were inclined to cautiously say that e-cigarettes were safer than regular cigarettes because the immediate harms of e-cigarettes appear to be minimal compared with regular cigarettes.

Co-Director of the US Center for the Study of Tobacco Products Thoman Eissenberg said that it's probably fair to say that a long term e-cigarette user is not going to die from tobacco-caused diseases, but it's not clear whether they will die from an e-cigarette caused disease and whether their rates of death will be less than, more than, or the same as the rates of death we see from tobacco-caused diseases.

Australian law doesn't ban e-cigarettes but we have strong regulations regarding the potential therapeutic use. E-cigarettes must be registered via the Therapeutic Goods Administration and liquid nicotine has to have a prescription.

The AMA has written to the Federal Health Minister Sussan Ley to encourage the tightening of legislation around the use of e-cigarettes, concerned that they are targeted towards younger consumers.

The AMA is asking for:

- the introduction of laws to prohibit the advertising of e-cigarettes as per the prohibition on advertising of tobacco products;
- enforcement of laws that prohibit the advertising of e-cigarettes as a therapeutic good, specifically as an aid to cessation; and
- the prohibition of marketing of e-cigarettes to people under the age of 18.

The AMA has considerable concern about the increasing control of e-cigarettes by the tobacco industry, as Big Tobacco continues to invest heavily in the development and promotion of e-cigarettes.

KIRSTY WATERFORD

Poor access to services to blame for low vaccination rates

Poor access to immunisation services is to blame for declining vaccination rates, not anti-vaccination beliefs, according to a new report.

Researchers from the University of Adelaide analysed the 9.3 per cent of children who are partially or not immunised, and found only one in six had parents who disagreed with immunisations.

Lead researcher Associate Professor Helen Marshall said something else is getting in the way.

Family finances, access to services, and chronic health conditions were found to be key factors in why some parents haven't kept their child's immunisations up to date.

"Socio-economic disadvantage was an important reason why parents had children who were either partially immunised or not immunised at all," Associate Professor Marshall said.

"Children with chronic medical conditions were also more likely not to be up-to-date with immunisations."

Associate Professor Marshall said that many doctors may not realise additional vaccines are recommended for children with certain medical conditions or may be concerned the extra vaccines could have adverse effects in already sick children.

The study examined more than 5000 Australian children aged between three and 19 months. Their parents were asked to share their child's immunisation records and were asked about their attitudes to immunisation.

Associate Professor Marshall said that the findings could help programs designed to increase the uptake of vaccinations.

"Reminders and rescheduling of cancelled appointments and offering immunisation in different settings may help achieve better protection for children and the community," Associate Professor Marshall said.

"The research found that the majority of parents with partially immunised children are in favour of vaccinations, so we need to look at how we can remove the barriers experienced by these families.

From January next year, parents who fail to vaccinate their children will no longer be paid child care benefits or the Family Tax Benefit A. They may also risk losing up to $30,000 a year, as conscientious objector provisions will be removed.

The study was published in the journal, *Vaccine*.

KIRSTY WATERFORD

Anti-vax chiropractor barred from med student placements

The University of NSW recently terminated an anti-vaccination chiropractor who had been providing placements to medical students.

The chiropractor had been working with the University of NSW Rural Clinical School at Coffs Harbour for more than 10 years, but only recently accepted third-year medical students in his practice as part of the University of NSW's allied health placement.

The chiropractor has openly given public support to the Australian Vaccination-Skeptics Network, previously the Australian Vaccination Network.

The chiropractor wrote: "Of course we don't support vaccination, it's the biggest medical sham since bloodletting!" on the AVN's Facebook page in 2011 after some doctors, including the AMA, accused some chiropractors of undermining public health by supporting anti-vaccination campaigns.

Former AMA President Dr Steve Hambleton at the time called for chiropractors to be struck off if they continued to promote anti-vaccination campaigns.

"We've had a number of reports of chiropractors promoting anti-vaccination messages and even having continuous professional development from anti-vaccination proponents, so frankly it's up to the chiropractor board to protect the public," Dr Hambleton said.

Six months later the chiropractor referred to pharmaceutical drugs such as statins as snake oil, and claimed the 1918 flu pandemic was caused by lowering living standards, not the H1N1 virus on Facebook.

The chiropractor told *Australian Doctor* that around 20 students had been through his practice and said that, as a chiropractor, he had always been professional with the students and was not preaching anti-vaccination propaganda.

"If someone has a different opinion on vaccines, then surely that shouldn't be used as a point to exclude someone from being involved with their students? It's like being Protestant and being told you can't go to Catholic school," the chiropractor said.

A University spokesperson confirmed with *Australian Doctor* that, after discovering the chiropractor's anti-vaccination views, that student placements with the practitioner have been permanently terminated.

Emeritus Professor John Dwyer from the University of NSW said that medical students should be educated about what the public is being offered by alternative health practitioners, but believed it was a step too far for the school to expose them to pseudoscience.

KIRSTY WATERFORD

Thalidomine used as last ditch cancer drug

Thalidomine – discovered to cause thousands of birth defects in the 1950s and 1960s – has made a comeback as a last-ditch saviour for cancer patients.

Pomalyst, a life-prolonging medication for the incurable bone marrow cancer, Multiple Myeloma, was listed on the Pharmaceutical Benefits Scheme last month. The drug is a derivative of Thalidomine.

Previously the drug cost thousands of dollars for each dose, but is now available for less than $50.

More than 1200 Australians are diagnosed with Multiple Myeloma each year. The disease is incurable and often leaves patients in a lot of pain. The disease causes an accumulation of abnormal plasma cells in the bone marrow, which can cause bone damage, nerve damage, renal impairment, and immune deficiencies.

The drug carries the same risk for embryos – severe birth abnormalities or death – as Thalidomine, and women taking it have been warned of the risks and will not be given it if pregnant.

Haematologist at Melbourne's Peter McCallum Cancer Centre, Professor Miles Prince, says Pomalyst is not a cure and not suitable for all Myeloma sufferers, but he considers the drug a game-changer for some patients.

"They can go home and start taking the tablet, seeing immediate improvement in their symptoms, and get a better quality of life," Dr Prince said.

"It will specifically seek out the Myeloma and kill it, so it's a boost for the immune system, and it's not as toxic as things like chemotherapy," he said.

KIRSTY WATERFORD

INFORMATION FOR MEMBERS

AMA Fee List Update 1 November 2015

The 1 November 2015 edition of the AMA Fees List will soon be available both in hard copy and electronic format.

The hard copy for those members listed as being in private practice or with rights of private practice, and salaried members who have requested a book will commence being dispatched on 14 October 2015.

The AMA Fees List is available in the following electronic formats; a PDF version of the hard copy book, a CSV file for importing into practice software, as well as an Online database where members can view, print or download individual items or groups of items to suit their needs.

The PDF and CSV versions of the AMA Fees List will be available to all members via the Members Only area of the AMA website http://www.ama.com.au/resources/fees-list from 21 October 2015. The Fees List Online Database will be updated on 2 November 2015.

To access this part of the website simply enter your username and password by clicking on the symbol in the right corner of the blue task bar at the top of the AMA homepage and follow these steps.

1) From the home page hover over **Resources** at the top of the page. A drop down box will appear. Under this, select **Fees List**.
2) For the PDF and CSV - Select first option, **AMA List of Medical Services and Fees - 1 November 2015 (Members Only)**.
3) Download either or both the CSV (for importing into practice software) and **PDF** (for viewing) versions of the AMA Fees List.
4) *For the Fees List Online Database* - Select **AMA Fees List Online Database (Members Only)**
5) Click on the link to open the AMA Fees List Online Database, or alternatively the database can be accessed directly via http://feeslist.ama.com.au.

Also available to members is the AMA Fees Indexation Calculator, this allows you to calculate your own fee increase based on your individual cost profile. To access the AMA Fees Indexation Calculator, follow these steps:

1) From the home page hover over **Resources** at the top of the page. A drop down box will appear. Under this, select **Fees List**.
2) Select AMA Fees Indexation Calculator (Members Only)

Members who do not currently have a username and password should email their name, address and AMA member services number to **memberservices@ama.com.au** requesting a username and password.

If you do not receive your hard copy of the 1 November 2015 AMA Fees List or would like one, please contact the AMA on **02 6270 5400** or email **feeslist@ama.com.au**.

Research

Third of Australian girls not immunised against cervical cancer

Almost 30 per cent of Australian girls aged 15 in 2013 were not fully immunised against cervical cancer. In some areas, only 50 per cent of all girls have had the vaccine.

A report by the National Health Performance Authority found that regions in NSW, including outer Western Sydney and the Blue Mountains, southeast Tasmania, and remote South Australia had the lowest coverage rates, with only 56-60 per cent of girls fully immunised against cervical cancer.

The vaccine protects against the human papillomavirus, which for most people is harmless without symptoms. However, the virus can cause a range of cancers and other conditions. Four out of five people will have a human papillomavirus infection at some stage of their lives.

To be fully immunised, girls need to receive three shots of the vaccine over a six month period, and it needs to be given before girls and boys become sexually active.

Australian Cervical Cancer Foundation Chief Executive Joe Tooma told the *Courier Mail* the lack of understanding of the cancer and the vaccine was probably the reason so many girls were not fully immunised.

"It's a real shame people aren't taking the opportunity of having a vaccine that reduces their risk of dying from cervical cancer by 80 per cent," Mr Tooma said.

Dr Julie Brotherton from the National HPV Vaccination Program Register told the *Courier Mail* that research showed it was the third dose of the vaccine that was most often missed. She said the reason girls miss out is mostly logistical rather than concerns over side effects or objections.

KIRSTY WATERFORD

Australians all fall down - study

Jack and Jill aren't alone when it comes to falling down. More Australians than ever before are being hospitalised because of a fall, with the elderly most susceptible.

A new study by the Australian Institute of Health and Welfare found that Australians are more likely to be hospitalised from a fall than a motor vehicle accident.

The report, *Trends in hospitalised injury, Australia 1999-00 to 2012-12*, examined injuries requiring hospital treatment between 1999-00 and 2012-13. The yearly number of cases rose from 327,000 to 447,000.

AIHW Spokesperson Professor James Harrison said that the rate of hospitalised injury increased by an average of one per cent per year with falls on average increasing by two percent per year.

Professor Harrison found that, in 2012-13, falls were the most common injury requiring hospitalisation (40 per cent), followed by transport crashes (12 per cent).

More than 170,000 people were hospitalised as a result of a fall and over half the cases were people over the age of 65, with women most susceptible.

Overall injuries were more common among men (250,440 cases) than women (196,233 cases). The rates of injuries were higher for males than females for all age groups up to 60-64, where injury rates were higher among women than men.

The average hospital stay was four days, equalling more than 1.7 million days in 2012-13. The length of the stay increased with age to an average of seven days for those 65 and over.

About 16 per cent of injury cases were considered a high threat to life, which increased to 29 per cent for people aged 65 years and over.

It's not all doom and gloom, however, with hospitalisations due to poisoning by pharmaceuticals and other substances decreasing by four per cent per year, and drowning decreasing by one per cent per year.

KIRSTY WATERFORD

Red wine's health benefits up for debate

The health benefits of red wine have been boasted about for a while, with research indicating it lowers the risk of heart disease and Alzheimer's, but new research suggests that one glass a day can increase risks of alcohol-caused cancer.

Harvard researchers examined how light standard drinking could influence cancer risk, with more than 130,000 participants conducted over a 30 year period. Those who drank more had a higher risk of alcohol caused cancers or alcohol related cancers.

The study found that just one drink a day for women and two

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Research

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drinks per day for men can increase the risk of contracting breast, colon, oral, liver, and oesophageal cancers. The risk is significantly higher for smokers compared to non-smokers.

Overall the researchers found that one standard drink was associated with a very tiny risk of most types of cancer among both men and women. However, women were at a significantly higher risk of developing breast cancer (13 per cent increase) if they had one standard drink a day, while men were only at greater risk of cancer if they paired their drinks with smoking.

Lead researcher Yin Cao said, for men, especially those who ever smoked, they should limit alcohol to even below the recommended limit, and smoking and heavy alcohol consumption should be absolutely avoided to prevent cancer.

This is not the first study to find a link between moderate drinking and breast cancer. Similar results were observed by Oxford University. Researchers found that for each drink consumed per day, there were 11 cases of breast cancer diagnosed per 1000 women under the age of 75.

Professor Sir Ian Gilmore, Chair of the Alcohol Health Alliance in the UK, told the *Daily Mail* that it's time to educate the public on the full extent of health risks associated with drinking.

"We know that the public are still largely unaware of the links between alcohol and cancer, particularly increased risk of developing breast cancer," Sir Gilmore said.

"We all have a right to know what we are putting into our bodies and, at the minute, consumers are being denied this right."

The AMA has been calling for the Government to develop a National Alcohol Strategy.

AMA President Professor Brian Owler said Australia has a problem with alcohol, a big one, and a National Alcohol Strategy is needed to create a safer and more responsible drinking culture.

The study was published in the *British Medical Journal*.

KIRSTY WATERFORD

INFORMATION FOR MEMBERS

REMEMBER TO RENEW YOUR MEDICAL REGISTRATION BY 30 SEPTEMBER

Registration renewal for medical practitioners with general, specialist and non-practising registration is due by 30 September 2015. Renewal applications received during October will incur a late payment fee.

The registration fee of $724 covers the registration period for most practitioners from 1 October 2015 to 30 September 2016.

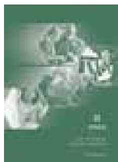
AMA Member Benefits

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

AMA members requiring assistance can call AMA member services on

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

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



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.

Careers Advisory Service: Your one-stop shop for information and resources to help you navigate through your medical career.

CPD Tracker: Record your continuing professional development (CPD) online with the AMA's CPD Tracker, a free service for members.

Amex: American Express is a major partner of the AMA and offers members special discounts and extra rewards on a range of credit cards, merchant services and offers for existing AMA cardholders.

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.

OnePath: OnePath offers a range of exclusive insurance products for AMA members.

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

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

Not a member?

Join now to discover the representation, services, resources and benefits available to members:

www.join.ama.com.au/join