

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

New year, new minister

AMA welcomes Health Minister Greg Hunt, p3

INSIDE

Concerns over maternity payments, p5

Medicinal cannabis debate ignites, p6

Graduates missing out on jobs, p11

AMA members get Aus Day gongs, p12-13

New Minister praises AMA and GPs, p16

Putin and 007 share a health focus, p21



AMA

ISSUE 29.01 FEBRUARY 6 2017

A U S T R A L I A N
Medicine

Managing Editor: John Flannery
Editor: Chris Johnson
Contributors: Maria Hawthorne
Odette Visser
Adrian Rollins
Graphic Design: Streamline Creative, Canberra

Advertising enquiries

Streamline Creative
Tel: (02) 6260 5100

Australian Medicine is the national news publication of the Australian Medical Association Limited. (ACN 008426793)

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

Australian Medicine welcomes diversity of opinion on national health issues. For this reason, published articles reflect the views of the authors and do not represent the official policy of the AMA unless stated. Contributions may be edited for clarity and length.

Acceptance of advertising material is at the absolute discretion of the Editor and does not imply endorsement by the magazine or the AMA.

All material in *Australian Medicine* remains the copyright of the AMA or the author and may not be reproduced without permission. The material in *Australian Medicine* is for general information and guidance only and is not intended as advice. No warranty is made as to the accuracy or currency of the information. The AMA, its servants and agents will not be liable for any claim, loss or damage arising out of reliance on the information in *Australian Medicine*.

AMA LEADERSHIP TEAM



President
Dr Michael Gannon



Vice President
Dr Tony Bartone

In this issue

National News 3-14

Health on the Hill 15-18

Research 19-20

World News 21-23

Member services 24

Cover pic: AMA President Dr Michael Gannon (L) meets with new Health Minister Greg Hunt.

Greg Hunt named Health Minister



Federal Health Minister Greg Hunt

Prime Minister Malcolm Turnbull has named Greg Hunt the new Federal Health Minister, as part of a Cabinet reshuffle sparked by the resignation of former minister Sussan Ley.

Ken Wyatt, the first Indigenous person to have been elected to the House of Representatives, was promoted within the outer ministry to Minister for Aged Care and Minister for Indigenous Health.

Ms Ley resigned as Health Minister last month amid an ongoing travel expenses scandal. The role was filled on an acting basis by Cabinet Secretary Arthur Sinodinos, who now leaves both those positions behind to take on the Industry, Innovation and Science portfolio being vacated by Mr Hunt.

AMA President Dr Michael Gannon has welcomed the appointment of Mr Hunt as Health Minister, saying that his previous ministerial experience in the Environment and Industry portfolios should prepare him for the demands of the Health portfolio.

Dr Gannon said Mr Hunt, who has been in Federal politics since 2001, and who was named Best Minister in the World at the 2016 World Government Summit, faces many challenges from day one in his new job.

“The AMA would like to see Mr Hunt get off to a flying start by scrapping the Government’s freeze of Medicare patient rebates, which is causing great hardship for patients and doctors,” Dr Gannon said.

“The new Minister must also quickly get across the many reviews instigated by his predecessor, most importantly the review of

the Medicare Benefits Schedule (MBS) and the review of Private Health Insurance, which are key to the sustainability of our health system.

“The ongoing issue of public hospital funding is another priority, along with Indigenous health, mental health, and prevention.

“I have already met with the Minister to discuss the broad range of health policy issues that need urgent attention, especially in the context of the 2017 Budget in May.”

Dr Gannon also congratulated Mr Wyatt on his promotion.

Mr Turnbull said it was very fitting that Mr Wyatt’s promotion made him the first Indigenous person to be appointed to the executive of the Commonwealth Government.

“His extensive knowledge and experience as a senior public servant in Indigenous health, coupled with his work as an assistant minister in this portfolio, makes him an ideal minister for this area,” the Prime Minister said.

Mr Turnbull praised Mr Hunt for his “strong policy, analytical and communication skills” developed over his already substantial front bench career.

“During his time as the Environment Minister, he demonstrated an ability to grapple with extremely complex policy issues and engage a very diverse range of stakeholders and interest groups, including State and Territory governments,” he said.

“He is ideally suited to take on the very important, critically important front line portfolio of Health and Sport.”

Mr Hunt said he was “deeply honoured” to take on the new role and described it as a “very important responsibility”.

He said it was essential people can see a doctor when they needed to and have medicine when they are not well.

“My mother was a nurse. My wife is a nurse. All my life I have witnessed the absolute dedication of Australia’s medical professionals,” Mr Hunt said.

“I now look forward to working with our excellent nurses, doctors, researchers, and all our healthcare professionals.”

All new ministers were sworn into office by Governor-General Sir Peter Cosgrove in Canberra on Tuesday, January 24.

CHRIS JOHNSON

AMA, States, Territories concerned about hospital performance funding proposal

A Commonwealth proposal to financially penalise public hospitals for treatment errors or avoidable side effects, in a bid to improve safety and quality, is “mis-conceived”, the AMA has warned.

The Council of Australian Governments (COAG) last year agreed to work towards a performance-based model, under which payments would be withheld for procedures which go wrong – sentinel events including patient suicides and fatal drug errors, hospital acquired complications (HACs), and avoidable readmissions.

But the AMA and State and Territory Governments have raised concerns about how it would be determined which events could have been prevented, and whether hospitals might be more reluctant to admit errors if it meant losing money as a result.

The AMA warned that “any approach that sets out to improve safety and quality by financially penalising hospitals that are already under-resourced to achieve safety and quality standards is mis-conceived”.

Inadequate funding was already a key factor in poor safety and quality, and taking money away would only exacerbate the problem, it said in its submission to the Independent Hospital Pricing Authority (IHPA).

“Sustained improvements to safety and quality in hospitals will not be achieved by a financial approach involving penalties through pricing and funding,” the AMA said.

“Penalties that impact on hospitals which are not meeting safety and quality targets do not assist the performance of those hospitals and their ability to meet such targets in the future – they reduce it.”

Any initiative that was defined in terms of its potential to reduce hospital funding, and that operated at Local Hospital Network (LHN) level and above, would be regarded as a financial measure rather than a safety and quality measure, and would have no buy-in from those needed to make change, the AMA said.

“A primary focus on financial penalties through pricing and funding is unlikely to be a sensible or productive means of improving safety and quality in public hospital services,” it said.

“Safety and quality reforms should not be made at the cost of funding public hospital services themselves.”

Most jurisdictions supported the concept of hospitals not being paid for sentinel events, with Victorian Health Minister Jill Hennessy saying that sentinel events by definition should never happen.

However, Ms Hennessy urged the IHPA to consider year-on-year improvements, as opposed to a pure penalty approach.

The ACT Health Directorate noted that “the development of any quality and safety measures must be backed by robust and clinically relevant data”.

“For example, some medical literature shows that dementia patients are more likely than non-dementia patients to acquire hospital complications, while some others indicate that older patients with dementia are 2.5 times more likely to experience one of four common HACs than older patients who do not have dementia,” the ACT Health submission said.

The Northern Territory Health Department argued that the NT would be unfairly disadvantaged by a funding model which penalised hospitals for avoidable readmissions, pointing out that it had a relatively high proportion of patients presenting with chronic diseases.

“Given the NT’s high ratio of patients with chronic medical conditions – eg, chronic kidney disease, diabetes, chronic obstructive pulmonary disease, and congestive heart failure – and the level of non-compliance of some patients, models based on avoidable readmission rates for medical patients are likely to disadvantage the NT,” it said.

The NT has the highest readmission rates for certain procedures in all but one of the selected procedures – hysterectomy.

IHPA is expected to release its findings in early March 2017.

MARIA HAWTHORNE

Concerns over proposal to bundle maternity payments

The AMA has given cautious support to a Government proposal to bundle payments for maternity services in public hospitals, but warns that not all births should be made to “fit” within the bundled price.

The Independent Hospital Pricing Authority (IHPA) is conducting a consultation on the pricing framework for public hospital services, including the proposal for a package deal for treating expectant mothers.

Under the plan, a hospital might be paid a set amount to cover all staff, interventions, and accommodation, thereby encouraging hospital managers to negotiate better deals with clinicians, *The Australian* newspaper reported.

IHPA chose maternity care for consideration because it has relatively predictable service volumes and outcomes, and clear start and end points, starting at 10 weeks gestation and concluding six weeks after birth.

In 2014-15, more than 220,000 pregnant women were admitted to public hospitals, costing \$1.5 billion, and there were more than two million visits to non-admitted antenatal or postnatal clinics, costing a further \$413 million.

New Zealand, Canada, the United States of America, and England are implementing bundled pricing approaches for maternity care, IHPA said.

“While these schemes are in their infancy and evaluation has been limited, there is emerging evidence that bundled pricing provides an incentive for service delivery redesign that can improve patient outcomes and lead to efficiencies for the health system,” the IHPA consultation paper said.

In its submission, the AMA acknowledged that bundling of services can be sensible where there is a logical connection between the services that relates to a well-defined clinical need.

“In this context, maternity care would appear to be potentially suitable to bundled pricing, subject to resolution of the issues identified in the Framework,” the AMA said.

“In relation to defining the patient cohort, the AMA suggests that the starting point should be the patient cohort with the least significant variations, ie [it] should not include women having complex vaginal births requiring operating room procedures.

“The final design of the bundled pricing approach must include provision for monitoring and evaluation, including to ensure there are no unintended consequences, such as artificially constraining maternal care services to ‘fit’ within the bundled price.”

But the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) said that bundled pricing could never take into account the varying complexities of pregnancy and childbirth, and could instead create perverse incentives and disincentives.

“It is impossible to allow adequately for antenatal complexity, as no formula can adequately allow for the myriad of complications that would necessitate increased antenatal visits,” the RANZCOG submission said.

“Complexities in maternal care are more common in areas of low socioeconomic performance, due to higher rates of obesity, smoking, domestic violence, mental health issues, alcohol abuse, substance use, high parity, teenage pregnancy, and numerous other factors.

“Attempts at measuring these issues in some sort of ‘complexity index’ will often be subjective rather than objective, and therefore open to manipulation.”

RANZCOG noted that Medicare Benefits Schedule (MBS) figures for shared antenatal care had been interpreted incorrectly because many GPs do not necessarily use obstetric MBS item numbers for antenatal visits.

“Antenatal care represents a unique opportunity of repeated attendance to a health caregiver at a time when the patient is motivated,” it said.

“Issues such as diet, exercise, smoking, alcohol, and illicit drugs can all be progressively addressed – with long-term implications not just for the woman, but also her family.

“No bundling can adequately address the issue of shared care. Hospitals are likely to use the bundling model to further cost shift, but without compromising their income stream.”

The consultation comes as new Medibank figures show that the cost of giving birth in a private hospital has jumped by 20 per cent over the past five years.

The average private hospital charge for a non-complicated birth has risen from \$7868 in 2011-12 to \$9421 in 2015-16, while the four most expensive claims paid out by Medibank last year were all for neonatal care.

One single claim to care for a premature baby was \$430,599, the *Herald Sun* reported.

MARIA HAWTHORNE

PM tells doctors to access imported medicinal cannabis



Prime Minister Malcolm Turnbull has bought into the medicinal cannabis debate, urging doctors to apply for access to imported supplies of the drug.

Mr Turnbull said that until the Australian-grown variety was available, doctors should look overseas for medicinal cannabis to help seriously sick patients.

“If a doctor has a patient who they think might benefit from an imported medicinal cannabis product, then they should contact their health department in the relevant State or Territory and/or the Therapeutic Goods Administration,” Mr Turnbull said.

But the Prime Minister rejected calls for an amnesty for unlicensed medicinal cannabis suppliers, saying there were no controls over the safety and quality of medicines bought that way.

“The Department of Health is concerned that patients are treating themselves with a powerful medicine sourced from the illicit market,” he said.

“Recently, in NSW for example, two women were hospitalised because the strength of the cannabis that they used in their treatment was much higher than expected.”

The comments follow the police raid in January of a South Australian woman who gave about 100 of her clients cannabis oil.

The woman insists that the process for accessing medicinal cannabis through a doctor is extremely difficult, despite Mr Turnbull making it sound otherwise.

One Nation leader Pauline Hanson has championed the cause, saying she has appealed directly to the Prime Minister for an amnesty for people supplying and using medicinal cannabis.

“I’ve been a long advocate of medicinal cannabis, due to its effective relief for so many ailments conventional drugs can’t offer,” she posted on Facebook.

“I appealed directly to the Prime Minister to intervene and give amnesty to users and suppliers of this vital life-saving drug, so many people and families are no longer forced to use this in secret.”

The Greens have long advocated for medicinal cannabis.

But there will be no amnesty, according to the Prime Minister.

Until it is grown and properly regulated in Australia, he said, doctors should pursue the imported variety for patients.

AMA South Australian President Dr Janice Fletcher said doctors should follow the evidence when it comes to prescribing decisions – for medicinal cannabis or any other drug.

“Our advice to patients will be to look to their medical specialists for advice, not Dr Google, and not to be afraid to ask questions,” she said.

“And, of course, there is a big difference between medicinal cannabis that comes through a regulated pathway and other forms of the drug, which can have significant health risks.”

Dr Fletcher said checks and balances were vital when prescribing medication in order to ensure patients were protected from harm and exploitation.



PM tells doctors to access imported medicinal cannabis

... from p6

Mr Turnbull said doctors could apply for permission to prescribe imported products until such a time that a local industry was established.

Laws concerning medicinal cannabis vary around the country, but on a national level there have been recent changes to federal laws to allow businesses to apply for a licence to produce cannabis for medicinal purposes only.

But the product is not yet available to purchase or use, and is only legally used in strictly-controlled trials to very select patients.

Australians have been turning to the black market in increasing numbers while waiting for easier legal access to medicinal cannabis products.

In Queensland, doctors are facing tougher rules around the

prescribing of medicinal cannabis.

The Queensland Health guidelines, due to come into effect in March, recommend doctors not prescribe the strongest forms of the drug to anyone under 25.

Warnings suggest doctors there could face fines for prescribing products containing Tetrahydrocannabinol (the main psychoactive ingredient of cannabis) to under-25s.

Meanwhile, Germany's lower house of parliament recently passed a law legalising the use of cannabis for medicinal purposes, meaning people with serious illnesses such as multiple sclerosis and chronic pain could be offered the drug legally.

CHRIS JOHNSON

INFORMATION FOR MEMBERS

National genomics policy – have your say

Australian governments are currently grappling with how to most effectively integrate the rapidly expanding field of genomics into the Australian health system.

Expanding genomic knowledge has the potential to transform the testing, treatment and prevention of disease. It is already radically changing the way we approach cancer treatment.

Recognising this potential, AHMAC – a council made up of Commonwealth, State and Territory health department chief executive officers – has developed a draft National Health Genomics Policy Framework as a basis for public consultation.

The Framework aims to articulate and guide the potential for genomics to contribute to improved patient care, improved population health and reduced health care costs, particularly in public hospitals.

The initial priorities will be medical and healthcare applications that are informed by, or based on, human genetic/genomic testing, including single gene tests, panel tests and tests based on sequencing exomes or whole genomes. These applications include:

- testing to diagnose and monitor disease;
- treating diseases, through understanding genetic variation linked to differential responses; and
- preventing disease, including through carrier testing and building predictive models based on genomic information as a tool for primary disease prevention.

The Framework is intended to guide decision and policy makers at national, state and health service levels, but a broad range of stakeholders, including medical practitioners, is being invited to provide their views.

If you are interested in contributing, you can complete an online survey and/or lodge a submission by 8 March 2017, or register to attend one of the consultation forums being held around Australia in February and March.

Detailed information, including the draft Framework, is available at the Commonwealth Department of Health's national health genomics consultation webpage. [<https://consultations.health.gov.au/genomics/national-health-genomics-policy-framework/>]

Funding target needed for GP services to deliver extra for research

The AMA has called on the Government to set a target for funding GP services with extra money to allow for further research.

With growing evidence showing countries supporting strong general practice to have lower rates of chronic ill-health, the AMA has asked the Government to set a target of 10 per cent of its health expenditure budget for this purpose.

AMA Vice-President Dr Tony Bartone said international examples show that GP services in many comparable nations are better funded than in Australia.

“When it comes to OECD funding in terms of health expenditure, our total health expenditure comes in well under the average for 18 of these other OECD countries, like Canada, the UK and some other European countries,” he said.

“What we’re asking the Government to do in the current setting is to basically set a target of 10 per cent of its health expenditure budget. General practice expenditure in the budget has roughly been running at around 8 per cent over the current time.

“If we look at the overseas experience, we feel that a strong general practice funding envelope will send the right message in terms of prevention and returning dividends to the health budget, which will actually save money in the future.

“What we’re saying is for general practice, 8 per cent of the total health expenditure by the Government is a really small amount to pay for the dividends and for the rewards that the Government gets from a really strong, functioning general practice community.”

Dr Bartone dismissed suggestions that the health budget was “out of control”, saying it was anything but.

“The level of growth in the health budget over the last few years has been below the long-term average of five per cent, in particular when it comes to general practice or primary health care spending,” he said.

“That amount has virtually been stagnant over a number of years and we know that general practice is performing an incredibly higher number of duties and consultations.

“We know that the average consultation now is significantly longer than 10 years ago, coping with twice as many problems.

“The burden of complex and chronic disease and the increasing age of the population means that you need to invest more in general practice.

“So what we’re saying then is over time it’s a long-term reorienting of that health budget expenditure – approaching a minimum target in the years that go out from now to ensure that the benefits of a strong functioning general practice sector are felt right through the entire community.”

The Government is currently not commenting on specific health funding areas but says everything is up for consideration for the May Budget.

The AMA *Position Statement on General Practice in Primary Health Care* can be read at <https://ama.com.au/media/set-funding-targets-gp-services-research>

CHRIS JOHNSON

INFORMATION FOR MEMBERS

Essential GP tools at the click of a button

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

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

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

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

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

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

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

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

Patients unaware of the risks of antidepressants - TGA

Patients are often not aware of the risk of suicidal thoughts and behaviours when they begin treatment with antidepressants, the Therapeutic Goods Administration (TGA) has warned.

While the Product Information and Consumer Medicine Information (CMI) for the medications contains adequate warnings, many patients report being unaware of the potential side-effects, the TGA says.

“Several studies have shown that patients with mental illness and their carers feel that they have not received enough information about their medicines,” the TGA wrote in its *Medicines Safety Update Volume 7 Number 5, October-December 2016*.

“One survey found that just over half of the inpatients and one third of community-based patients reported that they did not receive any medicines information.

“Carers were even less likely to report receiving medicines information or to be included in discussions or decisions regarding medicine use.”

With this in mind, the TGA has urged doctors to effectively communicate to patients and, when appropriate, their families or carers, the expected risks and benefits of the proposed antidepressant, particularly selective serotonin reuptake inhibitors (SSRIs).

“It is important to note that suicidal thoughts and acts are a common symptom of depression, and that it can take a few weeks for an antidepressant to begin working after initiating therapy,” the TGA said.

“This makes it difficult to determine whether experiencing suicidal thinking and behaviour shortly after commencing antidepressant treatment is an adverse event caused by the medicine, or a symptom of the underlying condition.

“However, treatment with antidepressants has been linked with a small increase in the risk of suicidal thinking and behaviour in children and adolescents with Major Depressive Disorder and other psychiatric disorders.”

Health professionals should provide patients with the relevant CMI, which is available through medical and pharmacy software



as well as from the TGA website, and consider providing additional education.

Additional resources for both health professionals and consumers are available on the NPS MedicineWise website at <http://www.nps.org.au/medicines/brain-and-nervous-system/antidepressant-medicines>.

The *Medicines Safety Update* is available at <http://www.tga.gov.au/publication-issue/medicines-safety-update-volume-7-number-5-october-december-2016>.

MARIA HAWTHORNE

Private funds paying out more for unconventional treatments

Private health insurers are paying out more for natural therapies, with a growth rate of almost 1900 per cent over the past two decades, despite little to no evidence that they work.

Australian Prudential Regulation Authority (APRA) figures show that natural therapies including massage and yoga are now the fifth most-common claim on extras cover, behind dental, physiotherapy, optical, and chiropractic services.

The growth rate of 1873 per cent over the past 20 years easily outstrips the next highest growth rate, 320 per cent for optical, *The Australian* newspaper reported.

In the 2012-13 Budget, the then Labor Government announced a review of the Private Health Insurance rebate and its use for natural therapies, following concerns about the broader impact of rising health costs.

Removing the rebate from policies covering natural therapies was estimated to save the Government \$32 million each year.

In 2015, the review concluded that while some therapies

appeared to improve certain health outcomes for a limited number of conditions, there was no clear evidence that the treatments were clinically effective.

It did not recommend removing the rebate, but said further research into the efficacy of the treatments should be conducted.

The then Health Minister Sussan Ley did not pursue any changes, saying that reform was complicated and the previous Labor government had been looking for “desperate Budget cuts” when it instituted the review.

The Private Health Insurance Act 2007 does not define the coverage requirements for general treatment where a Medicare benefit is not payable. Instead, both coverage and benefit amounts for general treatment, including natural therapies, is a commercial decision made by the insurer.

MARIA HAWTHORNE

Insurance more or less

Private health insurance is costing Australians more and giving them less, according to the latest Australian Prudential Regulation Authority report into health funds.

The report, released in January, indicates that some private health insurers are reducing benefits in new policies to help them address their own rising costs.

Mid-range cover is now increasingly excluding such things as spinal surgery, brain surgery, pregnancy, cochlear implants, insulin pumps and weight loss surgery.

Payouts for optical, dental, chiropractic and physiotherapy extras

have dropped up to 6 per cent.

At the same time, health insurance bosses have signalled that affordability is close to crisis point and have called on the Federal Government to be courageous in addressing the need for reform.

Private health insurers say rising health costs are forcing up insurance premiums.

CHRIS JOHNSON

More than 200 medical graduates miss out on jobs



More than 200 medical graduates from the class of 2017 have missed out on internships, leaving them stranded after years of study.

The Australian Medical Students' Association (AMSA), the peak representative body for Australia's 17,000 medical students, said that the number of medical students coming through the ranks continued to exceed the available internship and vocational training positions.

"It is disappointing for someone to work so hard for up to seven years of medical school, only to be unable to formalise their qualification as a doctor," AMSA President, Rob Thomas, said.

"In 2016, there were 3,648 graduates with only 3,413 total internship positions available.

"Medical graduate numbers have more than doubled in the past 10 years, but internship and vocational training positions have not caught up to meet this oversupply.

"It is unfair to see constant calls from politicians and universities for new medical schools or more medical student places when the system is already cracking under the pressure of our current graduates."

The latest political storm over medical student places has blown up on Queensland's Sunshine Coast, where State Health Minister Cameron Dick has called on Prime Minister Malcolm Turnbull to fund an extra 15 medical training places to let the

new \$1.9 billion Sunshine Coast University Hospital open with a medical school in April.

Mr Dick told the Sunshine Coast Daily that he was fed up after speaking with three different federal ministers over the issue in the past 14 months; former Health Minister Sussan Ley, Education Minister Simon Birmingham and Assistant Minister for Health Dr David Gillespie.

"These ministers have been batting the ball between themselves for so long now they should be at the Australian Open," Mr Dick said.

But Mr Thomas said that call failed to recognise the broader issues surrounding medical workforce shortages in rural and regional Australia.

"In December, Dr Gillespie announced that the Government will be assessing the current distribution of medical student places," Mr Thomas said.

"This is a sensible approach. There are already 40 students graduating on the Sunshine Coast each year. These graduates need proper vocational training in a sustainable health workforce environment."

Dr Jian Shen Ong, who graduated from the University of Western Australia, spent part of his medical degree in rural areas such as Mullewa and Mandurah, WA. He has been left without a job.

"I strongly believe that I have something to contribute to the Australian public, having been trained in the health care system here and understanding its unique demands," Dr Ong said.

"Having lived here for seven years, I have come to call Australia home. I think it is a significant waste of resources if the Government sanctions medical school places but doesn't allow graduates to come into fruition."

Dr Gillespie said that the national review of all medical school training places was aimed at short-circuiting a potential glut of 7,000 medical trainees by 2030.

"We don't want them all driving taxis," Dr Gillespie said.

MARIA HAWTHORNE

AMA members recognised in Australia Day Honours

Cochlear implant pioneer Bill Gibson, AMA Federal Councillor Mark Khangure, and Chair of the AMA Board Iain Dunlop are among more than 20 AMA members who were recognised in the Australia Day Honours list.

Emeritus Professor Gibson AM, a passionate advocate of early surgery for children born deaf, was made an Officer (AO) in the General Division of the Order of Australia for his distinguished service to medicine, particularly otolaryngology.

Several other AMA members were made Officers, including Professor Leon Flicker, the Director of the Western Australian Centre for Health and Ageing (WACHA), for distinguished service to medicine and medical education in the field of geriatrics.

Queensland radiologist, Adjunct Professor Lizbeth Kenny, was recognised for her distinguished service in the field of radiation oncology, while Professor Colin Masters of Victoria was honoured for his distinguished service to medical research into Alzheimer's and other neurodegenerative diseases.

Renal transplant specialist Dr William Proudman, from South Australia, and AMA Life Member Dr John Sloman AM, a cardiologist from Victoria, were also made Officers.

Dr Dunlop and Professor Khangure were made Members (AM) in the General Division for their services to ophthalmology and neuroradiology respectively, and for their service to the AMA.

Six other AMA members were also made Members – ophthalmologists Dr Noel Alpin and Associate Professor Geoffrey

Painter, psychiatrist Associate Professor William Emmerson, Adjunct Associate Professor Alan Sandford, clinician Dr Roberta Chow, and former AMA SA President, Dr Philip Harding.

Dr Harding dedicated his honour to his wife Rosemary, who died on Boxing Day.

“Given the way we worked as a team, I regard it as very much a tribute to her as well as to whatever I may have done,” Dr Harding said.

Eight members were awarded the Medal (OAM) in the General Division.

The full list:

AO – Officer in the General Division:

Professor Leon Flicker (WA) – for distinguished service to medicine and medical education in the field of geriatrics, as an academic and researcher, and through contributions to improved dementia prevention and care.

Emeritus Professor William Gibson AM (NSW, retired) – for distinguished service to medicine, particularly in the area of otolaryngology, as a clinician, to the advancement of cochlear implant programs, and to professional medical organisations.

Adjunct Professor Lizbeth Kenny (Qld) – for distinguished service to medicine as a clinician and researcher in the field of radiation oncology, and to executive roles with professional organisations nationally and internationally.



AMA members recognised in Australia Day Honours

... from page 25



Dr Iain Dunlop AM



Emeritus Professor Bill Gibson AO



Professor Mark Khangure AM



Professor Leon Flicker AO

Professor Colin Masters (Vic) – for distinguished service to medical research through international and national contributions to understanding Alzheimer's and other neurodegenerative diseases.

Dr William Proudman (SA) – for distinguished service to medicine as a physician and specialist in renal transplant surgery, and to the profession as a clinician, mentor, researcher, and innovator.

Dr John Sloman AM ED (Vic, Life Member) – for distinguished service to medicine, particularly to the specialty of cardiology, as a clinician, through advisory roles with a range of medical associations, and to the community.

Member (AM) in the General Division:

Dr Noel Alpins (Vic) – for significant service to ophthalmology, particularly to the development of innovative refractive surgery techniques, and to professional associations.

Dr Roberta Chow (NSW) – for significant service to medicine as a clinician, and to pioneering developments in the use of laser therapy techniques for chronic pain management.

Dr Iain Dunlop (ACT) – for significant service to ophthalmology, particularly through executive roles with professional medical organisations, and as a practitioner.

Associate Professor William Emmerson (Qld) – for significant service to medicine, particularly to psychiatry, to medical administration, and through contributions to mental health groups.

Dr Philip Harding (SA) – for significant service to medicine in the field of cell biology and cardiovascular research, and through scientific leadership roles.

Professor Mark Khangure (WA) – for significant service to medicine in the field of neuroradiology, to education, and to a range of professional medical associations.

Associate Professor Geoffrey Painter (NSW) – for significant service to medicine in the field of ophthalmology, and to international relations, particularly to eye health in Asia and the Pacific.

Medal (OAM) in the General Division

Dr Michael Armstrong (NSW) – for service to medicine, and to the community.

Dr Ann Ellacott (NSW) – for service to medicine, to community health, and to education.

Associate Professor Gayle Fischer (NSW) – for service to medicine in the field of dermatology.

Dr Patrick Giddings (Vic) – for service to rural and remote medicine.

Dr John Graham (NSW) – for service to medicine as a gastroenterologist.

Dr George Simpson (NSW) – for service to medicine, and to the community of Wauchope.

Dr Leslie Thompson (Qld) – for service to medicine, particularly to urology.

Dr Keith Zabell (Qld) – for service to medicine, particularly to ophthalmology.

INFORMATION FOR MEMBERS

Specialty Training Pathways Guide – AMA Career Advice Service

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

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

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

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

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

Information on the new website includes:

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

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

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

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

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

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

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

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



Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

All funds raised by any hike in the Medicare levy must flow back into health



AMA President Dr Michael Gannon has called on the Government to return any extra funds raised by a potential increase in the Medicare levy back into the nation's health budget.

Believing that the Government could be considering another increase in the levy, the AMA has used its pre-budget submission to warn against using any funds raised from the increase to help fix the budget deficit.

"The AMA agrees with and supports budget responsibility," Dr Gannon said.

"But we also believe that savings must be made in areas that do not directly negatively affect the health and wellbeing of Australian families.

"Health must be seen as an investment, not a cost or a budget saving."

In its submission, the AMA says that while an increase in the Medicare levy would inject funds into the health system, it would not be a solution to the total health funding needs.

"Any increase in the Medicare levy does not absolve governments from the critical need to continue to reinvest in Australia's health, including lifting the MBS freeze," the submission says.

"It must not change the need for States and Territories to continue investing in public hospitals, nor should it impact on the value case and viability for private health insurance."

The AMA insists that the Government's priority should be to lift the freeze on Medicare patient rebates and to make greater investments in primary care and prevention.

The Government should also deliver on its commitment to properly fund hospitals.

Dr Gannon said the health of Indigenous Australians must also be a high Government priority.

The Medicare levy currently raises about \$15 billion a year, with taxpayers giving 2 per cent of their incomes to it.

A quarter of that revenue is quarantined for the National Disability Insurance Scheme, leaving less than \$12 billion to cover Medicare.

Medicare costs about \$22 billion a year to run, with total Commonwealth expenditure on health of up to \$70 billion.

Medicare spending covered by the levy sits at just over 50 per cent (down from 67 per cent over the last decade), with the balance drawn from general revenue.

A 0.5 per cent increase to the Medicare levy would add more than \$4 billion a year to Government coffers.

Some State premiers have called for a rise in the levy – even asking for a larger hike than 0.5 per cent.

Some external tax commentators think raising the levy would be fairer than raising the GST – a perennial topic for debate – because it is a simpler change to implement and would not affect low income earners.

The AMA agrees it could be politically palatable so long as all the money raised was directed into the health system.

Treasurer Scott Morrison has shown no sign of raising the levy, but says all budget issues will be addressed in the May Budget.

New Health Minister Greg Hunt indicated he was not aware of any plans to increase the Medicare levy.

CHRIS JOHNSON





Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 15

New Health Minister praises AMA and GPs

New Health Minister Greg Hunt has praised the AMA and declared he wants to be a minister "for GPs".

In his first public comments after being appointed to the key portfolio, Mr Hunt told reporters he had already spoken with AMA President Dr Michael Gannon and described the AMA as a "magnificent organisation".

The Victorian MP, whose mother was a nurse and who is married to a nurse, praised "the magnificent dedicated, professionals of our Australian health system", and indicated a change in the Government's approach following his discussion with Dr Gannon.

"One of the things that Michael Gannon said is he feels GPs may have been undervalued in Australia. I want to re-establish that value, their role, their importance, their trust in the community," he said.

The Government has been accused of undermining primary care through a series of policies and cutbacks that have put GPs under severe financial strain, including a seven-year freeze of Medicare rebates and demands to adopt the My Health Record e-health system and the Health Care Home model of care with minimal additional support.

Mr Hunt said he was keen to reaffirm the Coalition's commitment to universal health care after Medicare fears came close to losing it in last year's Federal election.

"Medicare is the fundamental underpinning of Australia's health system," the incoming Minister said. "I have, and we have, a rock solid commitment to the future of Medicare. It is simply indispensable and fundamental to our health care system."

Mr Hunt resisted being immediately drawn on specific policy issues, instead outlining his vision.

"I am setting out to listen and to hear, not just to listen but to hear and to learn, over the coming days and weeks and progressively we will set out more policy directions," he said.

"But the broad vision is of the best health care system in the world. We are already outstanding. But we can be even better."

ADRIAN ROLLINS

Better access to services in the bush before higher insurance rebates: AMA



The Government appears to be looking at ways to get more rural and regional Australians into private health insurance, but the AMA says the first priority should be ensuring patients get better access to medical treatment in the bush.

The Private Health Ministerial Advisory Committee, which is due to report back to the Government this month, is considering a proposal that private health insurance rebates be increased for people living in regional and rural areas.

The idea was first floated at a roundtable of stakeholders in December, and proposes that health fund members who live outside of capital cities be paid bigger subsidies.

It has been reported that there was considerable support expressed at the meeting for providing higher rebates for those members.

The thought is that such a move help make up for having to cope with harder access to specialist medical services.





Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 16

But that's where the real issue is for the AMA, with Vice-President Dr Tony Bartone insisting that ensuring better access to medical services was the higher priority.

"Any proposal that looks at different rebates is not one we would have supported in the past, but we will wait to see the details on this one," Dr Bartone said.

"But it's about access to services and having the appropriately trained rural workforce available.

"Just addressing private health insurance, even though it is an admirable initiative, is not enough. The issue is there is no private health facilities available or a private health specialist available in the immediate area for people to access in the first place.

"It is not just an issue of cost, it is an issue of availability of locum relief, infrastructure and a whole lot of issues that need addressing first and foremost.

"There is a shortage of both GPs and specialists in rural and regional areas and what is needed is more investment in facilities and an appropriately trained workforce."

Former Health Minister Sussan Ley, before leaving the portfolio, confirmed the proposal was being considered by the committee and that the Government was keen to support initiatives aimed at encouraging more Australians living in rural and remote areas to take up and maintain private health insurance.

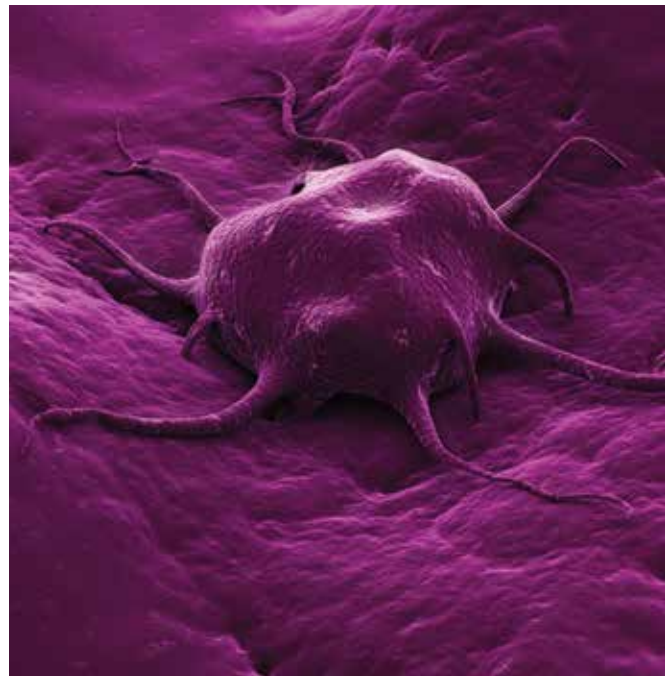
New Health Minister Greg Hunt will likely comment further after the committee has reported to him.

CHRIS JOHNSON

Senate Committee to investigate low survival rate cancers

A Senate Committee has been appointed to look into why some cancers still have low survival rates.

The Senate Select Committee into Funding for Research into Cancers with Low Survival Rates was established following



concerns that there had been little to no improvement in life expectancy for rare forms of cancer, including brain, liver, stomach, and pancreatic cancer.

Tasmanian Labor Senator Catryna Bilyk, a brain cancer survivor, will chair the Committee.

"While we have seen survival rates for diseases like breast cancer and leukaemia increase significantly in recent decades, rarer cancers like brain cancers have had little or no improvement," Senator Bilyk said.

"Currently, brain cancer has a five-year survival rate from diagnosis of just 21.6 per cent, significantly lower than most other cancers.

"This leads to the extremely tragic situation where brain cancer is the leading cause of death from disease in children.

"Approximately 35 children die in Australia every year from brain cancer, and more people under the age of 40 die from brain cancer than any other cancer.





Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 17

“It is vital that we look into the range of measures that influence cancer survival, including diagnostic measures, earlier detection, and varying treatment across a number of disciplines, including the development of new treatment and data management.”

A recent study published in the *Medical Journal of Australia* analysed NSW data and found that the chances of a patient with pancreatic cancer receiving potentially life-saving surgery varies greatly depending on where they live.

Some regional patients were almost three times less likely to be

offered pancreatic cancer surgery than those in metropolitan areas, the study found.

The Senate Select Committee is accepting submissions until 31 March 2017, and is due to report by 28 November 2017.

More information can be found at http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Funding_for_Research_into_Cancers/FundingResearchCancers.

MARIA HAWTHORNE

INFORMATION FOR MEMBERS

Support National Close the Gap Day

Close the Gap is Australia's largest campaign to improve health equality and to close the life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians within a generation.

Today, Aboriginal and Torres Strait Islander people live 10 to 17 years less than their non-Indigenous peers, and experience higher rates of preventable illness such as diabetes, kidney disease and cardiovascular disease. It is unacceptable that Australia's first peoples are sicker and dying much younger than other groups within Australia.

Achieving health equality for Aboriginal and Torres Strait Islander people is a priority for the Australian Medical Association. To help us achieve this goal, we work closely with key Aboriginal and Torres Strait Islander people and organisations, and we are an active supporter of the *Close the Gap* campaign.

With more than 200,000 Australians showing their support for the *Close the Gap* campaign, it is evident that the Australian public demand that governments, in partnership with Aboriginal and Torres Strait Islander peoples and their representatives, meet the challenge of improving the health and life expectancy of Indigenous people.

For 10 years now, the *Close the Gap* campaign has shown that improvements to the health and life expectancy of Aboriginal and Torres Strait Islander peoples can indeed be achieved within a short time frame. And, while we have seen some progress over recent years, there is still much more to be done.

Each year, the campaign holds a *National Close the Gap Day* to bring the community together. It is a national day of action to raise awareness on the issue of low life expectancy within Aboriginal and Torres Strait Islander communities in Australia, and to pledge support for achieving Indigenous health equality by the year 2030.

2007 saw the first *National Close the Gap Day* with more than 300 community and State events being run across the country. Since then, it has become an annual event and has grown alongside continued support from the public. Last year more than 160,000 people took part in over 1,640 separate *National Close the Gap Day* events across Australia. This year, *National Close the Gap Day* is being held on 16 March 2017.

The AMA encourages all Australians to show their support for the *Close the Gap* campaign and get involved in *National Close the Gap Day*. This could include hosting a morning or afternoon tea in the office, a dinner party at home, or showing support through social media. No matter what the activity, all events play a part in building up support for health equality in Australia.

All activities can be registered online through the Oxfam website at my.oxfam.org.au/ctg, and all registered *National Close the Gap Day* events will receive a free resource pack. The details and locations of all public events are also available on the Oxfam website and are open for anybody to attend.

All funds raised as part of the *National Close the Gap Day* events go toward the Oxfam Aboriginal and Torres Strait Islander Peoples' Program.



Research

Views on unnecessary tests



A new study has found many Australians to have contradicting views about unnecessary medical tests.

The *Choosing Wisely in Australia 2016 Report* has revealed that, while Australian patients understand the importance of reducing unnecessary medical testing, many still want their doctors to conduct all the available tests related to their condition – whether or not they need them.

The study found that 71 per cent of people agreed with reducing unnecessary care, yet 74 per cent indicated that, if they were sick, then their doctor should conduct all available medical tests related to their condition.

The study is from *Choosing Wisely Australia*, which is part of a global movement aiming to improve the quality of health care by eliminating unnecessary procedures, and was facilitated by NPS MedicineWise.

Dr Lynn Weekes, CEO of NPS MedicineWise, said the report revealed some contradictory attitudes among consumers around medical testing.

It also showed a need for thorough conversations between healthcare professionals and their patients about treatment options.

“There’s an obvious disconnect between doctors and patients about why unnecessary testing is occurring,” Dr Weekes said.

“Of those we surveyed, 41 per cent of GPs and 21 per cent of specialists said they were asked by patients for unnecessary tests several times a week. But 79 per cent of consumers said they had tests at their healthcare provider’s recommendation.

“This certainly highlights the need for better conversations on both sides.”

CHRIS JOHNSON

French find food additive has links to cancer

A French study has found that an additive commonly used in some sweetened foods can bring on the early stages of cancer – at least in animals.

It has only been found to initiate cancers in tested laboratory animals, but in an article published in the science journal *Nature* those results were shown to be somewhat of a surprise to the researchers.

The French National Institute for Agricultural Research found that titanium dioxide or E171, which is used by the food industry to brighten foods like lollies, biscuits, chewing gum and sauces, can cause cell damage.

Researchers exposed rats to doses of titanium dioxide for 100 days in quantities similar to what humans might consume through their diets.

They found that nanoparticles of titanium dioxide were absorbed by the intestine and passed into the bloodstream of the animals tested.

This was only after oral consumption. The additive is also used in some sunscreens and cosmetics, but external application was not part of the research.

The test showed that chronic oral exposure to E171 led to a non-malignant stage of carcinogenesis in 40 per cent of the exposed rats.

That is the early stage of the process of normal cells turning into cancer cells.

The French government has asked its public health agency to determine consumer risks, with a report due next month.

Some French food processors have already signalled their intentions to remove titanium dioxide nanoparticles from their products.

In this country, Food Standards Australia and New Zealand published a review last year into the oral ingestion of titanium dioxide stating there was no strong evidence to support claims of a significant health risk.

But FSANZ is aware of the latest French study and is now reviewing the research’s findings.

It has stressed that the new study must be considered alongside all other available evidence.

CHRIS JOHNSON





Research

Immaturity may be mistaken for ADHD - study

A new study has found that the youngest children in the class are more likely than the oldest to be prescribed medication for Attention Deficit/Hyperactivity Disorder, leading researchers to speculate that immaturity is being misdiagnosed as a mental disorder.

The Curtin University study of more than 300,000 children in Western Australia found that children born in June - the final month of the recommended school year intake - were twice as likely to have received ADHD medication as those born in July, the first intake month.

Among children aged six to 10, those born in June were about twice as likely to be medicated compared to those born in July, the study found.

The difference was less marked, but still significant, for children aged 11 to 15, the researchers wrote.

"The most plausible explanation is that teachers provide the evidence for the diagnosis of ADHD, they assess the behaviour of these kids against their peers, and they are mistaking age-related immaturity for a psychiatric disorder," lead researcher Dr Martin Whitely told *ABC Radio*.

Of the children included in the study, 1.9 per cent received medication for ADHD.

Boys were more likely to be diagnosed with ADHD than girls, the study found: 2.9 per cent of boys were receiving medication, as compared to 0.8 per cent of girls.

AMA Vice President, Dr Tony Bartone, said that ADHD diagnosis was a "very complex area".

"[ADHD] is complex, it is diagnosed early in life, and can be mimicked by other presentations," Dr Bartone told *Daily Mail Australia*.

"The criteria are subjective, and open to interpretation, and it does require a diagnosis to be formalised by a specialist who has considerable experience, such as a child psychiatrist or a paediatrician.

"Obviously monitoring the management plan and ruling out other possibilities [than ADHD] is time consuming and requires a number of points of contact."

The study was published in the *Medical Journal of Australia*.

MARIA HAWTHORNE



Don't let her drink dirty water

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

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

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

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

Stop dirty water killing children, support Water Health Life:
visit worldvision.com.au or call 13 32 40.

Water Health Life

Basic Needs. Permanent Solutions.

World Vision Australia is a Christian organisation pursuing freedom, justice, peace and opportunity for everyone in the world. ABN 28 004 778 081. Rake 31/99. C10211 AM1 R17



Putin bonds with 007 to butt out



Russian President Vladimir Putin, it is said, considers himself somewhat of a tough guy, good specimen of the male physique.

Remember those pics of him hunting, fishing and horse-riding shirtless?

Well, when it comes to being healthy, the Russian ruler has suddenly found he has something in common with another real life tough guy – James Bond.

Okay, maybe Bond isn't so real life.

But a recent analysis of all 24 James Bond movies has revealed that 007 appears to have kicked his smoking habit.

Once rarely seen in his epics without a cigarette in his hand – not even driving, lovemaking, martini sipping or hang gliding have stopped him lighting up – Bond has not been seen smoking since 2002.

That's 15 years without a drag. Before then, the fictional spy was seen lighting up as much as 83 per cent of his screen time (that peak was reached during the 1960s movies of the franchise).

And while smoking images are still prevalent in pretty much all Bond movies –with 2006's *Casino Royale* the only cigarette-free Bond film – the licensed-to-kill spy himself has not had a puff on screen since *Die Another Day* four years earlier.

It is the first study of 007's smoking habits since the big screen



version of the spy thrillers were introduced to the world in 1962.

The study was conducted by the Department of Public Health at the University of Otago, New Zealand.

Maybe Mr Putin, who some insist should be the next Bond, had noticed the healthier lifestyle of the movie tough guy.

The Russian President has promised to stamp out smoking in his country.

He has pledged to ban any Russians born after 2015 from buying cigarettes, as part of his long-term initiative to end smoking in Russia completely.

If all goes to plan, only a very small proportion of Russian citizens would be smoking after 2050.

If implemented, the laws would be the harshest anti-smoking regime ever imposed by any government, anywhere.

But if the Russian President can plunge to the bottom of the ocean in a tiny Bond-like submarine (as he did in 2013, just like 007 did in 1977 in *The Spy Who Loved Me*), then he can surely follow the secret agent's healthier lifestyle – or at least insist his countrymen do.

CHRIS JOHNSON

Drug prices push cures increasingly out of reach



The marketing practices of drug companies are coming under international scrutiny amid concerns spiralling prices are stretching health budgets and pushing medicines increasingly out of the reach of the less well off.

In a report recently presented to a meeting of major country health ministers, the Organisation for Economic Cooperation and Development warned that pharmaceutical industry investment was increasingly skewed toward costly precision medicines targeting cancers and rare diseases, and were charging exorbitant prices for advanced treatments for common ailments.

The result was that governments and insurers were struggling to pay for medicines for both rare and common conditions.

“The launch prices of drugs for cancer and rare diseases are rising, sometimes without a commensurate increase in the health benefits for patients,” the OECD said, citing as an example the fact that, in the US, the cost of cancer drugs for each year of life gained had jumped from US\$50,000 to US\$200,000 in less than 20 years.

At the same time, new and highly effective treatments for common diseases like hepatitis offered the prospect of eradicating the condition, but at a huge upfront cost to governments, patients and insurers.

It is a familiar issue for Australian health officials.

Figures compiled by *Australian Prescriber* show the Federal Government spent almost \$1 billion on subsidising 43,900 hepatitis C treatments in just four months. It aims to eradicate the disease in Australia.

The Government, through the Pharmaceutical Benefits Scheme, is also spending big on adalimumab, an anti-inflammatory biologic developed to treat arthritis and Crohn’s disease, expending \$335 million on 194,000 prescriptions.

Just as pricey is the breast cancer drug trastuzumab, which cost the Government \$157 million for 50,000 prescriptions last financial year.

In its report *New Health Technologies: Managing Access, Value and Sustainability*, the OECD voiced concern that drug companies were charging too much for treatments, and were increasingly developing hugely expensive drugs to treat rare conditions, rather than cheaper medicines for diseases and health problems affecting millions.

“A rebalancing of the negotiating powers of payers and manufacturers is needed,” the OECD said, suggesting that countries could join together to purchase drugs as a group.

It also said countries could emulate England and Italy in linking the final price paid for a drug to its actual performance.

“The prices paid for technologies must reflect their real-world health benefits compared to alternatives, and be adjusted based on evidence about their actual impact,” the organisation said. “Payers must be equipped with the necessary power to adjust prices and withdraw payment for ineffective technologies.”

In 2015, the Australian Government used its buying power to strike a better deal from medicine companies, including discounts on patented medicines and price cuts for off-patent drugs, saving around \$3 billion over five years.

But the industry, through trade deals such as the endangered Trans Pacific Partnership agreement, is pushing back, including by seeking to have the term of patents extended.

ADRIAN ROLLINS

French even more sour on sugar

The French government is continuing its war against obesity, with a further crackdown on sugar-filled drinks.

After having introduced a tax on sweet drinks in 2012, a new decree is making it illegal to sell unlimited amounts of sweetened drinks at a fixed price – or for free.

Restaurants, fast food chain outlets and even schools and holiday camps now face fines if they offer their patrons unlimited pop.

The ban, which came into effect at the end of January, covers anywhere open to the public.

Outlawed are unlimited flavoured fizzy and non-fizzy drinks, fruit syrups, as well as drinks based on water, milk, cereal, vegetable or fruit.

The new law also applies to sports and energy drinks.

If the drinks are heavily sugar-based, they are banned in unlimited quantities.

Drink fountains are already being removed from some French outlets.

CHRIS JOHNSON

INFORMATION FOR MEMBERS

AMA assembles internal MBS Working Group

Recent changes by the Government to the MBS have highlighted the critical importance of ensuring clinician involvement throughout the entire MBS policy process.

With the MBS Taskforce reviews well underway, the AMA remains adamant that the clinical committees must have strong clinical leadership, participation and appropriate clinical representation – including doctors at the coalface of medicine.

The MBS Review clinical committees identify the clinical questions, review the available evidence and test findings with relevant specialties. Based on their findings, the committees recommend removal of items, amendments, recasting of items and the addition of new items to reflect modern medical practice. They also advise on how the findings should be implemented.

The AMA has been less concerned about the scope of the individual committees but in some cases has questioned whether the committee has the most appropriate clinical representation.

In light of this, the AMA has assembled an internal MBS Working Group to provide advice to the AMA in shaping the MBS Review narrative and framework through to the final policy decisions. Membership comprises clinicians from across the country with an interest in and familiarity with MBS reviews.

The overarching aims of the Working Group are to ensure that

the medical profession is united in holding the Government accountable to the principles that are required to complete clinically acceptable reviews. These include:

- seeking reassurance that the reviews do not have unintended consequences for patients;
- being vigilant that clinician input is considered during the entire lifespan of the review, including implementation and impacts on health funding;
- ensuring the review is not a mechanism to reshape the scope of practice;
- ensuring the integrity of the medical profession is not being compromised through the review process; and
- supporting clinicians who are directly involved in the review.

Above all, the AMA MBS Review Working Group will engage more deeply in the detail of the reviews through the AMA's direct representation with the Minister, the Department of Health and ongoing public commentary.

The working group will help position the AMA to engage members more deeply on the proposed changes in the future, and provide an avenue for AMA members to raise more detailed concerns. Those wishing to do so or learn more about the MBS Working Group can email Eliisa Fok, Medical Practice Policy Advisor at efok@ama.com.au

AMA Member Benefits

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

AMA members requiring assistance can call AMA member services on **1300 133 655** or memberservices@ama.com.au



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



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



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



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



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



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



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

www.ama.com.au/careers



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



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



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



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



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



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



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



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



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