

A U S T R A L I A N

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Is the thaw coming?

Freeze won't last, says Gannon, p3



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AMA

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Cover: AMA President Dr Michael Gannon interviewed on Sky News following his meeting with Health Minister Sussan Ley

Gannon 'gobsmacked' if Govt persists with Medicare rebate freeze



AMA President Dr Michael Gannon has declared he would be “gobsmacked” if the Federal Government took the Medicare rebate freeze to the next election, and has called for a “firm timeline” for its end.

Speaking following his first meeting with Health Minister Sussan Ley since the knife-edge Federal election, Dr Gannon said unwinding the freeze would be a good start to Government efforts to rebuild trust with the public on health policy.

“I would be gobsmacked if the Government took an ongoing freeze to the next election,” the AMA President said. “They got the scare of their life on health, and that was probably the policy which hurt them the most.”

Health industry analyst Andrew Goodsall, of investment bank UBS, put the chances of a U-turn on the rebate freeze at 75 per

cent because it was unlikely the Government would want to take the contentious policy to the next election, due in 2019, given its influence on the most recent poll.

The policy is also drawing the ire of the states. A briefing note from the Victorian Government, reported in *The Age*, estimated that the decision to extend the rebate freeze for an extra two years would cost the State \$230 million because of an increase in the number of patients choosing to seek treatment at public hospitals rather than their GP.

While Ms Ley did not make any commitments, Dr Gannon said the meeting, which he hoped would become a regular occurrence, established common ground, including an acknowledgement that health was not the area of the Budget in need of “repair”.



Gannon 'gobsmacked' if Govt persists with Medicare rebate freeze

... from p3

"It is true that the Government should try and find ways of balancing its books, but it's not true to say that health spending is out of control," Dr Gannon said. "Our discussions did focus on the fact that health is not the problem with the Budget... health should not be the focus of Budget repair in this Turnbull Government."

Balancing the books

Treasurer Scott Morrison has left open the prospect of removing the rebate freeze, though he has warned that scrapping the \$2.4 billion policy would have to be offset by savings elsewhere in the Budget.

"When things come off the table, other things have to go on because our obligations to reduce the deficit, to return the Budget to balance, to address the concerns raised by the agencies which can have an impact on our [AAA credit] rating," Mr Morrison said on ABC News 24. "Holding to this trajectory we've set out in the Budget on fiscal repair and seeing that actually work through the Parliament, and seeing those measures actually being legislated...that has got my absolute focus, because that is my responsibility as Treasurer."

The AMA campaigned hard during the election on the Medicare rebate freeze amid warnings it would force many GPs to stop bulk billing, increasing the risk that the sickest and poorest would defer seeing their family doctor until they needed much more expensive hospital care.

Both Labor and the Greens promised to reinstate rebate indexation from 1 January next year, and before the 2 July poll the AMA called on the Coalition to match the commitment.

At his meeting with Ms Ley, Dr Gannon said that: "If we didn't already know it, I think that the Australian people see what they get from GPs and public hospitals is very important to them".

Ms Ley, who in May indicated that she would like to see the freeze scrapped, responded that the Government had "listened to feedback during the election campaign, as I've talked to practitioners in the last week I've listened to feedback so we've got a really solid foundation on which to build this relationship and exciting policy for the future".

However, the Minister was non-committal on getting rid of the freeze, and the AMA President said it would be the subject of further discussions.

But he said the end of the freeze should be a priority for the Government.

Good faith

"Unravelling the freeze would be a great start, a good sign of good faith from the new Government...and the sooner the better. I will be looking for serious undertakings and a firm timeline from the Government," he said.

After springing surprise savage cuts in the health sector in its 2014 Budget, the Coalition has struggled to gain traction in the policy area ever since, and Prime Minister Malcolm Turnbull has admitted those policies, which included two failed attempts to introduce a GP co-payment and massive cuts to public hospital spending, had laid "fertile ground" for a Labor scare campaign over the future of Medicare.

Since the election, the Government has sought to reclaim some of the ground it lost by engaging more closely with the health sector, particularly the AMA.

Mr Turnbull has already met with Dr Gannon and, in his speech unveiling his new Ministry on 18 July, made special mention of his hopes for a closer working relationship with the AMA.

Dr Gannon said it was gratifying that Ms Ley had made meeting with the AMA "her first order of business" since being reaffirmed in the Health portfolio.

"The Government has shown a willingness to listen to the AMA and a willingness to engage more closely on health policy," the AMA President said. "[From] very early preliminary discussions with the Minister today, [there] was a willingness to listen... and when governments talk to doctors, when doctors talk to government, we've got a really good chance of coming up with the best health policy."

"I don't think it's smart to get doctors offside, and I think it's smart to listen to all stakeholders in the health industry. I think that the Government will make good policy if they talk to doctors, if they talk to nurses, if they talk to other people at the coal-face, dealing with patients everyday, whether that's in the community, or in hospitals. Good health policy is listening to those people who deal with patients every day."

Mr Gannon met with Ms Ley soon after the AMA released Position Statements detailing the important role played by doctors as stewards of the health system, helping minimise waste and making best use of the available resources.

For more detail, visit: <https://ama.com.au/ausmed/doctors-must-have-health-say>

ADRIAN ROLLINS

Co-payment is 'poison'

AMA President Dr Michael Gannon has declared that the idea of a patient co-payment is dead, with no desire on the part of the Government or the AMA to see it resurrected.

Speaking following a meeting with Health Minister Sussan Ley, Dr Gannon told ABC News 24 that he thought there was no chance the Coalition Government would try to introduce some form of GP co-payment after two earlier versions were shot down amid a fierce backlash from the AMA and patients.

"I think that the co-payment word is poison to Government, and it's poison to the AMA," Dr Gannon said. "We opposed both versions of the co-payment back in 2014...[and] I don't think that there's any desire from either the Government or the AMA or anyone else in the health sphere to see the co-payments introduced."

The AMA President said the evidence showed that even nominal out-of-pocket expenses would deter some patients from seeing their doctor, causing health problems to deteriorate and need more expensive hospital care later on.

The Abbott Government initially proposed a \$7 co-payment for all doctor visits, which was watered down to \$5 cut to Medicare rebates that doctors could pass on to patients. But both ideas were withdrawn following a massive public backlash and staunch opposition in the Senate.

Instead, the Government has extended a freeze on Medicare rebate indexation to 2020, which has been described as a co-payment by stealth because it will force an increasing number of GPs to abandon bulk billing.

Dr Gannon is pushing the Government to unfreeze Medicare rebates, and expects the policy to be gone by the next Federal election.

He said the tight result of the election just fought sent a clear message to the Coalition about how much the people valued access to health care.

"I think that the Australian people want their affordable access to see their GP, access to public hospitals. They've spoken. They've said that they are absolutely key things that they expect from their Government. They regard them as absolutely core services and I think the post polling, the exit polling, the private polling has told the Government that," he said.

Instead of a co-payment, Dr Gannon said the AMA supported GPs privately billing those patients who could afford to pay, while ensuring there were robust safeguards in place to give the neediest and most vulnerable ready access to care.

"The reason the co-payment models of 2014 were so wrong is that they didn't give individual doctors the ability to make those judgements. They also didn't give the system the ability to protect the neediest in the community and we know that even small \$5, \$6, \$7 out of pocket expenses are enough to stop some people from going to see the doctor," he said.

ADRIAN ROLLINS

Do you know that more than 25% of Australian women continue to drink during pregnancy?

We know that it is safest not to drink alcohol during pregnancy, and that prenatal alcohol exposure is the most preventable cause of fetal brain damage and subsequent diagnosis of Fetal Alcohol Spectrum Disorder (FASD).

Training for doctors to assist in equipping you to confidently discuss alcohol and pregnancy with women is available via the Royal Australian College of General Practitioners and the Royal Australian New Zealand College of Obstetricians and Gynaecologists. This training is also accredited with the Australian College of Rural and Remote Medicine.

For more information on the free accredited training or to access the **Women Want to Know** resources visit www.alcohol.gov.au



Doctors must have health say

Doctors must have a central and active role in Government decisions on health funding and the allocation of resources within the health system, AMA President Dr Michael Gannon has said.

Just days after Prime Minister Malcolm Turnbull highlighted the need for a “better working relationship with the AMA and its GP membership”, the AMA has sharpened its pitch for a greater say in the financing of health care and the deployment of resources.

Dr Gannon said recent policy failures and poor decisions such as the Abbott Government’s hamfisted GP co-payments, the extended Medicare rebate indexation freeze and cuts to public hospital funding showed the need for much greater involvement of doctors in the formulation of policy.

“When major health decisions are taken without clinical involvement, the results are often sub-optimal and unsustainable,” Dr Gannon said. “Doctors bring a practical and informed perspective from the real world of their clinical practice to health financing and funding decisions [and] must have an active role in the operation of healthcare financing and funding processes, and be involved in decisions on the allocation of resources at the health system level.”

As the Federal Government digests the lessons of its narrow victory in an election where health was a leading issue, there are signs it will seek out the counsel of the AMA more attentively and frequently.

Mr Turnbull and reappointed Health Minister Sussan Ley have both met with Dr Gannon since the election, and at the announcement of his new Ministry on 18 July the Prime Minister said he was “confident we will have a better working relationship with the AMA and its general practitioner membership”.

Dr Gannon said doctors, individually and as a profession, had a direct interest in the overall resourcing, performance and sustainability of health care, and their role as stewards of healthcare financing and funding must be explicitly recognised by governments.

The specific role to be played by doctors and the medical profession in the stewardship of health care resources was detailed in two Position Statements released on 21 July.

The first, *AMA Position Statement on the Doctor’s Role in Stewardship of Health Care Resources 2016*, set out the obligation on individual practitioners to eliminate wasteful practices, minimise diagnostic errors and ensure patients receive the most appropriate treatment.

“Individual doctors affect health care expenditure through their

clinical recommendations and decisions regarding patient treatment,” Dr Gannon said.

“Doctors can reduce wasteful expenditure by applying responsible stewardship to their everyday practices through, for example, appropriate clinical decision-making, minimising diagnostic error, and eliminating tests, treatments or procedures that are unnecessary, inappropriate, or unwanted by the patient.”

The AMA President said this should not be confused with rationing, which limits the amount of care a patient receives because of financial constraints.

“Doctors must retain their clinical independence and professional autonomy so they can make health care decisions based on the best interests of the patient, and not the interests of third parties such as insurers, governments or employers,” he said.

The second Position Statement, *The Role of Doctors in Stewardship of Healthcare Financing and Funding Arrangements 2016*, details how the stewardship obligation on individual doctors extends to encompass of the medical profession as a whole.

“The primary ethical duty of the doctor is to care for, and protect the healthcare interests of, the individual patient,” the Position Statement said, adding that there was a secondary ethical duty on doctors “to protect the interests of other patients and the wider community”.

“This secondary duty involves ensuring healthcare financing, funding and expenditure are managed to ensure resources are available for health needs currently and into the future,” the Statement said. “Doctors must have an active role in the operation of healthcare financing and funding processes and be involved in decisions on the allocation of resources at the health system level.”

To achieve this, doctors and their representatives “should seek opportunities to formally engage in healthcare financing and funding processes”.

Together, the Position Statements make the case for doctors and the AMA to be at the centre of decisions affecting health financing and the allocation of resources, for the sake of patients – something that so far the Government seems to be open to.

ADRIAN ROLLINS

Royal Commission must shine light on NT juvenile justice and health

The AMA has thrown its support behind the Federal Government's decision to establish a Royal Commission into the mistreatment and abuse of young people being held in detention in the Northern Territory.

AMA President Dr Michael Gannon said shocking images and revelations broadcast by the ABC's *Four Corners* program had sent shockwaves through the community, and reinforced warnings made by the AMA over many years about the treatment of people, particularly children, incarcerated in the NT.

“Rates of incarceration among Aboriginal and Torres Strait Islander people are startlingly high – they comprise 28 per cent of all prisoners, and are 13 times more likely to be locked up than other Australians”

“The cruelty, violence, and victimisation experienced by these young people will have impacts on their mental and physical health for the rest of their lives,” Dr Gannon said.

“The unacceptable abuse that took place at the Don Dale Detention Centre is clearly indicative of broader problems in the detention and prison systems in the Northern Territory. The AMA, at both the Federal and Territory level, has raised concerns over many years based on reports from doctors and other health professionals, including AMA members, about the poor condition and treatment of people in detention in the Territory, especially children - very often Indigenous teenagers.”

Rates of incarceration among Aboriginal and Torres Strait Islander people are startlingly high – they comprise 28 per cent of all prisoners, and are 13 times more likely to be locked up than other Australians.

Young Indigenous people are even more likely to be imprisoned – they make up half of all children aged between 10 and 17 years held in detention, and are 17 times more likely to be under “youth justice supervision” than children of the same age in the broader community.

Dr Gannon said the Royal Commission would “put a spotlight”

on juvenile justice and the health issues that were often involved in getting young people locked up, and called for “brave and creative” thinking about alternatives to imprisonment.

“Health issues – notably mental health conditions, alcohol and drug use, substance abuse disorders, cognitive disabilities – are among the most significant drivers of incarceration. We must also look at the intergenerational effects of incarceration,” the AMA President said.

The Government is under pressure to expand the terms of reference of the Royal Commission to include the juvenile justice system nationwide, amid revelations that some of the practices used at the Don Dale Centre, including so-called “spit hoods” are also employed in Western Australia.

Shadow Assistant Minister for Indigenous Affairs, Senator Patrick Dodson, said the problems identified in the *Four Corners* report were not confined to the NT.

The revelations of shocking abuse at the Don Dale Centre have also focused attention on police practices that are seen to be contributing to high rates of imprisonment among Indigenous children, particularly the NT's ‘paperless arrest’ powers that allow police to detain people for up to four hours for minor offences.

“There must be a community debate about alternatives to incarceration, and serious investigation into alternative methods of rehabilitation for young offenders,” Dr Gannon said. “This will require considering new ideas, and brave and creative thinking.”

The health impacts of high rates of Indigenous imprisonment were highlighted by the AMA in its *Indigenous Health Report Card 2015 – Closing the Gap on Indigenous Imprisonment Rates* released last year.

“The rate of imprisonment of Aboriginal and Torres Strait Islander people is rising dramatically, and is an issue that demands immediate action,” the Report Card said.

The AMA has called for the Federal Government to set a national target to close the gap in imprisonment rates between Indigenous people and the rest of the community, with children and young people the immediate priority.

ADRIAN ROLLINS

Sex selection a 'slippery slope' to designer babies: Gannon



Using IVF technology to enable parents to choose their gender of their child for non-medical reasons was an unwarranted use of scarce health funds that could start a slippery slope toward designer babies, AMA President Dr Michael Gannon has warned.

Dr Gannon, a Perth-based obstetrician, said if parents were able to use IVF technology to choose the gender of a third child, it would not be long before it was being used to select for other characteristics.

"I think you would very soon have the situation where people do it for a first child," the AMA President told radio 2GB. "Where do you stop? Do we start selecting eye colour? Hair colour? Just because you can do something with medical science doesn't mean that you should do it."

The AMA President made his comments following a push by fertility clinics for rule changes to allow the gender selection of babies to parents who already have children.

Current National Health and Medical Research Council (NHMRC) guidelines ban sex selection except as a means to avoid transmission of serious genetic diseases such as haemophilia or to address the risk of miscarriage.

Dr Ian Olver, Chair of the NHMRC's Australian Health and Ethics Committee which is overseeing a review of IVF rules, told News Corporation that, "I don't think there would be any appetite for anything that emphasised one gender over another and allowed people for cultural or racial reasons to pick one gender".

But Dr Olver left open the possibility of adopting rules similar to those in Israel that allow couples who already have at least four

children of the same gender to petition for permission to choose the sex of the next baby.

The Committee Chair said one of the considerations was that some prospective parents were seeking IVF treatment in the US and Asia to get around sex selection ban in Australia.

"Some of them may be putting themselves in a less-than-ideal medical situation to achieve their goal, so that has to be taken into consideration," he said.

In June, Dr Olver's committee received recommended draft rules from a working group set up three years ago to examine possible changes, and is now considering them.

But it is unclear how long the process may yet take. The NHMRC said it was "currently unable to provide a definitive timeframe for the completion of the review".

The Fertility Society of Australia and IVF Australia are among those pushing for a rule change to help families achieve some form of gender balance.

But Dr Gannon said it was "weasel words" to talk of family balance, and the "uncomfortable reality" of IVF was that it involved the creation and destruction of multiple embryos.

He said allowing for the gender selection of babies could have a number of serious consequences, including the potential to force otherwise healthy couples into IVF and "what it says about children who aren't exactly like we would like them to be, and what it says about our attitudes to different genders".

The cost of providing this option also needed to be taken into account, particularly in light of competing demands for scarce health funding.

Dr Gannon said part of the cost of even private IVF procedures was borne by taxpayers, and "last time I checked, we were fighting for the most basic of health services - we have got a freeze on GP rebates, and we could do so much better on Aboriginal health, mental health".

"I just don't think we've got enough fat in the health system to pay for so-called family balancing in people who could otherwise conceive naturally."

ADRIAN ROLLINS

Shield young from energy drink buzz

A sales ban could be “part of the solution” to reducing the harm to children and young adults caused by highly caffeinated and sugar rich energy drinks, according to AMA President Dr Michael Gannon.

“These drinks contain a huge amount of caffeine and a huge amount of sugar, and that’s why they’re popular, but that’s [also] why they’re unhealthy,” Dr Gannon told ABC News Radio. “We certainly have no hesitation in banning alcoholic beverages from children under this age because we just don’t know how it affects them. Maybe taxing these kind of beverages might be part of the solution. I think that education is where it really starts but a blanket ban might work as well.”

The AMA President was commenting following the release of a study showing that the consumption of energy drinks has rocketed in the last decade and has been associated with an increase in health problems and risky behaviour.

The study, published by the Food Research Collaboration, an initiative of the Centre for Food Policy at City University London, found that energy drinks sales in the UK more than doubled between 2006 and 2014 from 235 to 600 million litres, and a survey conducted in 16 European countries including Great Britain showed 68 per cent of 11 to 18-year-olds and almost one in five children younger than 10 years consumed energy drinks, including more than 10 per cent who drank more than a litre in a single session.

A worldwide review of research showed energy drinks were linked with headaches, stomach upsets and sleeping problems, and a University of Adelaide study found 36 per cent of 13- to 40-year-olds attending South Australian hospital emergency departments with heart palpitations had consumed at least one energy drink in the previous 24 hours. In the US, the number of emergency department visits associated with energy drink use doubled between 2007 and 2011.

Last year, a US review of 17 cases where people suffered heart attacks or other cardiac “events” after consuming energy drinks found almost 90 per cent were younger than 30 years of age, and the majority did not have a cardiac abnormality. The US Food and Drug Administration reported 18 deaths associated with energy drinks between 2004 and 2012.

Co-author of the UK research, Dr Shelina Visram, told *The Guardian* that governments needed to act to restrict the sale and marketing of energy drinks to young people.

“The Government needs to set strict limits on added sugars in

these products and ban the sale to children under 16 because of their high caffeine, calorie and sugar content.”

Dr Gannon echoed Dr Visram’s concerns, arguing energy drinks were laced with stimulants in far greater quantities than other common beverages.

“A lot of parents will be very careful in introducing their children to tea and coffee, and yet the amount of caffeine and other stimulants like guarana in some of these energy drinks is much greater than what you’d get in a cup of tea, much greater than even what you’d get in a strong coffee,” he said.

While energy drinks advertise high concentrations of caffeine – around 80 milligrams in cans of Red Bull, Monster and Rockstar, and more than 200 milligrams in a 60 millilitre can of 5-Hour Energy compared with around 35 milligrams in a can of cola – researchers said other common ingredients, particularly taurine, which can interfere with the regulation of the cardiovascular system, could also have potentially severe consequences.

The AMA has for several years raised concerns about the health effects of energy drinks and their heavy consumption on young people, including children.

In 2013, the-then AMA President Dr Steve Hambleton demanded that the caffeine content of energy drinks be reduced, or their sale restricted to adults, following evidence linking them to serious effects in young people, including tachycardia and agitation.

In 2009, the death of a young woman was linked to caffeine from energy drinks, and a study published in the *Medical Journal of Australia* found 297 calls relating to caffeinated energy drinks were made to the NSW Poisons Information Centre between 2004 and 2010, 128 of which resulted in hospitalisation.

Two years ago the Country Women’s Association of New South Wales submitted a petition with 13,600 signatures to Federal Parliament calling for a ban on energy drink sales to everyone younger than 18 years.

Both the AMA and the CWA have highlighted inconsistencies in food standards that limit the amount of caffeine in soft drinks to a maximum of 145 milligrams per kilogram, but impose no similar limit on energy drinks.

ADRIAN ROLLINS

This is where the health system fails

The effect of where you live on your health is nowhere more apparent than on Palm Island.

Inhabitants of the small island just north of Townsville are being hospitalised for chronic obstructive pulmonary disease at almost 21 times the rate of other Queenslanders, are being admitted for epilepsy and the bacterial skin infection cellulitis at 12 times the state-wide rate, are in hospital for diabetes complications at almost nine times the state-wide rate, and are six times more likely to be admitted for a urinary tract infection.

Leading health economist Professor Stephen Duckett says these figures show a community that is being failed by the health system.

“When people end up in hospital for diabetes, tooth decay or other conditions that should be treatable or manageable out of hospital, it’s a warning sign of system failure. Australia’s health system is consistently failing some communities,” he says.

Palm Island is among 63 locations in two states – Queensland and Victoria – identified by Professor Duckett and his colleagues at the Grattan Institute in their report *Perils of place: identifying hotspots of health inequality* where rates of preventable hospitalisation are at least 50 per cent above the state-wide average for a decade or more. These include conditions such as asthma, diabetes, high blood pressure and malnutrition.

“Persistently high rates of potentially preventable hospitalisations are not normal,” the health economist says. “They are a signal that the existing health policies are not working or are insufficient.”

What causes these areas to have such high rates of health disadvantage are as individual as the places themselves, and influences include air and water quality, housing standards, employment, services like schools, clinics, roads and public transport, crime and community cohesion.

Professor Duckett says that while these areas tend to be more disadvantaged, “we found that potentially preventable hospitalisations are actually generally widely spread, and the places where hospitalisations are most concentrated are quite different for different diseases”.

The complex picture means that policy prescriptions have to be tailored to the individual characteristics of each location: “There is no single solution. The driving forces will be different in each place”.

But just because they defy generalisation and a one-size-fits-

all solution, that is no reason not to address the issue, and the rewards in improved health and lower expenditure are considerable - Professor Duckett calculates that reducing preventable hospitalisation rates in the 63 areas identified in the Grattan Institute report to the state-wide average would, conservatively, save between \$10 and \$15 million a year in direct health costs alone, without taking into account indirect savings from fewer sick days and improved workforce participation.

Professor Duckett says the Commonwealth should fund trials, led by local Primary Health Networks, to test solutions and, crucially, commission rigorous and independent evaluations to identify what works and what does not.

PHNs should also develop tools to more precisely identify and target preventable hospitalisation hotspots. As data from trials is accumulated and lessons drawn, PHNs should use this information and experience to strengthen and expand their efforts.

Professor Duckett admits the priority areas identified in his report represent only a fraction of the problem, and “prevention efforts in these areas alone will not substantially reduce the overall burden of potentially preventable hospitalisations”.

“But,” he added, “they will help to efficiently reduce the worst health inequalities and will build the evidence base for how to address health inequalities more broadly.”

The bottom 10

The nation’s worst preventable hospitalisation hotspots

Palm Island
Yarrabah
Mount Isa
Mount Morgan
Northern Peninsula
Donald
Langwarrin South and Baxter
Broadmeadows
Frankston North
Kingaroy

Source: Grattan Institute

ADRIAN ROLLINS

Contaminated mouth wash recalled

A common mouth wash and denture cleaner has been recalled after being blamed for a rash of infections among intensive care patients at a hospital.

Batches of Chlorofluor Gel, which is taken to help treat mouth infections and is often used as a post-operative treatment following teeth extraction and other oral surgery, have been found to be heavily contaminated with a bacteria that can cause serious infections in patients with chronic lung diseases such as cystic fibrosis.

The Therapeutic Goods Administration has called on all those with Chlorofluor Gel from with a batch number BK 119 to immediately stop using the preparation, and distributor Professional Dentist Supplies has undertaken a nationwide recall of the product.

The TGA said the contamination was discovered after a group of intensive care patients at an unnamed hospital were found to be colonised or infected with the bacterium *Burkholderia cepacia*.

Investigations found that Chlorofluor Gel used to treat the patients, as well as from unopened containers in the same batch, were contaminated with high levels of *B. cepacia*. The contamination was found in all bottle sizes of the formula from the same batch.

The medicines watchdog said that although the bacterium posed little threat to healthy people, those with weakened immune systems, such as intensive care patients, might be more susceptible to infection and “at increased risk of associated health problems”.

“The effects of *B. cepacia* infection vary widely, ranging from no symptoms at all to serious respiratory infections, especially in patients with chronic lung diseases, such as cystic fibrosis,” the regulator said.

Chlorofluor Gel can be purchased over-the-counter, and those with products from the contaminated batch have been advised to return it to the place of purchase to get a refund, or to call Professional Dentist Supplies on 03 9761 6615 to arrange for the affected product to be collected and receive a refund.

Doctors treating patients who have used Chlorofluor Gel and who are showing signs of infection are being advised to include potential exposure to *B. cepacia* in clinical notes accompanying a pathology referral. The TGA said a test was unnecessary if patients were showing no signs of infection.

ADRIAN ROLLINS

INFORMATION FOR MEMBERS

Slater and Gordon offers CPD grants to doctors

Legal firm Slater and Gordon is offering small grants to help with continuing education for doctors and other medical professionals working with patients who have become sick or injured in the workplace.

The Slater and Gordon Health Projects and Research Fund was set up in 2014 to broaden the law firm’s commitment to be part of a community working to improve the lives of others.

It provides grants of up to \$250,000 to not-for-profit organisations that focus on illness and injury prevention, and the improvement of treatment and care for people with an asbestos-related disease, an occupation-caused cancer, or catastrophic spinal cord or brain injury.

Small grants of up to \$3000 are available to support the continuing education of medical and allied health professionals seeking to enhance

their expertise in caring for and treating patients or clients in these areas.

It was built on the achievements of the Slater and Gordon Asbestos Research Fund, which since 2004 has provided more than \$1.4 million towards education, medical research, and other projects designed to improve the treatment of people with an asbestos-related disease.

The 2016 grant round closes on 26 August, with applicants to be informed of outcomes by 31 October.

For more details, including the grant application guidelines, contact Suzy Mallett on 03 8644 8466 or researchfund@slatergordon.com.au.

MARIA HAWTHORNE

Bowel cancer screening test rates remain low

Participation rates in a potentially lifesaving bowel cancer screening program remain low among the over-50s, leading to calls for a new national strategy.

Almost 2.24 million Australians were invited to take part in the National Bowel Cancer Screening Program (NBCSP) in calendar years 2013 and 2014, figures released by the Australian Institute for Health and Welfare (AIHW) in July showed.

But only 37 per cent took part, the AIHW said.

While this was a slight increase on the 36 per cent who took part in 2012-13, it was well down on the 44 per cent who participated in 2007-08.

Bowel Cancer Australia chief executive Julien Wiggins said participation in the bowel screening program was well below other Government screening programs, including BreastScreen Australia (55 per cent) and the Cervical Cancer Screening Program (57 per cent).

"Investment in bowel cancer awareness is vital, however, screening campaigns must motivate action that drives participation," Mr Wiggins said.

"Screening saves lives only if participants get tested. We need an ambitious target, supported by a national strategy that will engage and activate participants to screen."

A recent NBCSP awareness evaluation found that the main reasons given for not participating in the taxpayer-funded program were that respondents had "undergone a colonoscopy" (25 per cent) or that they were "too lazy" (16 per cent).

The AIHW figures showed that older people were more likely to return their completed screening test, with the participation rate rising from 29 per cent for people aged 50-54 to 44 per cent for those aged 65-69.

People living in South Australia had the highest participation rate (44 per cent) and those in the Northern Territory had the lowest (28 per cent).

In 2014, about 35,000 participants (7 per cent) returned a positive screening test and were encouraged to visit their GP for further referral.

Of those, 73 per cent had a diagnostic assessment recorded, with 181 confirmed cancers, 638 suspected cancers, and 3655 adenomas detected, and 17 people were admitted to hospital within 30 days of assessment.

"In 2016, it is estimated that 17,520 people will be diagnosed with bowel cancer and that 4094 people will die from bowel cancer," the AIHW said.

Bowel Cancer Australia has launched its 75 by 2025 campaign, aiming to encourage 75 per cent of people aged 50 and over to regularly screen for cancer through the NBCSP by 2025.

"If achieved, the result would mean a doubling of the current participation rate within the next 10 years," Mr Wiggins said.

"Given the national program won't be available to all Australians aged 50 to 74 until 2020, this is an ambitious goal.

"However, with more than eight million Australians expected to be moving into the bowel cancer stage of the lifecycle by 2026, it is one we need to aspire to."

Mr Wiggins said the recent Federal Government decision to outsource delivery of the National Cancer Screening Registry to Telstra Health should be seen as an opportunity to overhaul the NBCSP's communications strategy and delivery options.

MARIA HAWTHORNE

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National doctor health service almost a reality



A nationwide network of dedicated doctor health services is on track to be established by the end of the year after Victoria and Tasmania became the latest states to join the initiative.

In one of the final steps in setting up the \$2 million network, the details of a funding agreement between Doctors' Health Services Pty Ltd (DrHS) and the Victorian Doctors' Health Program (VDHP), which will provide services to both Victoria and Tasmania, have been finalised.

The southern states join Queensland, New South Wales, South Australia, the Australian Capital Territory and the Northern Territory, where DrHS services are already in place. Arrangements for Western Australia, the only State yet to join the national network, are at an advanced stage.

AMA President Dr Michael Gannon welcomed the development, which he said was a major milestone in ensuring that all doctors and medical students had access to high quality health care, no matter where they lived or worked.

"The AMA has strong links to existing doctors' health services across the country and the VDHP is no exception," Dr Gannon said. "I am pleased that the VDHP now has secure funding for its advisory and support services for doctors as part of the national program."

The Medical Board of Australia is funding DrHS, a wholly-owned subsidiary of the AMA, to coordinate the delivery of doctors'

health services for doctors and medical students in all States and Territories.

The national network is being created to fill a perceived gap in the access by doctors and medical students to dedicated health services, particularly in regional and rural areas.

Medical Board Chair, Dr Joanna Flynn, said a report on doctors' health services across Australia had found that the support available varied from jurisdiction to jurisdiction.

"Victoria has long-established expertise in the area of doctors' health and wellbeing, and we are pleased that the VDHP has agreed to support the provision of services in Tasmania," Dr Flynn said. "This will help to improve the level of support given to the medical profession in Tasmania."

DrHS Chair, Dr Janette Randall, said that she was pleased with the progress made in establishing the national program since DrHS began operations last year. "We are working to finalise arrangements for services in Western Australia, which will complete the rollout of the national network," Dr Randall said.

West Australia is expected to finalise its arrangements for joining the DrHS in coming months, ensuring that a national network will be in place by 2017.

ADRIAN ROLLINS

AMA Family Doctor Week 2016: 24 – 30 July 2016



AMA Family Doctor Week 2016

YOUR FAMILY DOCTOR:
INVALUABLE TO YOUR HEALTH

The AMA used this year's Family Doctor Week to not only celebrate the hard work and dedication of Australia's 30,000 GPs, but to put the re-elected Coalition Government on notice that changes in health care policy are urgently needed.

The traditional National Press Club address has been moved to August to allow for continued campaigning against the Medicare rebate freeze, cuts to public hospital funding, and cuts to bulk billing incentives for pathology and radiology.

Media outlets around the country, including the national WIN network of regional television stations, picked up on the message that GPs are the most cost-effective sector of the health system and need support.

AMA President, Dr Michael Gannon, said that the personalised care and preventive health advice provided by family doctors helps to keep people out of hospitals, and keep health costs down.

"Australian GPs provide the community with more than 137 million consultations, treat more than 11 million people with chronic disease, and dedicate more than 33 million hours tending to patients each year," Dr Gannon said.

"Nearly 90 per cent of Australians have a regular GP, and enjoy better health because of that ongoing trusted relationship."

The AMA used the week to outline a series of proposals for improving the health of Australians while also delivering savings to the Government.

The Pharmacist in General Practice Incentive Program (PGPIP) proposal would integrate non-dispensing pharmacists into GP-led primary care teams, allowing pharmacists to assist with medication management, provide patient education on their medications, and support GP prescribing with advice on medication interactions and newly available medications.

"Evidence shows that the AMA plan would reduce unnecessary hospitalisations from adverse drug events, improve prescribing and use of medicine, and governments would save more than \$500 million," Dr Gannon said.

"When the Government is looking to make significant savings

to the Budget bottom line, the AMA's proposal delivers value without compromising patient care or harming the health sector."

Independent analysis from Deloitte Access Economics identified that the proposal would deliver \$1.56 in savings for every dollar invested in it.

The AMA also stepped up the pressure for more appropriate funding for the Government's trial of the Health Care Home model of care for patients with chronic disease.

In March, the Government committed \$21 million to allow about 65,000 Australians to participate in initial two-year trials in up to 200 medical practices from 1 July 2017. However, the funding is not directed at services for patients.

"GPs are managing more chronic disease, but they are under substantial financial pressure due to the Medicare freeze and a range of other funding cuts," Dr Gannon said.

"GPs cannot afford to deliver enhanced care to patients with no extra support. If the funding model is not right, GPs will not engage with the trial, and the model will struggle to succeed."

With chronic conditions accounting for approximately 85 per cent of the total burden of disease in Australasia and 83 per cent of premature deaths in Australia, it was vital that Australians could turn to their family doctor for advice, Dr Gannon said.

"The Government uses concerns about the sustainability of the health system to justify funding cuts, but instead of making short-sighted and short-term savings, it should invest in preventing disease in the first place," he said.

Family doctors in rural and regional communities, in particular, needed more support.

The AMA called on the Government to rethink its approach to prevocational training in general practice, and to revamp and expand its infrastructure grants program for rural and regional practices.

MARIA HAWTHORNE

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Acupuncture – no point in using it



A medical science advocacy group has called for the Government to remove acupuncture from the Medicare Benefits Schedule, saying there is no evidence it works.

Friends of Science in Medicine (FSM), headed by Emeritus Professor John Dwyer, released a comprehensive review of acupuncture in late July.

It says that despite millions of dollars being spent on research into its effectiveness, no consistent evidence has been found to show that acupuncture provides any lasting benefit beyond a placebo effect.

With the Government looking for ways to cut waste from the nation's escalating health budget, "removing treatments and medicines that don't work is an obvious starting point," FSM said.

"FSM emphasises the importance of having credible scientific evidence of clinical effectiveness underpin the delivery of health care in Australia," the group said.

"We are now arguing that it is time to add acupuncture to the list of 'treatments' for which there is no evidence of efficacy, a primary requirement for Medicare support.

"FSM calls on governments and health agencies not to endorse acupuncture or subsidise its applications, particularly at a time when evidence-based medicines and treatments are under threat as part of cost-cutting measures."

MBS rebates for acupuncture start at \$21.65 and rise to \$105.55 for a treatment of at least 40 minutes performed by a GP who is a qualified medical acupuncturist.



Acupuncture – no point in using it ... from p16

The MBS Review Taskforce is scheduled to deliver its final report to Health Minister Sussan Ley in December 2016. It is expected to recommend removing some services or items from the Schedule, and it can also recommend adding new ones.

“All health care providers who accept that they should base their treatments on scientific evidence, but still include acupuncture as part of their health interventions, should seriously revise their practice,” FSM member and emergency physician, Dr Sue Ieraci, said.

“... despite millions of dollars being spent on research into its effectiveness, no consistence evidence has been found to show that acupuncture provides any lasting benefit beyond a placebo effect”

“There is no place for acupuncture in evidence-based medicine.”

Acupuncture has been claimed to be effective for a virtual A-Z of conditions, from alcohol addiction to whiplash.

Proponents of traditional Chinese medicine (TCM) argue that an undetectable life force called ‘qi’ flows through channels or ‘meridians’ in the body. Disease occurs when the flow of qi becomes blocked.

By inserting a needle into an ‘acupoint’, and then manipulating the needle, channels are unblocked, re-establishing the free flow of qi and relieving pain, correcting imbalances, and removing illness.

However, there is disagreement about the location and number of meridians, with different texts mentioning nine,^{11,12} or even as many as 36.

Nor is the number of acupoints universally agreed. Originally there were 365, corresponding with the number of days in the year, but now more than 2000 have been described.

Research into how acupuncture might work has focused on brain endogenous opioid peptides, which mimic the actions of morphine on pain.

“While there is evidence for the release by various sensory stimuli, including manual acupuncture, of some endogenous opioids and other endogenous chemical mediators potentially capable of modifying pain stimuli, there is little evidence that this is a specific effect related to any anatomical organisation which could correspond to the ‘meridians’ of TCM,” the FSM review said.

“In most cases, any physical or chemical sensory stimulus is likely to result in the release of some endogenous anti-nociceptive substances.

“The highest quality studies have shown that it doesn’t matter where you insert the needles (acupoints or non-acupoints), and that it doesn’t matter whether the skin is penetrated. In one study, touching the skin with a toothpick worked just as well.

“The one thing that does seem to matter is whether the patient believes in acupuncture.”

FSM executive member Professor Marcello Costa, a neuroscientist, said acupuncture had been studied for decades, yet the evidence of any clinical benefit was weak and inconsistent.

“There is no longer any justification for more studies,” Professor Costa said.

“There is more than enough evidence to confidently conclude that acupuncture doesn’t work.”

FSM was established in late 2011 by five founding members from a cross-section of concerned professionals, each with a long but different history of involvement in educational activities fostering good science in Medicine.

The full review can be read at <http://www.scienceinmedicine.org.au/images/pdf/acupuncturereview.pdf>.

MARIA HAWTHORNE

AMI loses appeal over sexual dysfunction treatment

The Advanced Medical Institute (AMI) has lost a long-running legal battle over its aggressive promotion and supply of unproven medications for men suffering from sexual dysfunction.

The Australian Competition and Consumer Commission (ACCC) first instituted proceedings against AMI and its director, Jacob Vaisman, in December 2010, concerned that the company was taking advantage of vulnerable men.

It argued that AMI, which was later sold to NRM Corporation Pty Ltd and NRM Trading Pty Ltd, trained its staff to use high-pressure techniques to sell the treatment programs.

The ACCC put forward 168 individual patient cases, in which medications with no proven efficacy, and sold only by NRM and AMI, were offered. AMI doctors failed to diagnose any underlying cause for their patients' sexual dysfunction or refer them on to specialists.

Men were also falsely led to believe they might suffer heart attacks or strokes if they did not buy the treatments.

In April 2015, the Federal Court agreed with the ACCC, finding that AMI and NRM engaged in unconscionable conduct and used unfair contract terms in the way they promoted or supplied male sexual dysfunction products.

NRM and Mr Vaisman appealed. On 22 July 2016, the Full Court of the Federal Court dismissed the appeal and ordered NRM to pay the full court costs.

"It is immoral to seek to harness the fears and anxieties of men suffering from erectile dysfunction or premature ejaculation for the purpose of selling medical treatments," Justice Anthony North said.

"The technique of frightening men by telling them of the dire adverse consequences of not agreeing to treatment, and assuring them that the treatment was effective, was part of the business system of AMI and NRM.

"It was formulated by management and imparted in an organised fashion through scripts and training sessions.

"The salespeople were trained to tell men that if they did not agree to treatment, they would suffer adverse medical consequences, including shrinkage of the penis and psychological impotence. There was no scientific basis established before the court for these claims."

The Full Court upheld an order permanently restraining NRM from prescribing medications and consulting patients over the telephone, with any statements or representations to be made by a medical practitioner in a face-to-face or video consultation.

NRM had earlier been found guilty of contempt for not complying with the order. A date is yet to be fixed for a hearing on a penalty for the contempt.

Mr Vaisman is also prohibited from having a role in connection with training, supervising, counselling or terminating staff for seven years.

"The ACCC brought these proceedings because NRM sought to exploit consumers' vulnerability for its own commercial gain, by targeting vulnerable consumers with unconscionable advertising and sales techniques," ACCC Chairman Rod Sims said.

"Consumer issues in the health and medical sector are a priority for the ACCC. We will not hesitate to take appropriate enforcement action where businesses in this sector are exploiting the vulnerability of consumers."

MARIA HAWTHORNE

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Your AMA Federal Council at work

WHAT AMA FEDERAL COUNCILLORS AND OTHER AMA MEMBERS HAVE BEEN DOING TO ADVANCE YOUR INTERESTS IN THE PAST MONTH:

Name	Position on council	Committee meeting name	Date
Dr Tony Bartone	AMA Vice President	ACSQHC Primary Care Committee	5/7/2016
Dr Tony Bartone	AMA Vice President	Health Care Home Implementation Advisory Group	22/7/2016
Dr Brian Morton	Former AMACGP Chair	UGPA	24/5/2016
Dr David Rivett	Former AMACRD Chair	Rural and Regional Stakeholder Roundtable	6/4/2016
Professor Geoffrey Dobb	AMA Member	Health Star Rating Advisory Committee	8/4/2016
Dr Kean-Seng Lim	AMA Member	NeHTA (National E-Health Transition Authority) ePrescription Forum	12/5/2016
Dr John Gullotta	AMA Federal Councillor	NeHTA (National E-Health Transition Authority) eReferral Reference Group	5/5/2016
Professor Brian Owler	Former AMA President	Senate inquiry into outcomes of 42nd COAG meeting	27/4/2016
Professor Robyn Langham	AMA Federal Councillor	Development of the Clinical Quality Registries	4/4/2016
A/Professor David Mountain	AMA Federal Councillor	Senate inquiry hearing into paramedics national registration	20/4/2016



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Doctor rating website could hurt patients

AMA President Dr Michael Gannon has warned that posting the clinical outcomes of treatment online could result in reduced access to care, particularly for patients with chronic and complex health problems such as diabetes or obesity.

Nib Managing Director Mark Fitzgibbon has announced plans to expand the insurer's online health care provider directory and customer review website *Whitecoat* to include medical specialists and incorporate hospital data on the clinical outcomes of specialist treatments, claiming it will make it the 'TripAdvisor' of health care.

Health Minister Sussan Ley gave her blessing to the move, which she said was in line with the Government's push for "greater transparency and choice for consumers".

Mr Fitzgibbon said that although Australia's health system was excellent, patients suffered from an "information asymmetry" when it came to making decisions, and by publishing consumer reviews and the gap fees charged by practitioners, *Whitecoat* was aimed at addressing that.

"In most markets the consumers have as much information as the sellers," the insurance chief told *The Age*. "In health care it's anything but. We know from around the world that consumers like to hear what other patients have said about their experience with a doctor or hospital."

In the wrong hands

Dr Gannon said the AMA supported patient education, and informed financial consent was a central tent of ethical practice. But he questioned the intention underpinning *Whitecoat*, voicing concerns about the "information asymmetry that might come if the insurers own all the information", and warned it could have unintended consequences for some patients.

"If the problem you're trying to fix is unreasonable out-of-pocket expenses there's other mechanisms of doing that, and we don't actually have a major problem," the AMA President told ABC radio, with 86 per cent of services provided at no gap to the patient, and further 7 per cent provided with a known gap.

Instead, he voiced concerns about what the impact of

encouraging doctors to spruik themselves and reporting on clinical outcomes might have.

"The last thing I would want to see is medical practitioners being able to advertise and make their own outlandish claims about their abilities," Dr Gannon said. "The real concern about that is whether it really helps, and whether it might actually act to reduce the access of patients to care."

"The last thing you want is doctors being concerned about their stats being splashed all over the internet and then avoiding high risk cases.

"If you start telling me that you're going to publish all my wound infection data, will I turn around and say 'Look, I'm not going to operate on diabetics anymore, there's no way I'm going to operate on people who are morbidly obese, and I'm certainly not going to operate on patients who come down from the country where I can't keep an eye on them'. It's the law of unintended consequences.

"We can't have people determining the care they give out of fear of what a blunt instrument like an infection rate might show on the internet."

Big ambitions

Nib has received a major boost to its ambitions for the *Whitecoat* service after fellow insurers Bupa and HBF agreed to sign up, expanding its reach to six million Australians.

Mr Fitzgibbon said the aim was to develop the website into an industry-wide platform open to all providers and participants that would inform consumers.

"From the very beginning, *Whitecoat* has been all about empowering consumers with better information to make more informed decisions," he said. "*Whitecoat* is another example of how the digital world is shifting power away from the sellers of goods and services to the buyers, and *Whitecoat* reflects this trend. It is pro-consumer."

More than 35,000 practitioners, including GPs, dentists and physiotherapists have registered with *Whitecoat* since its launched in 2013, and around 250,000 consumer reviews have been uploaded.



Doctor rating website could hurt patients

... from p20

The ambition is to make it a comprehensive one-stop-shop, allowing consumers to use one website to find, choose, book, review and pay health providers.

Ms Ley said *Whitecoat* was a further step in the right direction towards patients being fully-informed, and demonstrated the importance of having insurers at the table in the development of reform.

“Over 13 million Australians are covered by private health insurance – more than half the population – and the Turnbull Government is committed to ensuring that these consumers are getting value for money from their policies,”

Ms Ley said. “*Whitecoat* is an example of where private health insurers can take a proactive, co-operative approach to making information available to Australians to help better inform their decisions about health care, and I look forward to working with them to deliver the Turnbull Government’s reforms.”

To protect providers, nib, Bupa and HCF claim that all reviews and comments are carefully scrutinised and reviewed against strict guidelines. Only comments relevant to the consumer’s own experience are published, and no assessment or judgement about clinical expertise, standards or clinical treatment methods are allowed. Providers are allowed to comment on reviews, and ask for them to be moderated again, before they are posted online.

ADRIAN ROLLINS

INFORMATION FOR MEMBERS

Prize for outstanding contribution to mental health

A group of eminent Australians has teamed up with the University of New South Wales (UNSW) to establish a new award to recognise Australians who have made outstanding contributions in the mental health field.

Ita Buttrose, UNSW Scientia Professor Philip Mitchell, former Australian cricket captain Adam Gilchrist and former NSW Governor Dame Marie Bashir are among those backing the Australian Mental Health Prize.

Professor Mitchell said Australia led the way internationally in many aspects of mental health, including community awareness, public advocacy and innovative services.

“Our open public discourse involving politicians and high profile individuals happens in few other countries,” Professor Mitchell said.

“As all clinicians know, one in five Australians will experience mental health issues in any given year, with 65 per cent of people not accessing treatment to support them with this lived experience.

“It’s time to acknowledge and raise the profile of the ground-breaking work that many Australians are doing.”

The Prize is open to individuals involved in promotion, prevention, or treatment of mental health in areas such as advocacy, research or service provision.

Former Governor General Quentin Bryce, who officially launched the Prize on 13 July, said the award was long overdue.

“For far too long we have failed to recognise the hard work, innovation and dedication of professionals and researchers in mental health,” Dame Quentin said.

“A Prize such as this is the least we can do to show our gratitude and respect for those working in this critical sector.”

Ms Buttrose, chair of the Prize Advisory Group, said she hoped the Prize would help reduce stigma and raise awareness of mental health, and help improve care.

“It is unacceptable that suicide is the leading cause of death among 15 – 44 year-olds. This must be seen as a national emergency,” Ms Buttrose said.

“There are some incredibly exciting and good things happening in the mental health area in Australia, and the Prize, the first of its kind, will highlight the important work Australians are doing.

“For something that profoundly affects so many Australians and their families, we believe this recognition is incredibly important.”

Doctors, health professionals, and members of the public are encouraged to nominate anyone they feel should be recognised for their work.

The Prize will be awarded annually. Nominations close on 31 August and finalists will be announced in Mental Health Week in October. The award ceremony and announcement of the winner will be held at UNSW on 28 November.

Nomination forms are available at <http://australianmentalhealthprize.org.au>.

MARIA HAWTHORNE



AMA in the news

YOUR AMA HAS BEEN ACTIVE ON POLICY AND IN THE MEDIA ON A RANGE OF ISSUES CRUCIAL TO MAKING OUR HEALTH SYSTEM BETTER. BELOW IS A SNAPSHOT OF RECENT MEDIA COVERAGE.

PRINT/ONLINE

Specialists exposed in new website for public to rate doctors, *Sydney Morning Herald*, 29 July 2016

AMA President Dr Michael Gannon said 86 per cent of doctors already charged the recommended fee. He said that he understood the desire for greater information, but a website owned by health insurers has potential to produce asymmetry in a whole lot more dangerous way than relying on GPs.

Medicare freeze U-turn tipped, *The Australian*, 26 July 2016

Dr Gannon said he did not expect the rebate freeze, which was introduced by a Labor government and then extended by the Coalition, to be taken to the next election.

Designer babies, *Adelaide Advertiser*, 25 July 2016

Dr Gannon, who is an obstetrician, said gender selection for family balancing was not an appropriate use of medical science.

Doctors expect Medicare win, *West Australia*, 22 July 2016

Doctors expect Malcolm Turnbull to surrender over the Medicare rebate freeze, with the AMA saying it would be gobsmacked if the Government took the policy to the next election.

Celebs should know: fame won't heal what ails you, *Sun Herald*, 17 July 2016

AMA Vice President Tony Bartone said that an off-the-cuff comment by an ill-informed celebrity can overturn years of public education about good health care.

Medicare hike proposed by AMA, *Northern Territory News*, 16 July 2016

Dr Gannon said an increase in the Medicare levy should be considered as a way of ending cutbacks to hospital funding.

Ministers warned PM about voter backlash over super, *The Australian*, 12 July 2016

Dr Gannon said the AMA had warned the Government under both Mr Turnbull and former Prime Minister Tony Abbott that health policies from the 2014 Budget were bad and must change.

Medicare levy rise 'should be on table', *The Australian*, 8 July 2016

Dr Gannon said it was time to have a proper discussion about the sustainability of Medicare, arguing an increase to the 2 per cent levy should be considered.

It's Medi-crunch, *Herald Sun*, 7 July 2016

Dr Gannon said the Coalition should end the Medicare rebate freeze, halt price rises for medicines, leave bulk billing incentives in place and boost hospital funding.

Kids off the scale, *Herald Sun*, 7 July 2016

Dr Gannon said it was time to invest in the future to "reap the benefits in the years to come". Some parents find it hard to make healthy choices when energy-rich foods are so readily available.

AMA calls for review of Medicare rebate freeze, *Canberra Times*, 6 July 2016

Dr Gannon said the Medicare rebate freeze had always been bad policy, and the election outcome proved it was bad politics as well.

Turnbull trips on Medicare misstep, *Weekend West*, 2 July 2016

Dr Gannon said GPs were reporting being at "breaking point", and some had already changed their billing practices. He warned fees could "easily" rise to \$15 a patient, which could cause some to defer seeking care, if the Medicare rebate freeze wasn't abolished.

RADIO

Dr Michael Gannon, 702 ABC Sydney, 29 July 2016

Dr Gannon said he had a lot of concerns about a new rate-my-doctor-style website. He questioned the purpose of the website. While he supported the stated aim to reduce bill shock for patients having private medical care, he said the size of the problem isn't as great as some might assert.





AMA in the news

YOUR AMA HAS BEEN ACTIVE ON POLICY AND IN THE MEDIA ON A RANGE OF ISSUES CRUCIAL TO MAKING OUR HEALTH SYSTEM BETTER. BELOW IS A SNAPSHOT OF RECENT MEDIA COVERAGE.

... from page 22

Dr Tony Bartone, Triple J Hack, 28 July 2016

Dr Bartone said catching bi-polar early can give suffers the chance to cope with their disorder better.

Dr Michael Gannon, 6PR Perth, 27 July 2016

Dr Gannon said health professionals alerting national security authorities of a patient's activities could be breaching client confidentiality. He said one of the reasons that patient confidentiality was so important was that people should feel that they had the ability to seek help if they were sick, including mental illness.

Dr Michael Gannon, 3AW Melbourne, 25 July 2016

Dr Gannon said allowing gender selection for a third child using IVF would open the door for people to have IVF for no reason other than "family balance".

Dr Michael Gannon, Radio National, 21 July 2016

Dr Gannon said after meeting with Health Minister Sussan Ley that he would be gobsmacked if the Coalition maintained its Medicare rebate freeze to the next election.

Dr Tony Bartone, 5AA Adelaide, 18 July 2016

Dr Bartone said changes to diabetic subsidies only affected type 2 diabetics who were not on insulin, and after the first six months patients could still get access to subsidised strips if a doctor deemed it appropriate to manage their care.

Dr Michael Gannon, 2GB Sydney, 15 July 2016

Dr Gannon said it was disappointing the Coalition didn't focus on health much during the election campaign.

Dr Michael Gannon, ABC North West WA, 11 July 2016

Dr Gannon discussed the re-election of the Turnbull Government and said the Government needed to unravel the freeze of the Medicare rebate.

Dr Michael Gannon, ABC News Radio, 6 July 2016

Dr Gannon talked about Medicare scare campaign claims and said the Federal Coalition health policy laid fertile ground for the allegations.

Dr Michael Gannon, SYN FM, 5 July 2016

Dr Gannon said the AMA had been calling for a sugar tax for a number of years. Overweight and obesity was the second highest contributor to the burden of disease in Australian. Dr Gannon said a sugar tax alone would not fix the problem, but it should be part of a holistic approach.

Dr Michael Gannon, Radio National, 1 July 2016

With opinion polls showing the Federal election outcome on a knife-edge, Dr Gannon said a six-year freeze on Medicare rebates would invariably mean bulk billing became a thing of the past in many doctor surgeries.

TELEVISION

Dr Michael Gannon, Seven News, 21 July 2016

Doctors are pressuring the Government to end its Medicare rebate freeze to avoid another scare campaign at the next election. After talks with the Health Minister, the AMA President Dr Michael Gannon said he would be gobsmacked if a change wasn't made.

Dr Michael Gannon, Sky News, 6 July 2016

Dr Gannon said Labor's campaign threat that the Coalition would privatise Medicare was not true, but was part of a scare campaign that worked. He said unravelling the GP freeze would go a long way to assuaging the concerns of the AMA and the medical profession.

Dr Michael Gannon, TEN Eyewitness News, 1 July 2016

Dr Gannon warned that patients could be asked to fork out up to an extra \$25 to see their doctor thanks to the Government's freeze of the GP rebate.

Dr Michael Gannon, ABC News 24, 1 July 2016

Dr Gannon said the AMA was ready to work with whoever was elected but, the AMA was concerned about the freeze on Medicare rebates, as GPs were at breaking point.



Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Doctors challenge Border Force gag laws

Controversial Federal Government laws to suppress information about the operation of immigration detention centres are being challenged by a group of doctors who claim they are being used to intimidate health workers.

The group Doctors for Refugees and the Fitzroy Legal Service have jointly launched action in the High Court challenging the constitutionality of secrecy provisions in the Australian Border Force Act which threaten up to two years imprisonment for workers who disclose conditions in detention centres.

In a Statement of Claim filed with the High Court on 27 July, Doctors for Refugees said it was bringing the action to "advocate for the public's right to know what their Government is doing in their name, and to support the public health imperative of transparency to mitigate harm occurring in detention centres on and offshore".

The action asks for the High Court to rule on whether the public disclosure of information regarding the operation of detention centres, including conditions, health care, mandatory detention and offshore detention, are protected by the freedom of political communication implied in the Constitution, and whether the ABF Act invalidly prohibits such communications.

The Act, which was introduced last year, includes provisions which make it a criminal offence for those contracted to provide services to the Department of Immigration and Border Protection to record or disclose information obtained in the course of their work. The penalty is up to two years' imprisonment. The legislation was passed with support from Labor.

The Act was introduced amid concern regarding conditions in detention centres, including reports of widespread sexual abuse and significant physical illness and mental health problems, particularly among children.

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Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

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The Moss review substantiated allegations of sexual abuse at the Nauru Detention Centre, and operator Transfield Services reported 67 claims of child abuse, 33 allegations of sexual assault or rape, and five alleged instances of sexual favours traded for contraband.

Soon after being elected, the Coalition Government abolished an independent panel of medical experts that was overseeing health care in detention centres, and has so far ignored AMA calls to replace it with a group of health experts empowered to investigate and report on detention centre conditions directly to Parliament.

Doctors have protested that the secrecy provisions in the ABF Act conflict with their ethical duties and their obligations under the Medical Board of Australia's Code of Conduct, most particularly their paramount obligation to the health of their patients.

These concerns have been magnified by a number of cases in which, it is claimed, authorities have sought to intervene in or override clinical advice on the transfer of detainees in need of medical attention, including the death of Omid Masoumali, who was medically evacuated to Australia from Nauru more than 24 hours after setting himself alight.

Suspicion that the Government has sought to interfere in the clinical decisions of doctors has been heightened by documents obtained by *The Australian* under Freedom of Information laws showing Immigration officials devised a strategy to prevent detainees from being evacuated to Australia for medical treatment because of a "propensity of those transferred to Australia to join legal action which prevents their subsequent return to PNG or Nauru".

The Government has denied that the intention of the law is to prevent doctors from speaking up on behalf of their patients, and Immigration Minister Peter Dutton has indicated he thinks it unlikely that health practitioners would be prosecuted under the Act.

But it has since been revealed that Dr Peter Young, who oversaw the mental health care of detainees for three years, was the subject of an Australian Federal Police investigation, including access to his electronic communications.

At its most recent National Conference, the AMA passed an urgency motion asking the Federal Council to "look into the matter" of AFP surveillance of doctors.

In its Statement of Claim, Doctors for Refugees said the Government's assurances had "not altered the perception that the ostensible intent of the ABF Act is to silence doctors,

teachers, social workers and others working in detention centres".

"Regardless of whether prosecutors exercise a discretion to charge health practitioners working with refugees and asylum [seekers], the law remains in place," the Statement said. "Practitioners speaking out are subject to a Sword of Damocles, unsure when or if they might be investigated or charged for adhering to their ethical (and moral) obligations."

Doctors for Refugees said that even if the High Court found that the ABF Act's secrecy provisions served a legitimate purpose, it would also have to decide whether the constraint they imposed on political communication was "proportionate".

"The ultimate question is whether the secrecy provisions... undermine the proper functioning of our democracy and the right of electors to be informed accurately, openly and truthfully about matters of national political importance," the group said.

ADRIAN ROLLINS

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Health on the hill

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Experienced hands hold on to health

Health Minister Sussan Ley and her Opposition counterpart Catherine King have held on to their portfolios following the tight Federal election in which health policy was a key battleground.

In the days following the election there were rumblings in both major parties regarding the performance of their respective health spokeswomen, but both Ms Ley and Ms King were confirmed in their positions when the Coalition and Labor frontbenchers for the new term of Parliament were announced.

AMA President Dr Michael Gannon welcomed the outcome.

"The health sector and patients are very fortunate to have two experienced and consultative operators in Sussan Ley and Catherine King back in charge of health for the Government and Opposition," Dr Gannon said. "They know the issues, they seek advice from health professionals, and they will be strong voices in the respective parties to ensure Australian voters will be offered positive health policies at the next election."

While there is stability at the top, there has been a significant change in Ms Ley's office. She has appointed experienced health bureaucrat and policy adviser Dr Lisa Studdert as her Chief of Staff to replace the recently departed Craig Bosworth.

Dr Studdert was most recently First Assistant Secretary of the Department of Health's Population Health and Sport Division, and has previously worked in the Therapeutic Goods Administration and as an adviser on public and Indigenous health to former Health Minister Dr Michael Wooldridge.

In a sign that Labor is intent on keeping health and Medicare on the political frontline in the next three years, Opposition Leader Bill Shorten has added "Medicare" to Ms King's title and has appointed South Australian MP and former national powerlifting champion Tony Zappia as Shadow Assistant Minister for Medicare.

Alert to the threat after Labor's success in the election campaigning on Medicare, Ms Ley said one of the tasks confronting the Government was "protecting the future of Medicare and ensuring it remains universally accessible to all Australians".

But, in a taste of things to come, Ms King renewed her attack on the Coalition's health policy, particularly Medicare.

"The Turnbull Government remains committed to undermining Medicare through its ongoing freeze on GP rebates, and its determination to make further cuts through its attacks on

pathology and diagnostic imaging as soon as Parliament resumes," the Shadow Minister said. "As we did in the last Parliament, Labor will once again resist furiously any attempts to attack bulk billing, increase out-of-pocket costs and undermine the rights of all Australians to access decent, affordable health care."

Ms Ley will be supported in her portfolio by Western Australian MP Ken Wyatt, who continues in his role as Assistant Minister for Health and Aged Care. Following the promotion of Nationals Senator Fiona Nash to be Minister for Regional Communications, she has been replaced in her rural health role by Dr David Gillespie, who has been appointed Assistant Minister for Rural Health.

On the Labor side, Julie Collins has been appointed Shadow Minister for Ageing and Mental Health, and Senator Helen Polley has been made Shadow Assistant Minister for Ageing.

HEALTH PORTFOLIOS

Government	Opposition
Minister for Health and Aged Care Sussan Ley	Shadow Minister for Health and Medicare Catherine King
Assistant Minister for Health and Aged Care Ken Wyatt	Shadow Assistant Minister for Medicare Tony Zappia
Assistant Minister for Rural Health Dr David Gillespie	Shadow Minister for Ageing and Mental Health Julie Collins
	Shadow Assistant Minister for Ageing Senator Helen Polley

ADRIAN ROLLINS

Government policy ambitions trimmed

Health Minister Sussan Ley is talking up the Health Care Homes trial and the MBS review as the Coalition Government recalibrates its policy ambitions ahead of its first Cabinet meeting following its scarifying Federal election experience.

Trying to prevent her term in office being defined by the widely disliked Medicare rebate freeze, Ms Ley insisted in an interview on ABC radio that her policy program was much broader and encompassed a range of measures to improve





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the delivery of health care including the modernisation of the Medicare Benefits Schedule, the Health Care Homes model of chronic care, the introduction of an opt-out national e-health record system and mental health reforms.

"That is just for starters," she said. "We are embracing brave, forward-looking reform."

But with Prime Minister Malcolm Turnbull virtually declaring Medicare off-limits during the election campaign and Treasurer Scott Morrison demanding that any new expenditure items must be fully offset by savings elsewhere, the Minister is yet to identify any new policy initiatives since being re-elected.

Instead, she has so far had to spend much of her time defending her performance during the election campaign and the Medicare rebate freeze, and re-defining the Government's approach to upgrading Medicare's software and payments systems.

"We have made very strong undertakings that the Medicare system will be modernised within Government and by Government, and I am looking forward to that because the existing system is about 30 years old and it is creaking a little and work needs to be done," Ms Ley said.

Seeking to move the discussion of health policy beyond a focus on the Medicare rebate freeze and bulk billing, the Minister said, "I am not just focussing on one thing. There is so much more we are doing in health that is just not related to that."

"A lot of things we are doing around hospital payments, around modernising the MBS, around the Health Care Home initiative...all of these things are all part of the discussion."

While the Medicare rebate has stagnated since 2014, Ms Ley said the Government's Health Care Home initiative would give GPs access to a new stream of revenue by providing "a different way of paying for quality health outcomes".

But the Government could face problems trying to have parts of its policy agenda supported in Parliament.

The deal struck by Ms Ley with pathology and diagnostic imaging providers over the scrapping of the bulk billing incentive for their services has yet to be approved by Parliament, and was opposed by Labor during the election.

The Government is also facing opposition from some of the minor parties over its funding cuts to aged care.

ADRIAN ROLLINS

All quiet on the health policy front

The success of Labor's Medicare campaign and the Coalition's slender margin of support in Parliament have virtually killed off the chances of significant health reforms in this term of government, according to investors.

While re-appointed Health Minister Sussan Ley is pushing ahead with the Medical Benefits Schedule review, the Health Care Homes trial, pilots of the My Health Record e-health system and reforms to mental health, analysts at Macquarie Group and UBS think the window to further major health changes has been slammed shut by the tight election.

UBS healthcare analyst Andrew Goodsall has put the chances that the Government will abandon the Medicare rebate freeze by next election at 75 per cent, and told *The Australian* it would be leery of undertaking any other major policy initiatives.

"Classically, the political cycle allows more substantial reform to occur in a post-election Budget," Mr Goodsall said. "However, the success of the Labor Party campaign against the privatisation of Medicare may limit Government reforms on Medicare in the near-term," Mr Goodsall said.

His doubts were shared by Macquarie analysts who, in a note to clients, said the Government would have little appetite for "meaningful" reform in the short- to medium-term given the resistance it has faced in Parliament and its near-run election result.

This period of relative policy stagnation would help ensure those parts of the healthcare industry that were prospering under current arrangements to continue enjoying solid growth.

"In our view, the benign political outlook for healthcare reform suggests private hospital growth is set to continue unabated at the lofty levels seen historically," they said.

ADRIAN ROLLINS

AMA questions counter-terror access to mental health records

The AMA has raised serious concerns about the possibility that security authorities be given the power to access to mental health records as part of efforts to prevent so-called 'lone wolf' terror attacks.

AMA President Dr Michael Gannon said such a move raised the risk of "literally thousands of people not accessing



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appropriate care”, and would not necessarily improve national safety.

“I think there’s the potential for much greater harm if people with mental illness didn’t seek medical care, didn’t seek treatment,” Dr Gannon said. “I think that if we had a case where people didn’t ask for help, that would potentially be a great deal more dangerous.”

In what he admitted would be a “huge step”, Prime Minister Malcolm Turnbull has asked Counter-Terrorism Coordinator Greg Moriarty to examine the possibility of police and intelligence service access to the mental health records of terrorist suspects as part of a review of the nation’s defences.

“It is important this be looked at carefully. Let me come to another point, you’ve got a number of important interests to balance here. Mental health alone, leaving aside issues of terrorism, is a gigantic challenge,” Mr Turnbull said. “But my most important obligation, my most important responsibility to Australia, is to keep the people of Australia safe, and so that is why we are constantly improving, upgrading our legislation – that is why we provide additional resources to our police and security services.”

But the AMA and other health groups have warned that such a breach of patient confidentiality was not only ethically problematic, but could also prove counter-productive by deterring people who need help from seeing a doctor.

“The ethical principles are that the confidentiality of the doctor-patient relationship is fundamental to patients speaking frankly and honestly about deeply personal issues,” Dr Gannon said. “One of the reasons that patient confidentiality is so important is that people must feel that they have the ability to seek help if they’re sick. What you don’t want is encouraging a system where patients fear coming to see the doctor.”

The Prime Minister said a change in approach was necessary because a recent spate of attacks, including in Orlando, Nice and Germany, suggested the terrorist threat was evolving to include individuals not previously considered to be a threat but who were socially, emotionally or mentally unstable and were susceptible to rapid radicalisation.

“What we are seeing at the moment is people being radicalised or adopting Islamist, murderous Islamist ideology very, very quickly. So that you have people that are not on the counter terrorism radar screen who then often, as a result of mental illness, will then attach themselves to this murderous ideology and then act very quickly,” Mr Turnbull said on

radio 3AW. “They appear to be drawn to Islamist extremism very late and very fast, not necessarily because of a long-term religious or ideological belief, but as a means of filling a void and providing meaning or rationalisation. The Lindt Café attacker, who converted from Shia to Sunni in the days leading into the siege, might also fit this profile.”

But he admitted giving the security services access to mental health records would involve brushing aside “very significant privacy protections”.

There are also doubts about whether the huge breach of doctor-patient confidentiality involved would necessarily achieve much in detecting or heading off potential terror attacks.

“It is not necessarily plausible that one act of terror could be prevented by such a change in the law,” Dr Gannon said. “I’d be very surprised if a would-be terrorist with some sort of perverted ideology of some sort confided in their GP or their psychiatrist that they were intending to drive a bus into a public area.”

Attorney-General Senator George Brandis said on ABC radio that doctors and health workers should report patients who show signs of being “susceptible” to radicalisation.

But Dr Gannon said “the ethics of medicine, the law of the land, state that a doctor has to form the view that it would be overwhelmingly seen to be in the public interest [to breach patient confidentiality]. That’s a very high threshold.”

Royal Australian and New Zealand College of Psychiatrists President, Dr Malcolm Hopwood, warned that asking doctors to do b on people simply on grounds of suspicion was dangerous.

Dr Hopwood said doctors already had an obligation to inform authorities if they believed a patient was at immediate risk, but Senator Brandis’s comments “suggests we might be nominating people to authorities who are not really yet showing any clear signs of risk to other people”.

“There’s a clear balance problem there with their right to privacy. If we breach privacy too readily, we run the risk of turning away people from mental health treatment because they won’t feel comfortable and confident they can talk about the things that concern them,” he said.

Mr Turnbull admitted that there would need to be a balance struck between patient confidentiality and being alerted to a possible terror attack.

ADRIAN ROLLINS



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PM takes direct role in health

Prime Minister Malcolm Turnbull has taken a much more hands-on role in health policy as the Coalition Government seeks to improve its performance in an area that emerged as a major area of political weakness at the Federal election.

Just days after winning the knife-edge 2 July poll, the Prime Minister met with AMA President Dr Michael Gannon, and it has been revealed that late last month he took the unusual step of personally attending the first high-level meeting between Health Minister Sussan Ley and senior Health Department bureaucrats since the election.

In a speech announcing his new Ministry on 18 July, Mr Turnbull revealed he had already met with Dr Gannon and anticipated working closely with doctors over the next three years.

"I am confident we will have a better working relationship with the AMA and its GP membership," the Prime Minister said.

The Prime Minister followed this up a week later by joining with Ms Ley in meeting Government health officials to discuss the Coalition's election agenda and plans for health.

The intense focus on health at the highest levels of the Government reflects widespread acceptance in Coalition ranks that it was an area of vulnerability that was ruthlessly exploited by Labor during the election campaign, costing it many votes and bringing it to the brink of a first-term loss.

The importance of health in the election was underlined by an Essential Media report that found health trumped all other policy concerns in the minds of voters, including the economy.

Sixty per cent of voters said health policies were very important in deciding who they voted for at the recent election, with Medicare a close second at 58 per cent. Economic management came third at 53 per cent.

Reflecting this, a majority of voters (55 per cent) said investing in health should be the top priority for Government, compared with 31 per cent for education and 27 per cent who wanted spending cut to reduce the deficit.

Ms Ley, who was accused by some within the Coalition of 'going missing' during the election campaign, welcomed the Prime Minister's interest in her portfolio.

"I am delighted that we have kicked off the current term of Government with a high-level conversation, because of course he is interested in health, as he is in every single area of government," the Health Minister told ABC radio. "It's terrific

for me to have a Prime Minister so dedicated to the cause and so understanding of the need for a health system that supports all Australians, one that we can both pay for and deliver."

Reflecting on the tight election result, Mr Turnbull indicated that the Coalition needed to change its approach in health, raising hopes that unpopular decisions like the Medicare rebate freeze and public hospital funding cuts might be revisited, though Ms Ley was non-committal.

"I understand people's concerns and I am very keen that we take those concerns into account as we move forward. MYEFO [Mid-Year Economic and Fiscal Outlook] is at the end of this year, the Budget is next year, all of these things will play into to usual business of Government."

ADRIAN ROLLINS

Pharmacists: shopkeepers or health professionals?

Pharmacists could face restrictions on the amount of shelf space they devote to selling vitamins, shampoo, toothpaste and other retail products as their dual role as health care professionals and shopkeepers comes under scrutiny in a Federal Government review.

The Government's Review of Pharmacy Remuneration and Regulation is looking into whether there should be limits imposed on the retail activities of community pharmacies amid accusations that pharmacists are misleading consumers and undermining their own professional integrity by selling vitamins, herbal remedies and other complementary medicines that have no proven health benefit.

While dispensing prescriptions is the principle source of pharmacy earnings, generating 61.5 per cent of income in 2015-16, sales of cold and flu remedies, cough syrup and other non-prescription medicines contributed 16 per cent of revenue, purchases of vitamins, herbal remedies and other complementary medicines provided 15.5 per cent of earnings and sales of cosmetics and beauty products generated 7 per cent of income.

The review panel, led by Professor Stephen King, has been told that community pharmacists face a conflict of interest between their role as a health care professional and a shopkeeper, particularly when stocking their shelves with products for which there is no evidence of efficacy.



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As community pharmacists push for an expanded role as health service providers, they are coming under scrutiny over their business practices, particularly regarding the sale of complementary medicines.

The issue is probed in a discussion paper released as part of the review, which has been set up to examine the role of pharmacists and community pharmacy in delivering health services, now and in the future.

The review panel said it had heard of numerous examples where community pharmacists had gone “above and beyond in providing additional services that are in the patient’s best interest, even though they may not be compensated for these valuable services”.

But, it added, there were those who objected to the current direction in which community pharmacy was headed, and were concerned that issues around their dual roles as a retailer and health service provider were yet to be resolved.

“It was put to the Panel that community pharmacists face conflicts of interest between their role as retailers and as health care professionals,” the discussion paper said. “This tension between treating consumers as customers or patients was attributed to the contrast in the remuneration from dispensing and the revenue generated from the sale of over-the-counter medicines and complementary products.”

The Panel said it had heard concerns that financial pressures might cause pharmacists to compromise on the professional advice they provide, such as recommending medicines or products that were not necessary.

“It was also claimed that many complementary products do not have evidence-based health benefits and, as such, the sale of these products in a pharmacy setting may misinform consumers of their effectiveness and undermine the professional integrity of community pharmacists.”

The review has been set up under the terms of the current Community Pharmacy Agreement, and the panel is seeking comment on possible reforms in the sector, including changes to the pharmacy business model.

The discussion paper cited Guild Digest data showing that community pharmacies have an average annual turnover of \$2.8 million, and a net profit of \$107,000 (excluding proprietor salaries).

Among the proposals up for consideration is that Government funding, which is worth \$13.2 billion under the life of the current five-year agreement, should be made conditional

on the amount of revenue pharmacists generate from other sales.

“Should Government funding take into account the business model of the pharmacy when determining remuneration, recognising that some businesses receive significant revenue from retail activities?” is one of the question raised in the discussion paper.

“Should there be limitations on some of the retail products that community pharmacies are allowed to sell? For instance, is it confusing for patients if non-evidence-based therapies are sold alongside prescription medicines?”

It noted that some hospital pharmacies have designed their service area to resemble a clinic, getting rid of a counter and “providing a private environment without distraction, which maximises the professionalism of patient-pharmacist interaction”.

The review is being undertaken in the context of a sustained push by pharmacists for an expanded role as health providers.

Health Minister Sussan Ley said pharmacists were already taking on a greater role, including providing routine vaccinations and blood pressure checks, and the industry is pushing to be allowed to undertake broader screening and patient health checks.

The AMA has raised concerns about the risk to patients from pharmacists providing services beyond their realm of expertise, and is expected to make a submission to the review.

The Pharmacy Guild said the discussion paper raised many “thought-provoking questions” about the pharmacy sector and was preparing a formal response.

The review panel will conduct a series of public forums over the next five weeks, and those interested have until 23 September to provide a written submission.

Details of the review, including the discussion paper and the consultation process, are at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/review-pharmacy-remuneration-regulation>

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