AUSTRALIAN
Medicine
The national news publication of the Australian Medical Association

Feeling the squeeze

Patients, doctors being crunched by rebate freeze, p3

INSIDE

MBS Review sounds caution on doctor blame, p4

$20,000 e-health blow to GPs, p5

General practice losing ground, p9

Drug companies reveal all, p12

Signs of life in organ donation, p35

Obese fathers a bad start to life, p38

AMA

ISSUE 28.08A SEPTEMBER 20 2016

AUSTRALIAN
Medicine

Managing Editor: John Flannery
Editor: Adrian Rollins
Production Coordinator: Kirsty Waterford
Contributors: Maria Hawthorne
Odette Visser
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 3-32

29 AMA IN THE NEWS
31 AMA IN ACTION

Health on the Hill 33-36

Research 37-39

40 MEMBER SERVICES

Patient charges rising fast

Patient out-of-pocket costs have surged and are now growing at their fastest pace in four years as general practices react to the financial squeeze from frozen Medicare rebates and rising running costs.

While the Federal Government has trumpeted official figures showing the proportion of GP services being bulk billed has risen to a record high of 85.1 per cent, the statistics also indicated that those patients that are being charged a fee are paying more.

Medicare data show that average out-of-pocket costs reached $34.25 last financial year, up 6.5 per cent from 2014-15 - the fastest pace of growth since 2011-12 and well above the rate of inflation.

The increase in patient charges follows warnings from AMA President Dr Michael Gannon that many general practices were “now at breaking point” because of the Medicare rebate freeze, cuts to incentive payments and reduced mental health funding.

“Many patients who are currently bulk billed will face out-of-pocket costs well over $20,” Dr Gannon said.

Hopes that the Turnbull Government, stung by voters over health policy, might move the scrap the rebate freeze are fading, heightening concerns that hard-pressed medical practices will have little choice but to abandon or cut back on bulk billing and increase charges for those patients judged to be able to pay a fee.

But instead, the Government has used the high incidence of bulk billing to argue its policies are sustainable.

Health Minister Sussan Ley seized on the increase in the bulk billing rate, claiming it was “good news for Australians”.

Ms Ley said the figures showed 123 million GP services were fully funded by the Government last financial year, and put the lie to Labor claims that the Government was anti-Medicare.

“These figure expose the blatant and remorseless Mediscare lies Labor have been telling the Australian public over the last 12 months,” Ms Ley said. “There’s no doubt we still have work to do, but Australians should tale assurance from the fact no Government has invested more into Medicare than the Turnbull Government.”

But Shadow Health Minister Catherine King said the figures seized on by the Government were misleading because they focused solely the number of services that were bulk billed, rather than the number of patients, and ignored the rise in out-of-pocket costs.

Ms King said that as the rebate freeze has continued, a growing number of practices were abandoning bulk billing, including on Magnetic Island and in Hobart.

“Australians know that Malcolm Turnbull’s six-year freeze on Medicare rebates is driving bulk billing down and out-of-pocket costs up,” Ms King said. “The Government’s insistence otherwise only shows how out of touch they are.”

In his 17 August speech to the National Press Club, AMA President Dr Michael Gannon reiterated the AMA’s opposition to the rebate freeze, which he warned was undermining general practice, which was one of the key strengths of the nation’s health system.

“General practice has been under sustained pressure for years,” Dr Gannon said. “GPs have been treated poorly by both Coalition and Labor governments.”

The AMA President said that the ageing population and the growing burden of chronic and complex disease meant GPs were seeing more patients than ever before – an extra 42 million services in the past decade.

Despite this growth in demand, Government support for GPs was in decline.

“GPs are caught in a diabolical squeeze,” Dr Gannon said. “They are caring for increasingly sick patients while the Government tightens the financial screws in the name of budget repair.”

“GPs are now at breaking point. Many patients who are currently bulk billed will face out-of-pocket costs well over $20,” he warned.

ADRIAN ROLLINS

Government taskforce doesn't back sick certificate scare

The MBS Review Taskforce has sounded a warning on assertions that doctors are blowing out health costs by issuing sick certificates, ordering prescription repeats and writing specialist referrals.

Two-thirds of health professionals responding to an online survey run by the Taskforce called for MBS rules to be reviewed, particularly regarding the use of referrals and restrictions on eligible providers, seemingly lending weight to claims that GPs were wasting much of their time on 'routine' tasks like filling out medical certificates and writing referrals.

> "Extending her attack on primary health care, Ms Ley said a quarter of patients believed they had been recommended tests or treatments that were unnecessary"

Health Minister Sussan Ley seized on the claims, telling ABC radio that "if the Government is paying effectively too much for small appointments that aren't necessarily adding to a person's overall health, particularly if they have chronic conditions, then that money does need to be reinvested".

Extending her attack on primary health care, Ms Ley said a quarter of patients believed they had been recommended tests or treatments that were unnecessary.

The suggestion has fuelled calls, including from the Pharmacy Guild of Australia, for pharmacists, nurses and other allied health professionals to be granted an increased scope of practice to ease the burden on family doctors.

But the Taskforce itself has cast doubt on the extent of the problem, and has instead inferred that its prominence was being driven by health groups like pharmacists and nurses keen to expand their scope of practice.

"Many health professional respondents argued that referrals through GPs were unnecessary, particularly when accessing allied health services," the Taskforce said in an interim report on its consultation. "It should be noted that the prevalence of this issue may reflect the skew towards allied health providers in the respondent group".

AMA President Dr Michael Gannon dismissed the claim that valuable health dollars and GP time was being wasted on writing out certificates and referrals.

Dr Gannon said that not only was general practice very cost effective – accounting for just 6 per cent of total health spending – but performing such services was often a valuable opportunity to undertake preventive health care such as performing blood tests and assessing for diabetes and heart disease risk.

In its discussion of the results of the online survey and stakeholder consultations, the Taskforce notably avoided the issue and turned its focus elsewhere.

It backed proposals for greater transparency on Medicare fees, and endorsed the idea of giving practitioners data on their own Medicare item usage, benchmarked against their peers.

But it flagged a cautious approach to changes to Medicare pay arrangements and MBS items.

In consultations there were calls for the fee-for-service model to be scrapped and replaced with an outcomes-based payment system.

But although expressing interest in pay for performance as a complement to fee-for-service in supporting multidisciplinary care, it was lukewarm on a wholesale change.

"The evidence suggests that clinically-based outcomes linked to payment have mixed success and may not be superior to activity-based payments in driving high-value care," the Taskforce said. "Indeed, the MBS itself has many examples where incentive payments directed to addressing service deficits have had undesirable outcomes."

And, while the Government has emphasised the scope for the MBS Review to axe Medicare items, the Taskforce indicated it would be moving with careful deliberation.

It noted that its terms of reference "do not preclude" recommending new items, and was considering "the addition of temporary item numbers to be used specifically for the acquisition of evidence to support the long-term retention or removal of items from the MBS".

The case to remove items will depend on more than simply how often it is used.

"The Taskforce recognises that low usage of an item is not in itself conclusive evidence of obsolescence," the Taskforce said.

The Taskforce interim report can be viewed at: http://www.health.gov.au/internet/main/publishing.nsf/content/mbsr-interim-report

ADRIAN ROLLINS

$20,000 e-health blow to GPs

Hundreds of general practices face a $20,000 hit to their income after failing to meet tough new digital health requirements.

The AMA has disclosed that 1500 practices previously eligible for the $23,400 Practice Incentive Program Digital Health Incentive (ePIP) have missed upload targets for shared health summaries, putting their access to the payment at risk, while a further 69 practices have formally withdrawn from the arrangement altogether.

As the Federal Government pushes ahead with a trial of opt-out arrangements for its My Health Record scheme, AMA Vice President Dr Tony Bartone said the figures showed that many GPs, already struggling with the effects of the Medicare rebate freeze, faced another blow to their income because of tough new eligibility requirements.

"An AMA survey indicated that up to 40 per cent of eligible general practices would be unable to meet the new requirements," Dr Bartone said.

"The PIP Digital Health Incentive has now been in place for a full quarter and the AMA has been advised that 1500 general practices have failed to meet their SHS upload target, and a further 69 practices have formally withdrawn from participation in the Incentive.

"This means that close to one-third of previously eligible general practices now face losing significant financial support in an already testing environment of the Medicare rebate freeze and other funding cuts."

The latest controversy around the Commonwealth's struggle to introduce a national electronic health record erupted when the Government announced ePIP incentive payments would be conditional on practices uploading shared health summaries for at least 0.5 per cent of their patients each quarter.

Dr Bartone said the AMA and other GP groups had made repeated representations to Health Minster Sussan Ley and Health Department bureaucrats about how harmful the new rules would be to practices already burdened by the Medicare rebate freeze.

"It is now time to recognise the concerns that have been consistently raised by the profession and get a better understanding of why so many practices have failed to meet the Government's SHS benchmarks," Dr Bartone said.

"With adequate time, education, and support, many of the affected 1500 general practices may well begin to genuinely engage with the MyHealth Record, and eventually champion it.

"But penalising them with draconian eligibility requirements at this critical point will have the opposite effect.

"It will undermine support for e-health initiatives within general practice.

"And it will further erode the goodwill of GPs who have been disadvantaged by Government health policies such as the Medicare freeze, and unfairly targeted and demonised in recent leaks from the Medicare Benefits Schedule (MBS) Review."

The importance of GP support for the My Health Record scheme has been underlined by Government figure showing that although more than 4.1 million people now have a My Health Record, less than 300,000 include a shared health summary. As at 4 September, 5737 general practices were connected to the My Health Record system.

Almost 1.1 million people in western Sydney and north Queensland have been signed up for a My Health Record as part of a Government trial of opt-out arrangements for the scheme, meaning that health information will be automatically uploaded to the system unless they actively object.

To shepherd the introduction of the troubled system, the Government has recruited former National Health Service executive Tim Kelsey to head the Australian Digital Health Agency.

Mr Kelsey oversaw the introduction of the Care.data digital health record system in the UK, which was dumped by the NHS in July amid concerns over patient confidentiality.

A Health Department spokeswoman told News.com that Mr Kelsey was uniquely suited to lead the Agency because of his experience in the "successful direction of data and digital programs in healthcare and the protection of privacy. This is why he was appointed to be CEO of the Australian Digital Health Agency".

AMA President Dr Michael Gannon told News.com that while he was aware of the failure of the UK scheme, he would "support anything that will steer this $1 billion project on course so taxpayers get something from it because it is the way of the future".

ADRIAN ROLLINS

WHO upgrades Zika abstinence advice

The World Health Organisation has upgraded its advice for people returning from areas where the Zika virus is active, saying both men and women should practice safe sex or abstinence for six months regardless of whether they are trying to conceive, or are showing symptoms.

The previous WHO interim recommendation, made in June this year, referred only to men and had a shorter time frame of eight weeks.

“For regions with no active transmission of Zika virus, WHO recommends practising safer sex or abstinence for a period of six months for men and women who are returning from areas of active transmission to prevent Zika virus infection through sexual intercourse,” the WHO advice, issued on 2 September, said.

“Sexual partners of pregnant women, living in or returning from areas where local transmission of Zika virus occurs should practice safer sex or abstain from sexual activity throughout the pregnancy.”

The update was based on new evidence on Zika transmission from asymptomatic males to their female partners and a symptomatic female to her male partner, as well as evidence that Zika is present in semen for longer than thought.

Zika infections in pregnant women can cause microcephaly — a severe birth defect in which the head and brain are undersized — as well as other brain abnormalities.

The connection between Zika and microcephaly was first confirmed last year in Brazil, which has since confirmed more than 1800 cases.

Minister for Health and Minister for Sport, Sussan Ley, said that with Australians heading home from Brazil following the Rio Olympic Games and Paralympics, all precautions were being taken to prevent the spread of the disease.

The Zika virus is primarily transmitted by the Aedes aegypti mosquito, which in Australia is only found in certain parts of northern, central, and south-western Queensland.

The Commonwealth Government has stringent measures in place at airports and sea ports, and has provided the Queensland Government with an additional $1 million to increase spraying and other preventive measures in the affected areas.

Ms Ley encouraged Australians returning from Brazil to be “conscious and cautious” about their potential exposure to the virus.

“If you’ve recently visited Rio for the Olympics, chances are you could have been bitten by a mosquito,” Ms Ley said.

“Obviously, if you’re feeling unwell, please visit your doctor immediately and ensure you inform them of your recent travel history.

“However, the best protection is precaution, particularly if you or your partner are pregnant or planning to try in the near future.”

There have been 44 confirmed cases of Zika virus in Australia so far this year, all acquired overseas.

Australians returning from Zika-affected countries should be on the lookout for fever, rash, red eyes, and joint pain.

MARIA HAWTHORNE

Studying medicine still a good prospect

Medicine has maintained its status as a career of choice for those looking for strong employment and income-earning prospects, with data showing graduates are far more likely to have a job and earn much more than most of their university peers.

While the starting salaries and employment prospects of many entering the labour market from university have stagnated in recent years, an annual survey has found that the overwhelming majority of those with a medical degree move straight into full-time work upon graduation and are paid $7000 a year more than the median graduate income.

The Australian Graduate Survey, conducted by Graduate Careers Australia, found that 96.3 per cent of medical graduates were in full-time jobs within four months of graduation, the highest employment rate of any field, and far in excess of the average of 69 per cent among all graduates. The result is, however, tempered by the fact that medical graduates are required to serve a public hospital internship upon graduation.

Nonetheless, the survey highlights a persistent gulf in employment prospects between degrees. While 85 per cent or more of graduates in medicine, pharmacy, surveying and veterinary science are in full-time work within four months of leaving university, less than half of graduates in the life sciences, social sciences and performing arts report the same.

Adding to the challenge for many graduates, the survey found that starting salaries for most have barely moved in recent years.

Though optometry graduates in 2015 received a starting salary that was $10,000 a year more than in 2014, and medical graduates received $5000 more, the average gain across all graduates was a meagre $1500 increase to $54,000. By comparison, medical graduates were paid $65,000, optometry graduates received $80,000 and dentistry graduates topped the table with a starting salary of $90,000.

Reflecting the stagnation of incomes across the economy in recent years, the median annual starting salary for graduates in 2015 was just 75.8 per cent of the annual rate of male average weekly earnings (MAWE), a slight improvement from the previous year but well down on the 83 per cent of MAWE recorded in 2009.

Graduate starting salaries as a share of MAWE has been in long-term decline. The average sat at 100 per cent in 1997, was down to 90 per cent a decade later, dipped down to 80 per cent in the mid-1990s and 2000s, and slipped to below 75 per cent in 2013 and 2014.

ADRIAN ROLLINS

GPs working harder than ever – BEACH

GP workloads are climbing fast, fuelled by the twin challenges of an ageing population and an increasing prevalence of chronic diseases, two new reports have found.

The final reports from the de-funded BEACH research program show that GPs are delivering millions more services than they were a decade ago, despite the ongoing Medicare rebate freeze.

In 2015-16, GPs managed 154 problems per 100 patient encounters, significantly more than the 149 in 2006-07.

GPs also managed 67 million more problems at patient encounters in 2015-16 than they did in 2006-17.

Compared to 2006-07, GPs provided:

- 31 million more prescriptions,
- 25 million more clinical treatments, including advice and counselling,
- 10 million more procedures,
- 5 million more referrals to specialists,
- 24 million more pathology tests/test battery orders, and
- 6 million more imaging tests.

AMA President, Dr Michael Gannon, said that GPs provided value for money to the Australian community and Government, yet were caught in a funding squeeze.

“Australia’s health system is built around the central role of general practice,” Dr Gannon said.

“Data from earlier BEACH work shows that if GP services were performed in other areas of the health system, they would cost considerably more.

“For example, GP services provided in a hospital emergency department would cost between $396 and $599 each, compared to the average cost of a GP visit of around $50.”

Medicare spending on GP services represented only 6 per cent of total Government health expenditure, he said, and needed to be strengthened to ensure the ongoing sustainability of the health system.

“The continuing freeze on Medicare rebates, and other funding cuts, are poor policy that fails to recognise the value that general practice is delivering to our health system,” Dr Gannon said.

“While the AMA shares the Government’s vision for the Health Care Homes model, the Government has committed no new funding, and simply expects GPs to deliver enhanced services for patients with no extra support.”

The BEACH research indicates that the Health Care Homes model, which proposes targeting people with two or more diagnosed chronic conditions to improve the coordination of their health care, should be targeted towards middle-aged Australians, as well as older people.

The reports found that people aged 45 to 64 years had many more tests, referrals, medications, and GP encounters than the average Australian in 2015-16.

Three in five (59.7 per cent) had at least one chronic condition, one in five (21.2 per cent) had three or more, and one in 200 (0.3 per cent) had 10 or more.

The most common pair of diagnosed chronic conditions was high blood pressure and cholesterol.

The findings have implications for associated costs to Medicare, the researchers said.

“However, this extra spending should improve patients’ overall health and potentially reduce avoidable hospitalisations, which incur much bigger costs than the extra care provided in general practice,” Professor Helena Britt said.

More than 70 per cent of middle-aged Australians were either overweight or obese in 2016-16, and there was no change in smoking and alcohol use among the 45-64 age group, with one in five smoking daily and one in four drinking at hazardous levels.

“These results do not bode well for the future health of this age group of patients,” Professor Britt said.

“We need more research to understand why clinical and public health programs haven’t affected their lifestyle choices.

“Perhaps enrolment in Health Care Homes and some targeted lifestyle programs could assist 45-64 year olds in the management of their chronic disease load.”

The reports are the last to be published by the University of Sydney’s Bettering the Evaluation and Care of Health (BEACH) program, following the Government’s decision to withdraw funding for the almost 20-year-old program.

“I would like to pay tribute to BEACH and its researchers, who have made an invaluable contribution to informing policy around general practice for the past two decades,” Dr Gannon said.

“The decision to cut BEACH funding was short-sighted and extremely disappointing.

“The important work of these researchers will be greatly missed.”

MARIA HAWTHORNE

Nation playing GP catch up

Medical graduates are flocking to the specialties as years of chronic under-investment in general practice discourage many from becoming a GP.

Medical workforce figures show that although the number of practising GPs has increased by almost 15 per cent in the past decade to 28,329, over the same period the ranks of employed specialists has swelled by 42 per cent to 31,189, reinforcing calls for greater focus on general practitioner training and better support for GPs, particularly in rural and remote areas.

AMA President Dr Michael Gannon said the figures showed the extent to which the Government was still playing "catch up" following chronic under-investment in GP training in the early 2000s, when the annual intake dropped as low as 450.

"There was a long period of time where we were not producing enough new, young, home-grown GPs," Dr Gannon said. "This corresponded with an ageing of the existing GP workforce. Like many areas in medical workforce, we are playing a game of 'catch up'."

The proportion of GPs in the medical workforce (33 per cent) is now eclipsed by those in non-GP specialties (35 per cent), while a further 18 per cent are specialists in training, Australian Institute of Health and Welfare figures show.

While the overall supply of GPs has improved in recent years, increasing from 109 per 100,000 in 2008 to 114 per 100,000 last year, the pace of gain is much greater in other areas of medicine.

AIHW spokesperson Dr Adrian Webster said there were 143 non-GP specialists per 100,000 last year, and almost 75 per 100,000 specialists in training.

"This suggests that while the supply of GPs is keeping pace with population growth, the number of medical practitioners working in, or training to take on, specialist roles, is growing faster," Dr Webster said.

The results underline AMA warnings that the Government is not investing enough in GP training.

AMA Vice President Dr Tony Bartone, who is also Chair of the AMA Medical Workforce Committee, said the abolition of the Prevocational General Practice Placements Program had been a backward step, particularly for the supply of GPs in rural areas.

"As a practising GP, I am keenly aware that more resources are needed to build and maintain a sustainable GP workforce," Dr Bartone said. "The Government's announcement late last year that it will fund 240 rotations in general practice settings for rural-based interns...was an admission by the Government that its decision to abolish the PGPPP was a backward step, especially for rural health."

While AIHW figures suggest that, proportionately, country Australians are just as well served by GPs as city dwellers (between 114 and 116 GPs per 100,000 in regional areas compared with 112 GPs per 100,000 in the major cities), the Rural Doctors Association of Australia said this was misleading.

RDAA Vice President Dr John Hall said that, when measured in full-time equivalent (FTE) terms, the proportion of GPs serving outer regional and remote communities was in decline.

Dr Hall said the number of FTE GPs working in remote areas had slipped from 137 to 135.5 per 100,000 in the past year, and in outer regional areas had dropped from 116.8 to 116.3 over the same period of time.

"This should be a real alarm bell for governments and policymakers," he said. "Even the smallest reduction in GP numbers has a significant impact in these communities, where there is a higher prevalence of chronic disease and poorer health outcomes than for those living in the major cities or large regional centres."

The AMA has called for the GP training program intake, currently at 1500 places, to be increased to 1700 by 2018, and said it should be backed by other measures including incentives for training supervisors and investment in training facilities and infrastructure.

It's call has been backed by the Australian Medical Students' Association, which said the AIHW figures showed the need for increased investment in rural training pathways, particularly for general practice.

AMSA President Elise Buisson said the rural doctor shortage was a problem "not of numbers, but of distribution, as doctors are faced with a lack of adequate training and working opportunities in rural communities".

ADRIAN ROLLINS

Australia's doctors – by the numbers

How many?

102,805

How many practicing:

88,040 of whom

75% are in group practices

25% work solo

How many are women?

40.1%

Where are the women?

88,040 of whom

47.2% Highest concentration - anatomical pathology

3.3% Lowest concentration - orthopaedic surgery

Age

27.2%

are 55 years or older

56.6 years
Oldest – general medicine

45.3 years
Youngest - emergency medicine

Average working week

42.4 hours

54.1 hours
longest - intensive care medicine

38.2 hours
shortest - psychiatry

Recruit local to relieve rural doctor shortage

The AMA has intensified its calls for the Federal Government to boost its investment in rural GP education amid mounting evidence that doctors who grow up and train in the bush are far more likely to practice there.

A study published in the latest edition of the *Medical Journal of Australia* found there is up to a 90 per cent chance that doctors who have a rural background and train in a rural area will still be practising in the bush five years later.

The result lends weight to AMA proposals for increased training opportunities for aspiring GPs and other specialists interested in practising in the country.

> "While there has been an explosion in the number of medical school graduates in the past decade, relatively few are opting to train and practice in the bush, which remains chronically under-served"

AMA President Dr Michael Gannon said the findings showed that the right investments by Government could make a real difference to access to care for rural communities.

"This study provides some important lessons for policy makers looking at how we can ensure that Australians living in rural areas have access to medical care," Dr Gannon said.

While there has been an explosion in the number of medical school graduates in the past decade, relatively few are opting to train and practice in the bush, which remains chronically under-served.

Governments continue to recruit doctors from overseas to help fill the gap – the *Herald Sun* has revealed they sponsored 2268 health professionals to enter the country on 457 visas last year, including 1692 GPs and registered medical officers, 228 registered nurses, 35 specialists, 38 psychiatrists,28 surgeons and 19 anaesthetists.

Dr Gannon said proposals to build more medical schools were misguided.

"The problem isn't a shortage of medical graduates. With medical school intakes now at record levels, we don't need more medical students or any new medical schools.

"What we need are more and better opportunities for doctors, particularly those who come from the bush, to live and train in rural areas. The evidence shows that they are the most likely to stay on and serve their rural community once that qualify."

The MJA study, Vocational training of general practitioners in rural locations is critical for the Australian rural medical workforce, found "a strong association between rural training pathways and subsequent rural practice".

"[The] findings suggest that the periods leading up to and immediately following the vocational training are critically important windows of opportunity for ensuring that appropriate policies optimise recruitment of GPs for rural practice and their subsequent retention," the study's authors said.

Dr Gannon said these conclusions backed a number of policy proposals developed by the AMA to boost access to care in rural areas, including:

- for the targeted intake of medical students from rural areas to be increased from a quarter to a third of all new enrolments;
- the establishment of a Community Residency Program to give prevocational doctors, particularly those in rural areas, with access to three-month general practice placements;
- an increase in the GP training program intake to 1700 places by 2018;
- an expansion of the Specialist Training Program to 1400 places by 2018, with priority given to rural settings, under-supplied specialties and generalist roles; and
- access to regional training networks to support doctors to train and remain in rural areas.

"The Federal Government has a wonderful opportunity to make a real and lasting difference by adopting these sensible, effective, evidence-based measures," Dr Gannon said.

The Government has promised to appoint a Rural Health Commissioner to champion rural health issues, including developing a National Rural Generalist Pathway to help address the shortage of rural medical practitioners.

ADRIAN ROLLINS

Drug companies reveal doctor payments

Drug companies spent less than $10 million on travel, accommodation, consultancy fees and registration expenses for doctors late last year and earlier this year, according to figures released as part of a new regime of transparency for the pharmaceutical industry.

In a disclosure that belies claims that drug manufacturers are lavishing doctors with exotic travel, high class hotels and extravagant consultancy payments, data released by peak industry group Medicines Australia shows that 35 pharmaceutical companies spent $8.5 million on travel expenses and fees for around 3500 doctors between October 2015 and April this year – an average outlay of around $2400.

While some doctors attending international conferences racked up more than $10,000 in travel and accommodation costs, and consultant fees in some cases reached $30,000, most outlays were much more modest, typically involving amounts of between $500 and $5000.

The disclosures were made as part of a new reporting regime introduced by Medicines Australia following consultations with the AMA, the Australian Competition and Consumer Commission, and other health groups.

Under the code, drug companies are required to report all consultancy payments to doctors, as well as the payment of airfares, accommodation and registration for practitioners attending educational events.

For the first time, payments to individual doctors can, with the agreement of the practitioner, be disclosed, and two-thirds agreed to be identified in the report.

But following a 12-month transition period, which expires in October 2016, it will become compulsory to identify all practitioners receiving payments, including the nature and purpose of each engagement, the date and value of the payment, and the doctor's name and principle practice address.

AMA President Dr Michael Gannon told Fairfax Media that the new reporting arrangements "got it about right" in increasing the transparency of drug company payments to doctors.

"It's absolutely essential that if individual doctors representing hospitals or health networks are involved in signing contracts to buy new medicines, that the payments they receive are transparent," Dr Gannon said. "The truth is that these are companies that develop new medications at great expense, and part of the way to get information out is to provide education programs, and they might involve modest hospitality."

The report shows that US-based behemoth Bristol-Myers Squibb was the biggest spender, spending almost $966,000 on 393 practitioners – an average of almost $2460 each.

The next biggest spender was Gilead, which outlayed almost $830,000 on 314 doctors, followed by Novartis ($817,000 on 360 doctors), Pfizer ($720,000 on 350 doctors) and AstraZeneca ($445,000 on 368 doctors).

More than half of all spending was on travel and accommodation ($4.3 million), while fees cost a little more than $3 million and registration fees accounted for the rest.

The company reports can be viewed at: https://medicinesaustralia.com.au/code-of-conduct/education-events-reports/payments-to-healthcare-professionals/member-company-reports/

ADRIAN ROLLINS

Medicines Australia 'transparency reports' - what it means for you

Health practitioners who receive payments from pharmaceutical companies can now expect their name and details of the payment to be made publicly available every six months. And from 1 October 2016, pharmaceutical companies will only be able to enter into relationships with practitioners who consent to this information being published.

On 31 August 2016, Medicines Australia member companies, which include innovative pharmaceutical companies such as Bayer, Pfizer and Janssen, published the first ever reports listing individuals and details of payments.

The current Medicines Australia Code of Conduct requires pharmaceutical companies to publish details of certain categories of payments made to registered health practitioners (such as medical practitioners, nurses and pharmacists). The categories of payments that must be published include fees for speaking engagements, consultancies, board and committee attendance, and sponsorship or grants for educational activities.

The AMA fully supports these transparency measures.

During the first reporting period just published, individuals were able to withhold consent for their information to be made public in line with Australian privacy legislation. Around one third of practitioners receiving payments withheld their consent.

However from 1 October 2016, pharmaceutical companies will only be able to enter into relationships with practitioners who consent to this information being published.

A full list of the categories of payments publicly reported and the detail included in the reports is available on the AMA website.

Links to each companies' first report are available on the Medicines Australia website.

GEORGIA MORRIS

Doctors encouraged to help life support patients with energy companies

Doctors are being encouraged to help patients who rely on life support equipment in their homes to register with their energy provider.

A recent survey of energy companies found that, while many life support customers start the registration process, a large proportion do not return their completed forms, potentially putting their lives at risk.

Federal energy market laws contain strict controls on when life support customers can be disconnected from the power supply, and how much notice energy companies must give of planned interruptions to supply.

The protections apply to customers who rely on equipment including oxygen concentrators, peritoneal and kidney dialysis machines, respirators, ventilators, and any other equipment that a registered medical practitioner certifies is needed.

To qualify, customers must obtain an application form from their energy company. Both the customer and their registered medical practitioner must complete the form, before the customer returns it to the energy company.

The Australian Energy Regulator (AER), which regulates energy retailers in Queensland, New South Wales, South Australia, Tasmania, and the Australian Capital Territory, recently surveyed power companies.

"The survey found that while a number of customers are requesting the life support applications be sent to them for completion, there is a large proportion of customers that are not returning these forms," the AER said.

"Until these forms are returned, the protections offered to life support customers under the Retail Rules and Law do not take effect.

"This situation could put people's lives at risk.

"We believe that it is important that patients know what they need to do to be adequately registered for life support, as well as doctors and practitioners being aware that these protections exist, and how they can help their patients with their registration form."

More details are available at https://www.energymadeeasy.gov.au/hot-topics/life-support-equipment-%E2%80%93-be-prepared-and-make-plan.

MARIA HAWTHORNE

Organ donors, recipients up in 2016

The DonateLife message appears to be breaking through, with the number of organ donors and recipients up in the first six months of 2016.

More than a year after the Government ordered a review into the low rates of organ donation, Australia has seen an almost 40 per cent increase in donors and a 30 per cent increase in organ recipients.

But the numbers are still tiny – as of 30 June, organs had been retrieved from just 238 people across the nation, up from 171 at the same time in 2015.

Those organs gave the gift of life to 707 patients, compared with 541 in the first six months of 2015.

But with an estimated 1500 Australians on the waiting list for an organ transplant at any given time, the Australian Medical Association has encouraged all Australians to strongly consider registering to become a donor.

"Australians should have informed discussions about organ donation with their families," AMA President, Dr Michael Gannon, said.

"A single organ and tissue donor can directly save or improve the lives of 10 or more people.

"Registering is an important step, but people need to discuss their decision with their family, as their next of kin will have the final say."

In Australia last year, families proceeded with donation in nine out of 10 cases when the deceased was a registered donor.

This dropped to just five out of 10 in cases where the potential donor was not registered and family had no prior knowledge of their wishes.

In May last year, the slow progress in increasing transplant rates led the-then Assistant Health Minister, Fiona Nash, to order an investigation into the Organ and Tissue Authority (OTA).

When the OTA was established in 2009, the number of people whose organs were donated when they died was 12.1 per million Australians. Six years later, the number had only risen to 16.1 per million.

Senator Nash said it was important to establish if anything else could be done to improve organ donation rates.

But her decision led breakfast television presenter David Koch to spectacularly quit as chairman of the OTA Advisory Council, accusing her of caving in to the pressure from lobby group ShareLife.

The review, conducted by Ernst and Young, found that the OTA strategies were sound but improvements could be made.

It recommended:

- a new Board of Governance to provide stronger oversight and support for the work of the OTA;
- the publication of the breakdown of State and Territory funding on the OTA website;
- organ and tissue donation data to be made public on a hospital-by-hospital and a state-by-state basis;
- minimum standards for the auditing of organ donation practices to be defined;
- the Donate Life Network to monitor the proportion of ICU specialists, staff and trainees in each hospital who have been trained in having the donation conversation with families;
- States and Territories to clearly define who is responsible for organ donation rates in their jurisdiction; and
- proceeding with a one-step online donor registration process, supported by a social media awareness campaign.

MARIA HAWTHORNE

Three deaths a day from prescription drugs

Health bodies have called on the Government to make real-time prescription monitoring (RTPM) compulsory, as new figures show nearly three Australians die every day from prescription drug.

Six years ago, the federal Department of Health established a non-compulsory RTPM system, with the onus on each State and Territory to implement the system individually.

Yet Tasmania, which already had a system in place, remains the only jurisdiction with real-time monitoring.

In April, the Victorian Government committed $30 million to adopt the system by 2018.

Not-for-profit group ScriptWise says it is now time for the Commonwealth to take action and establish a mandatory, national RPTM system to curb doctor shopping and help save some of the 800 lives lost every year.

"Prescription medicine misuse is reaching epidemic proportions in Australia and we need to act now," ScriptWise CEO Bee Ismail said.

"Without a unified response to this growing issue, vulnerable Australians will continue to fall through the cracks of a system that just isn't good enough."

Prescriptions for opioid painkillers (Schedule 8 medications) have risen dramatically, with oxycodone now the seventh most prescribed drug in general practice.

"The reality is that harms linked to prescription drug misuse are rising in tandem with increased prescription availability," Ms Ismail said.

Since 2012, when New York became the first jurisdiction in the United States to implement a prescription medication monitoring system, the state has seen a 75 per cent drop in patients seeing multiple prescribers for the same medications.

ScriptWise argues that a national RTPM system in Australia will also promote quality use of medicines, and help doctors identify patients who are at risk of misuse.

The AMA supports the introduction of an RTPM system in the interests of patient safety.

In its Position Statement - Medicines 2014, the AMA called

for controls on access to certain medicines that are prone to addiction and misuse.

"The AMA supports the introduction and funding by governments of electronic systems to collect and report real-time dispensing data relating to these medicines as an effective means of addressing problems of forgery, dependency, misuse, abuse and prescription shopping," the AMA said.

The Pharmacy Guild of Australia, the Royal Australasian College of Physicians, and the Royal Australian College of General Practitioners also support real-time monitoring.

MARIA HAWTHORNE

Telehealth could deliver massive savings: CSIRO

Using telehealth technology to help the chronically ill to monitor and manage their condition at home could almost halve mortality rates and save the health budget up to $3 billion a year, according to CSIRO researchers.

Announcing the results of a 12-month trial, the CSIRO team reported that chronically ill patients provided with a telehealth service in their home not only had reduced mortality, but had less need for medical care and experienced shorter stays in hospital.

The outcomes add to evidence of the potential for telehealth technology to significantly improve the lives of patients while at the same time reducing the cost of their care.

The trial involved 287 patients with an average age of 71 years, who had at least one chronic illness such as congestive heart failure, chronic obstructive pulmonary disease, diabetes, hypertension and coronary heart disease and had been hospitalised twice in the preceding year.

They were each provided with an internet-connected telemedicine device that could monitor vital signs including ECG, heart rate, lung function, blood pressure, oxygen saturation, weight and temperature as well as video conferencing and messaging capabilities.

Patients were asked take their measurements once a day.

Participants reported benefits including the early detection of potentially deadly heart problems, a sharp fall in the number of visits to the doctor, and greater understanding of their illness and how to manage it.

Lead researcher Dr Rajiv Jayasena said these improvements resulted in a 24 per cent saving on Medicare costs for participants, as well as a 36 per cent reduction in hospital visits, a 42 per cent drop in the length of hospital stays and a 40 per cent decline in the mortality rate.

Telehealth Nurse Coordinator at Djerriwarrh Health Services, Lay Yean Woo said the system allowed her to monitor her patients and detect any abnormalities from her office, saving time that can be spent seeing more patients.

"This technology as helped me as a nurse and this has made my time more efficient in the way I deliver my service," Ms Woo said. "Also, with the time that has been freed up, I can look at more new clients being referred to me. At the end of the day I know they are better looked after."

While older Australians have some health habits – only 7 per cent smoke and 41 per cent report undertaking regular physical activity – 70 per cent are overweight or obese, almost a third consider their health is poor or only fair, and 20 per cent have problems that severely or profoundly limit their mobility.

As life expectancy has increased, more patients are developing chronic and complex health problems. Caring for them is placing an increasing demand on the health system, and the pressure is likely to intensify as their numbers swell. Currently, around 15 per cent of the population is 65 years or older, but the Australian Institute of Health and Welfare estimates that proportion will reach 22 per cent by the middle of the century and 24 per cent by 2096.

Dr Jayasena said that, with older patients with multiple chronic diseases accounting for 70 per cent of health spending, these benefits had the potential to deliver significant savings to the health budget.

The CSIRO has calculated that if the telehealth service was rolled out to the half a million Australians it considers would be good candidates, the nation could save up to $3 billion a year on health costs.

"Our research showed that the return on investment of a telemonitoring initiative on a national scale would be in the order of five to one by reducing demand on hospital inpatient and outpatient services, reduced visits to GPs, reduced visits from community nurses and an overall reduced demand on increasingly scarce clinical resources," Dr Jayasena said.

The CSIRO, through its Smart Safer Homes initiative, is also fitting homes with sensors that track patient movement and raise the alarm when something out of the ordinary, such as being still on the ground for a period of time, happens.

ADRIAN ROLLINS

Many living a long but not-so-healthy life

Australia's latest check-up shows that although we are living longer than ever before poor diets, excessive drinking and inadequate exercise are undermining our health and almost half have a chronic illness.

In a comprehensive snapshot of the nation's health, the Australian Institute of Health and Welfare reported that a baby boy born between 2012 and 2014 will, on average, live for 80.3 years and a baby girl born at the same time will live even longer, to an average 84.4 years.

However, more than 11 million Australians had at least one of eight chronic conditions, including about 1.2 million identified with diabetes – 85 per cent of whom had the largely preventable type 2 version of the condition.

In addition, 13 in every 100 smoke daily, 18 drink alcohol at risky levels and 95 do not eat the recommended servings of fruit and vegetables. Despite 55 out of 100 completing daily recommended physical activity levels, 63 per cent of Australians are overweight or obese.

The long-term decline in smoking rates has continued. The proportion of people aged 14 years and older who report never smoking rose from 58 per cent in 2010 to 60 per cent in 2013.

What kills us is changing. Cancer has overtaken heart disease for the first time as Australia's biggest overall killer. It is predicted that 46,900 Australians will succumb to cancer this year – slightly more than 128 people a day. Nonetheless, survival rates for cancer are increasing.

More than 45 per cent of Australians aged 16 to 85 will experience a common mental disorder such as depression or anxiety, and one in seven will have suicidal thoughts in their lifetime.

Indigenous Australians continue to have a lower life expectancy and higher rates of many diseases, including diabetes, end-stage kidney disease and coronary heart disease.

AMA Vice President Dr Tony Bartone told ABC Radio National's PM program that it was good news that Australians were living longer and that cancer survival rates were increasing, but lamented that around half of Australians had a chronic disease that was mainly caused by lifestyle choices.

"We still need to ensure the lifestyle prescription is the cornerstone of good preventative health care," Dr Bartone said.

"Good preventative care is worth exceedingly more than the cost of the consultation, in terms of improved outcomes.

"Thirty-one per cent of the burden could have been prevented by reducing risk factors such as smoking or excess weight, and that's a significant amount of suffering, morbidity, and of course health care."

In 2013-14, $2.2 billion or 1.4 per cent of total health expenditure went to public health activities, which included prevention and health promotion. This proportion has fallen from 2.2 per cent in 2007-08.

AMA President Dr Michael Gannon recently urged the Government to invest in preventive health measures to improve the health and wellbeing of all Australians.

"The lack of investment, coupled with the freeze on Medicare patient rebates and cuts to bulk billing incentives for pathology tests and x-rays, is affecting GPs' ability to provide primary health care," Dr Gannon said

"Preventive health is not only an investment in the health of our nation, it is an investment in Australia's economic productivity.

"When risk factors for chronic diseases and conditions are detected early and addressed, it reduces the need for more expensive hospital admissions.

"Australia spends significantly less on prevention and public health than comparable countries including New Zealand, Finland, and Canada.

"With the exception of tobacco control, there has been little or no progress against the national targets for preventing and controlling risk factors for chronic disease."

The AMA calls on the Government to commit to:

- fund prevention and early intervention as a sound and fiscally responsible investment in Australia's health system;
- increase investment to properly resource evidence-based approaches to preventive health; and
- deliver sustainable funding for non-government organisations (NGOs) that advocate, educate and provide services to those affected by chronic diseases and health problems, including alcohol and substance abuse, domestic violence, blood-borne viruses, aged care, mental health and public health awareness.

The AIHW report is available at http://www.aihw.gov.au/publication-detail/?id=60129555544

KIRSTY WATERFORD

Poor diet a heavy burden

The proportion of Australians whose lives have been cut short or blighted by disease and injury is shrinking following strides in reducing smoking and treating high cholesterol and blood pressure.

But many continue to suffer or die prematurely from preventable causes including obesity, inactivity, drinking, smoking and poor diet, a snapshot of the nation's disease burden has found.

After accounting for the ageing population, the Australian Institute of Health and Welfare reported a 10 per cent fall in the nation's total disease burden – gauged as the combined impact of premature death and living with illness or injury - between 2003 and 2011, including an impressive 15 per cent drop in early deaths.

But, underlining the increasing prevalence of chronic illnesses as the population ages, the report showed a much more modest 3.8 per cent decline in the non-fatal burden of disease.

In all, the AIHW estimated that 4.5 million years were lost to premature death or living with illness in 2011, and almost a third of this – close to 1.5 million years – was due to causes that could have been avoided.

Tobacco use was the risky behaviour that caused the greatest preventable burden of disease, accounting for 9 per cent of the total disease burden, followed by poor diet (7.2 per cent), being overweight or obese (5.5 per cent), alcohol use (5.1 per cent), inactivity (5 per cent) and high blood pressure (4.9 per cent).

Public Health Association of Australia Chief Executive Officer Michael Moore said the big contribution made by poor diet to the disease burden was of little surprise because few Australians were eating food in line with the Australian Dietary Guidelines.

The Guidelines advise people to eat a wide variety of nutritious food and limit consumption of food and drinks high in saturated fat, added sugar, salt or alcohol.

But Australian Institute of Health and Welfare figures show only 7 per cent of adults eat enough vegetables and 49 per cent have sufficient fruit in their diets, while two-thirds admit to doing little or no exercise.

Reflecting this behaviour, 63 per cent of adults were determined to be overweight in 2014-15, including 28 per cent who were obese.

Unsurprisingly, the prevalence of type 2 diabetes has tripled in the last two decades to reach 4.7 per cent in 2014-15. Alarmingly, only half of those with the disease were considered to be managing it effectively.

"There is an urgent need to address Australia's diet to curb preventable disease," he said, arguing that there should be a tax on sugary drinks, with the revenue raised used to increase support for the Health Star Rating food labelling system and help develop a comprehensive national food and nutrition policy.

The argument for a sugar tax has been bolstered by a University of Melbourne study that found that a 10 per cent increase in the price of sugary soft drinks, cordials and juices would cause parents in lower income households to reduce the amount their young children consumed by between 8 and 9 per cent.

AMA President Dr Michael Gannon has backed a sugar tax, but warned it was not a panacea and should be just part of a broader suite of measures.

Dr Gannon said that although he did not want to "demonise" a small number of fast food companies and drinks manufacturers, it was clear that soft drinks contributed to the nation's overweight and obesity problem.

"There is no doubt at all that these drinks are unhealthy, and price signals work: if you make these items more expensive you reduce consumption," the AMA President said. "Similarly, we should look at ways of supporting fresh foods perhaps being cheaper. So I think that this, as a part of a whole suite of policies, might be a good idea."

ADRIAN ROLLINS

Women, doctors largely in sync on health concerns

Australian women are most worried about gaining weight, but their doctors think they are more concerned about their mental health, a new study has found.

Overall, however, health professionals are pretty much in touch with their female patients, the Women's Health Survey found.

The Jean Hailes group surveyed 3035 women, average age 48, and 20 health practitioners between February and May 2016. The health practitioners included GPs, nurses, naturopaths, and community and allied health services.

Overall, the women rated their health as good or very good.

On average, they visited their doctor three to five times a year, and felt confident asking their doctor questions and discussing health issues and concerns.

They undertook regular health checks, including pap smears, breast screening, and bowel screening, but not sexual health screening for STIs.

The top five health concerns nominated by the women participants were:

- Weight management, and specifically weight gain (23 per cent)
- Cancer, including breast, ovarian, and skin cancer (17 per cent)
- Mental and emotional health, particularly anxiety and depression (15 per cent)
- Menopause (9 per cent), and
- Chronic pain (8 per cent).

Asked to nominate what most concerned their female patients, the health practitioners listed:

- Mental and emotional health (28 per cent)
- Menopause (27 per cent)
- Weight (25 per cent)
- Breast cancer (17 per cent), and
- Fertility (16 per cent).

Nearly half of all women surveyed said they wanted more information on healthy eating and nutrition, anxiety and worry, and weight management.

Interestingly, four in five of the health professionals said their patients needed more information on vulval irritation and painful sex, yet very few women surveyed reported needing more information on these topics.

The women were most likely to get their health information from health professionals, followed by internet searches. They rated information from commercial organisations and social media as the least trustworthy.

More than 70 per cent of women rated their health as good or very good, and 93 per cent agreed with the statement that "good health is one of the most important things in my life".

The survey is conducted each year to identify gaps in health information, understand future health needs, and identify trends in women's health behaviours.

MARIA HAWTHORNE

Tummy tuck can ease back pain, incontinence - study

Abdominoplasty can significantly relieve back pain and incontinence for women who have had babies, a soon-to-be-published study has found.

The procedure, also known as a tummy tuck, is largely seen as cosmetic for post partum women, and was removed from the Medicare Benefits Schedule in late 2015. It remains on the MBS for bariatric surgery patients.

But a study of 208 women in Queensland, New South Wales and the Australian Capital Territory has revealed dramatic reductions in back pain and incontinence following the procedure.

Canberra plastic surgeon Dr Alastair Taylor, who will present his findings in Japan and Sydney in October, said the results spoke for themselves.

“People are getting better,” Dr Taylor told *Australian Medicine*.

“We are seeing real and ongoing reduction in pain, and almost immediate improvements in urinary incontinence.”

Approximately 30 per cent of women will experience lower back pain and/or incontinence after giving birth, particularly after a vaginal birth, and the pain tends to get worse as they age.

“It’s not savage back pain, it’s more constant aching but the instability that comes from the fascial laxity means doing things like picking up a children and putting them in car seats is very difficult,” Dr Taylor said.

“A lot of women hit the gym to get their pre-baby bodies back, but they can’t regain their core strength. And when they injure themselves the instability means it takes them much longer to recover.

“Sewing those muscles back together seems to have some effect.

“As a friend said to me, if you bugger your ACL playing sport, you’d go get it fixed. Why should this be any different?”

Dr Taylor became aware of the pain relief benefits of the procedure after a physiotherapist approached him about four years ago.

“He said patients of his who had back pain and incontinence who have this surgery are getting better, and he wanted to know how it worked,” Dr Taylor said.

With no published research available, Dr Taylor recruited a number of surgeons for a study.

All patients presenting for the procedure, not just those with back pain, were tested on the disability scale before surgery, six weeks after, and then again six months following the operation.

On the scale, 0-5 is trivial, 30 is serious and 50 is bedridden or malingering.

Before the surgery, the average pain score of the 208 post partum women was 11, which equates to a 22 per cent disability. Six weeks later, it was down to four and at six months it was 1.7.

On the urinary incontinence scale, the results went from an average pre-op score of six to 1.6 at six weeks, which was maintained at six months.

Dr Taylor said the results showed that abdominoplasty should be reinstated on the MBS.

“For a standard abdominoplasty, the Government was paying about $900 or $950 for the scheduled fee,” he said.

“Of course, it’s a four-hour operation with three to four days in hospital, so it’s going to cost a lot more than that, but the overall cost was about $12-13,000.

“Without the Item Number, the cost has gone up to $20,000. It can’t be done in a public hospital – you can’t get your patients in – and the private hospitals charge the cosmetic rate.

“And the Government’s making money on it because they get $2,000 in GST.”

Earlier this year, Sydney mother of six Kimberlee King started a change.org petition to restore abdominoplasty to the MBS.

Ms King suffers chronic back pain and incontinence due to “significant separation” of her abdominal muscles after giving birth to triplets.

Dr Dan Kennedy, from the Australian Society of Plastic Surgeons, told the *Mamamia* website: “What the changes mean, for example, is that a man who has undergone extreme weight loss after bariatric surgery can have his abdominoplasty reimbursed under Medicare, and yet a woman who has incurred torn muscles as a consequence of childbirth cannot.”

By the end of August, Ms King’s petition had more than 5,000 signatures.

MARIA HAWTHORNE

Researchers closer to DNA test for FASD

Canadian researchers believe they are closer to developing a DNA test for Foetal Alcohol Spectrum Disorder (FASD), after identifying distinct patterns associated with the DNA of children who were exposed to alcohol in the womb.

Foetal alcohol spectrum disorder is an umbrella term used for a range of irreversible cognitive and physical disabilities that a baby is born with as result of a woman consuming alcohol during pregnancy.

Researchers from the University of British Columbia analysed DNA samples from 110 children with foetal alcohol spectrum disorder across the country.

They found that methylation, a process that regulates gene activity, differed for children who have foetal alcohol spectrum disorder.

The patterns of methylation were consistent and statistically significant in children who were exposed to alcohol before birth compared with those who were not, and some of the affected genes appeared to be involved in brain development.

A DNA test would allow for a much earlier diagnosis and intervention.

"Though there is no cure for FASD, early interventions can really help a lot of kids with their cognitive impairments and lots of different aspects of their lives," study co-author, Professor Elodie Portales-Casamar said.

In its first *Position Statement on FASD*, released on 1 September, the Australian Medical Association said FASD children were often misdiagnosed with Attention Deficit Hyperactivity Disorder, autism, or learning problems.

The AMA warned that there was no safe level of alcohol exposure in the womb.

"Alcohol crosses the placenta and the foetal liver cannot effectively metabolise it, meaning the foetus is vulnerable to any level of exposure at any stage of pregnancy,'' the Position Statement said.

"If you are pregnant, the appropriate dose of alcohol is zero drinks per day."

The AMA is calling for FASD to be included on the list of recognised disabilities, so that families can have access to much-needed support services.

AMA President Dr Michael Gannon said that FASD had a significant impact on education, criminal justice, and child protection services in Australia, and yet had not been included by the Government on the list of recognised disabilities.

"FASD is associated with a range of birth defects including hyperactivity, lack of focus and poor concentration, delayed development, heart and kidney problems, and below average height and weight development," Dr Gannon said.

"The average life expectancy of a patient with FASD is just 34 years. FASD is extremely costly to our health, education, and justice systems, yet is potentially preventable.

Researchers closer to DNA test for FASD ... from page 21

"The AMA welcomes the efforts of the Government, particularly the Commonwealth Action Plan, through which the Australian Guide to the Diagnosis of FASD was developed, but more must be done.

"The current Commonwealth Action Plan expires in 2017 and the lack of recognition of FASD on the Department of Social Services disability list leaves families without access to much-needed disability support services.

"The AMA urges the Government to continue to provide support for the important preventive and aftercare work being undertaken, and to include FASD on the list of recognised disabilities."

The AMA *Position Statement on Fetal Alcohol Spectrum Disorder – (FASD) 2016* is available at https://ama.com.au/position-statement/fetal-alcohol-spectrum-disorder-fasd-2016.

MARIA HAWTHORNE

Nation takes big step in tackling FASD

The severity and extent of the nation's Foetal Alcohol Spectrum Disorder problem is expected to be laid bare following the development of uniform national guidelines for its diagnosis.

Six years after work began on a national diagnostic tool for the devastating condition, and almost four years after a House of Representatives committee called for its expedited roll-out, the Australian FASD Collaboration, with the support of the Department of Health, has developed the Australian FASD Diagnostic Instrument.

The Instrument, which has been harmonised with diagnostic subcategories in the revised Canadian Guidelines, will provide clinicians with national standardised criteria to diagnose FASD. Its introduction is supported by a set of online learning modules to guide clinicians in its use.

The Collaboration said the Instrument, its accompanying Guide and the learning modules would together "promote timeliness and consistency in diagnosis and will help estimate the prevalence of FASD in Australia".

Its development has been spurred by mounting concern about the heavy toll being inflicted on individuals and the community by the disorder.

The House of Representatives Standing Committee on Social Policy and Legal Affairs found that FASD was the largest single cause of non-genetic, at-birth brain damage in the nation.

The result of exposure to alcohol while in the womb, it can result in learning difficulties, impaired memory, anger management and behavioural issues, impaired speech and muscle coordination, and physical abnormalities in the heart, lung and other organs. Its effects can range from mild impairment to serious disability.

The Committee said that it was "a totally preventable condition which has no place in a modern developed world, and yet in Australia over 60 per cent of women continue consume alcohol when pregnant. It is expected that FASD is becoming more prevalent. There is no cure - there is only prevention."

While the potential for harm increases with the amount of alcohol that a pregnant mother drinks, "there are critical foetal developmental stages during which small levels of exposure may carry significant risk".

While many drinks manufacturers include warning labels on their products, the Committee found that ignorance of the condition remained widespread.

"Tragically, many Australians are unaware of the risk that prenatal exposure to alcohol poses and the irreversible lifelong damage that may ensue," it said, and lamented the lack of a national approach to the problem at the time.

The development of the Diagnostic Instrument represents a significant advance, with expectations that nationally consistent guidelines will provide the foundation for improved rates of diagnosis.

The guidelines include two diagnostic subcategories – FASD with three sentinel facial features (which is similar to the previous diagnostic category for foetal alcohol syndrome); and FASD with less than three sentinel facial features (which encompasses the former diagnostic categories of partial foetal alcohol syndrome and neurodevelopmental disorder-alcohol exposed).

Further information regarding the Diagnostic Instrument, along with a guide to the diagnosis of FASD and links to e-learning modules can be found at: http://alcoholpregnancy.telethonkids.org.au/australian-fasd-diagnostic-instrument/

ADRIAN ROLLINS

Cannabis overtaking petrol sniffing as danger in Aboriginal communities

Petrol sniffing rates have dropped by almost 90 per cent in remote Aboriginal communities since the introduction of Opal fuel a decade ago.

But cannabis is becoming an increasing concern, with almost two in three communities citing it as a cause of major problems, including assaults on elderly people.

Field workers from the Menzies School of Health Research visited 41 communities in 2011-12 and again in 2013-14 to interview community members about substance abuse and their attitudes to the introduction of low aromatic fuel (LAF).

They found that the number of people sniffing petrol had fallen by almost 30 per cent – from 289 to 204 – over that period.

Comparable data from 2005-06 for 17 of the survey communities showed an 88 per cent fall in sniffing rates.

"The key conclusion of the study is that the introduction and use of LAP on a regional basis is associated with a continuing decline in numbers of young people in remote communities sniffing petrol," the researchers said.

"In addition to an overall decrease in the prevalence of sniffing, people who do sniff tend to do so less frequently, which suggest that less harm is being caused by petrol sniffing in Australia's remote and rural Indigenous communities than previously."

LAF, originally known by the brand name Opal, was introduced in 2005 to combat sniffing.

In the majority of communities surveyed, its introduction was widely supported.

One elderly woman told the field workers: "Opal fuel? Everyone stopped because of that. It's really good."

In some communities, however, interviewees expressed frustrations about the continuing availability of regular unleaded fuel at nearby, accessible outlets, and concerns about the perceived adverse impact of LAP on engines, particularly small engines such as outboard motors, motorcycles, lawn mowers, and whipper snippers.

The researchers found that in many communities, sniffing had been overtaken by alcohol and cannabis as troubling issues.

In just over half of the communities visited, alcohol abuse was seen as a major concern, and was associated with grog-running, binge drinking, violence, and deaths.

But 27 of the 41 communities – 65.9 per cent - cited cannabis as a cause of major problems, including drug-induced psychoses, fighting over scarce supplies, and assaults on old people to get money to buy cannabis.

In a similar study in 2007-08, concerns about cannabis were raised in just three out of the 31 communities studied.

But the researchers said that did not mean that people were switching from sniffing to cannabis and alcohol.

"The evidence regarding drug substitution was equivocal," they said.

"In around one in three communities, field workers were told that the decline in petrol sniffing appeared to have led to an increase in use of cannabis, alcohol, and/or other drugs.

"A similar proportion reported hearing no evidence of such substitution.

"In some cases, growth in cannabis use preceded the decline in petrol sniffing.

"In general, use of alcohol, cannabis, and other drugs appeared to be a product of a mix of social, cultural, and economic factors, rather than any single cause."

The *Monitoring trends in the prevalence of petrol sniffing in selected Australian Aboriginal communities 2011-14* can be found at http://www.dpmc.gov.au/sites/default/files/publications/monitoring-trends-petrol-sniffing-2011-14.pdf.

MARIA HAWTHORNE

Diabetes treatment comes from the mouths of lizards

A synthetic hormone derived from the saliva of an endangered lizard has been listed on the Pharmaceutical Benefits Scheme (PBS), with the potential to improve the lives of thousands of type 2 diabetics.

Exanatide is a synthetic form of a hormone found in the venom of the Gila Monster, native to south western USA and parts of Mexico.

Gila poison has been found to stimulate insulin production, helping to prevent blood sugar levels both from dipping perilously low, or spiking and causing damage to the liver, kidneys, eyes and limbs.

First approved in the United States in 2005, exenatide is now available in Australia under the brand name Bydureon as a once-a-week injection using an injection pen.

Minister for Health, Sussan Ley, said Bydureon's listing on the PBS meant as many as 20,000 type 2 diabetics would only have to inject themselves once a week, instead of twice a day.

Patients could avoid 13 injections a week and save more than $1600 each a year, Ms Ley said.

"As one of our most prominent chronic diseases, type 2 diabetes is placing a significant cost on the nation's health and finances at nearly $1 billion a year," Ms Ley said.

"According to Diabetes Australia, there were about 4000 amputations last year that could have been avoided with better daily management of a patient's condition.

"Our hospitals also saw more than 900,000 diabetes-related admissions.

"Subsidising innovative medicines like these makes it easier for thousands of patients to keep on top of their diabetes and better manage their medication, while not only saving them time and money, but also the health system."

The new treatment would particularly benefit Indigenous Australians, who were five times as likely to die from diabetes-related causes as non-Indigenous people, she said.

Diabetes Australia CEO, Associate Professor Greg Johnson, said that about 250,000 Australians with type 2 diabetes currently use insulin and other injections.

"For many people this means multiple injections every day," A/Professor Johnson said.

"This once-a-week injection using an injection pen is a great step forward.

"The injection pen is much easier to use, and has less intrusion

on the day-to-day lives of people with diabetes ... and it's now affordable with the PBS listing."

He said that exenatide's discovery was another example of the unpredictable path of diabetes research and modern medicine.

"This goes to show that some medical solutions can be found in the most unlikely places," A/Professor Johnson said.

Also added to the PBS from 1 September were tablet-form medications linagliptin (Trajenta), linagliptin with metformin (Trajentamet), vildagliptin (Galvus), and vildagliptin with metformin (Galvumet) – giving patients additional treatment options.

Ms Ley said the new diabetes treatments were expected to be cost-neutral as they were an alternative to existing treatment.

Ms Ley also announced $60 million to list Bevacizumab (Avastin) on the PBS for the treatment of persistent, recurrent, or metastatic cervical cancer where surgery or radiation is not a viable treatment.

"This announcement will help save the lives of more than 200 Australian women who aren't responding to conventional treatments for their cervical cancer, and therapy was previously out of reach at $55,000 per course of treatment," Ms Ley said.

"They will now pay just $6.20 per script if they're a concessional patient or $38.30 if they're a general patient."

Patients suffering from Acromegaly – a rare condition caused

Diabetes treatment comes from the mouths of lizards

... from page 24

by an overproduction of growth hormone by the pituitary gland, which can lead to abnormal growth of the hands, feet, and face – will also be able to access Pasireotide (Signifor) at the subsidised rate.

Previously, Pasireotide would have cost $50,000 for a course of treatment.

While the Government is adding new medicines to the PBS, it has also negotiated price drops of up to 50 per cent for 2000 drugs already subsidised by the taxpayer.

Ms Ley said that from 1 October, a third of all medicine brands listed on the PBS would be cheaper, with some patients saving up to $20 per script.

The price drops are the result of the Government's PBS Sustainability Package, which is also expected to save taxpayers almost $900 million over four years.

More information is available at www.pbs.gov.au.

MARIA HAWTHORNE

Clearer labels to stop accidents

The active ingredient in medicines will be prominently identified under new drug labelling standards that have come into force in an effort to cut down on accidental overdoses and allergic reactions.

Health Minister Sussan Ley has announced that manufacturers will have to clearly identify the active ingredients in their medicines and prominently display critical health information including uses, health and allergy warnings and directions for use on the packaging of their drugs.

"The current labelling can lead to poor medicine use and a number of medicine safety concerns," Ms Ley said. "The new medicine labelling requirements will give Australian consumers clearer and more meaningful information about the medicines they buy, and will provide Australian consumers with the clarity they deserve."

Packages bearing the new labels will appear on the shelves progressively as older stock is turned over.

ADRIAN ROLLINS

Drug law cocktail catches out patients and doctors

Patients are being put at risk and doctors may be unwittingly breaking the law because of persistent and nonsensical differences in State and Territory medicine laws.

Researchers at Griffith University have found that regulations governing the prescription and dispensing of drugs vary widely within Australia, creating gaps and anomalies that can leave patients stranded without a valid prescription and treating doctors liable for hefty fines.

Researcher Denise Hope said a prescription for a Schedule 8 medicine that was legal in NSW would be in breach in Queensland if it did not include the patient's date of birth.

"If the patient presents the prescription in Queensland, not only will the pharmacist refuse to dispense (potential harm to patient), but the doctor will have failed to comply with the legislative requirements, which may result in a...$7314 fine, due to a situation she has no control over. This seems nonsensical to me," Ms Hope said.

The problem was identified in 2001 when the Galbally Review called for nationally uniform medicines legislation.

But co-researcher Dr Michelle King said little had changed since, and patients and doctors faced a thicket of confusing and conflicting standards that could ensnare them, particularly if they travelled interstate.

The researchers said practitioners, also, did not truly grasp the volume and variety of differences in laws between states – something that was particularly tricky for those working in border areas.

They have called for renewed efforts to achieve uniform national legislation, and suggested a start could be made by making the lists of S4 and S8 medicines consistent countrywide.

ADRIAN ROLLINS

Suicide prevention trial for Kimberley region

The Government has announced a landmark suicide prevention trial site in the remote Kimberley region of Western Australia, where suicide rates are more than six times the national average.

"It will be one of 12 trial sites around the nation and is part of a $192 million suicide prevention package promised before the July Federal election"

It will be one of 12 trial sites around the nation and is part of a $192 million suicide prevention package promised before the July Federal election.

Minister for Health, Sussan Ley, said the trial would help develop a model of suicide prevention which could be tailored to the unique and often culturally sensitive requirements of communities.

"We must, as a nation, address the tragic over-representation of suicide rates in remote and indigenous communities such as the Kimberley," Ms Ley said.

The Country WA Primary Health Network will commission the trial, which has been welcomed by Black Rainbow, the newly-formed peak body tackling suicide in the Indigenous lesbian, gay, bisexual, queer, transgender and intersex (LGBQTI) community.

Black Rainbow CEO Dameyon Bonson, who is based in Broome, said that for far too long the Kimberley had weathered the high rates of Indigenous suicide.

"What we know nationally is that Indigenous Australians are 2.5 times more likely to die by suicide, and LGBQTI Australians are up to 14 times more likely to do so," Mr Bonson said.

"These figures place Indigenous LGBQTI people at an astronomically heightened risk of suicide and self harm – we are talking up to 35 times more likely.

"It is hoped that all of the 12 selected sites are responsive to the needs of Indigenous LGBQTI people."

MARIA HAWTHORNE

INFORMATION FOR MEMBERS

PBAC: are you interested in serving?

AMA members with expertise in rheumatology, cardiology, oncology or respiratory medicine are invited to submit an expression of interest for medical specialist positions on the Pharmaceutical Benefits Advisory Committee (PBAC).

PBAC has asked the AMA to nominate suitable members to be considered for vacancies that will arise in early 2017.

PBAC positions are challenging, stimulating and provide an opportunity to contribute directly to pharmaceutical benefits policy in Australia.

PBAC is an independent expert committee that advises the Minister for Health on medicines in relation to the Pharmaceutical Benefits Scheme. It is required to consider the clinical effectiveness, safety and cost effectiveness of a medication compared with existing therapies.

AMA members who nominate must be able to interpret the comparative outcomes of therapy involving a medicine and critically appraise clinical evidence.

The AMA's executive will assess nominations prior to forwarding them to the Minister for potential appointment.

PBAC meets three time a year for three-day meetings and may hold up to three additional one-day meetings. PBAC members currently receive an annual salary of $41,780 and travel costs are reimbursed. Appointments are generally for four years.

Further information about PBAC can be found on the PBS website.

To nominate, please forward your contact details and a curriculum vitae no longer than 2 pages to gmorris@ama.com.au by Sunday, 25 September 2016. If you have any questions, please contact Georgia Morris on 02 6270 5466 or gmorris@ama.com.au.

Bad backs costing the country

Chronic back problems including herniated discs, sciatica and curvature of the spine are taking a heavy physical and emotional toll on individuals and are costing the community more than $1 billion a year to treat.

The Australian Institute of Health and Welfare has estimated that 3.7 million people, around on in every six adults, are suffering from a chronic back problem, damaging their quality of life and driving up health costs for taxpayers.

The Institute found that those with back problems were twice as likely as the broader population to say they were in poor health, including almost 150,000 who reported being in severe pain and 260,000 who said they experienced high levels of psychological distress.

Even where pain and distress is more moderate, the effect of chronic back problems can have a significant impact on quality of life by limiting mobility and affecting the ability to work and socialise.

The AIHW said it was third leading cause of disease burden in the country, accounting for more than 7 per cent of all years lived with disability.

The economic effects were also significant.

The Institute said figures showed almost $1.2 billion was spent treating back problems in 2008-09, almost half on hospital care and 13 per cent on medication.

Back problems were most prevalent among those aged 45 to 64 years, where almost one in every five reported the condition.

The most common risk factors for a bad back were inactivity (38 per cent), obesity (33 per cent) and smoking (16 per cent).

The report can be viewed at: http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129556199

ADRIAN ROLLINS

Deadly heart surgery infections spark device recall

Manufacturers have issued an international recall of devices linked to a deadly outbreak of bacterial infections in patients undergoing open heart surgery.

At least seven patients worldwide have died after being infected with Mycobacterium chimaera during cardiac surgery, and the infections have been traced to heater-cooler devices used to control the temperature of blood diverted to cardio-pulmonary bypass machines.

Mycobacterium chimaera is a common bacterium found in soil and drinking water, and normally poses little threat. But in patients with weakened immune systems it can cause respiratory problems and other serious illnesses.

So far, only one case has been reported in Australia, but authorities in the United Kingdom have identified 10 cases of *Mycobacterium chimaera* infection where heater-cooler units were used during cardiopulmonary bypass for cardiac surgery. Seven of these patients have subsequently died.

Two device sponsors have issued recalls in the last three months to make safety-related changes to their heater-cooler devices, and the Therapeutic Goods Administration has issued an alert.

Professor Nick Phin, Director of Public Health England, said the risk of acquiring the infection is considered to be substantially smaller than the general risks of infection after cardiothoracic surgery and that, in most cases, the risk of delaying surgery would outweigh this specific infection risk.

There are approximately 516,000 major procedures for cardiovascular diseases performed in Australian hospitals each year.

The TGA has been actively monitoring the issue and published advice for health professionals in the May 2016 issue of Medical Device Safety Update.

The TGA has also updated its advice for health facilities regarding management of devices found to test positive for *Mycobacterium chimaera*.

KIRSTY WATERFORD

Wastewater tests show more illicit meth use

Tests on sewage indicate that methlyamphetamine use, including ice, across Australia is much higher than estimated, prompting criminal intelligence authorities to fund a national pilot wastewater analysis program.

Previous estimates of drug use in Australia have been based on police drug seizures and drug user surveys, including the National Drug Strategy Household Survey, which interviews more than 23,000 people every three years.

However, two wastewater studies published in the international journal *Science of the Total Environment* last month appear to show those estimates are inadequate.

The first analysed wastewater across four States and two Territories, covering about 40 per cent of the Australian population. It estimated that Australians consumed the equivalent of nine tonnes of pure methlyamphetamine and ecstasy last year, about 45 times the amount seized by police when adjusted for purity.

The second paper analysed wastewater collected at two sites in southeast Queensland, and showed methlyamphetamine use had increased fivefold between 2009 and 2015.

This analysis has been cited in the Australian Criminal Intelligence Commission's *Illicit Drug Data Report 2014-15*, a statistical report which provides governments, law enforcement agencies, and policy makers with a picture of the Australian drug market.

"Wastewater analysis is recognised internationally, and increasingly in Australia, as being the most effective and arguably the only objective means of reliably measuring the level of use of a number of prominent illicit drugs," ICIC chief executive officer Chris Dawson said.

ICIC has received $3.6 million from Proceeds of Crime funding to run a three-year, national pilot wastewater analysis program, focusing on methylamphetamine.

"The data obtained from wastewater analysis will provide law enforcement, policy, regulatory, and health agencies with additional and more objective data in relation to the usage of methylamphetamine and other drugs," Mr Dawson said.

In 2014-15, Australian law enforcement agencies made a record 105,862 illicit drug seizures, weighing a total of 23.5 tonnes, and made a record 133,926 drug arrests.

"While illicit drug statistics do fluctuate from year to year, when looking at the last decade of statistics, the number and weight of national seizures, as well as the number of national illicit drug arrests, have dramatically increased," Mr Dawson said.

With the exception of South Australia, cannabis accounted for the greatest proportion of the number of illicit drug seizures in all States and Territories.

Amphetamine-type stimulants (ATS) were the most seized drug in South Australia, and the second most seized drugs everywhere else.

MARIA HAWTHORNE

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

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

Lift freeze on Medicare rebate, AMA tells Libs, *The Australian*, 18 August 2016

Australian Medical Association President Dr Michael Gannon has called on Malcolm Turnbull and Health Minister Sussan Ley to "stare down" their cabinet colleagues and restore funding to the sector.

Health funds put profits first, *Australian Financial Review*, 18 August 2016

Dr Gannon wants the Federal Government and regulators to check private health insurers' increasingly aggressive behaviour that he says puts profits above patients.

Show us the money, *Adelaide Advertiser*, 18 August 2016

Doctors will boycott the Federal Government's Health Care Homes program unless it is better funded, the Australian Medical Association warns. Dr Gannon, in his first address to the National Press Club, listed primary prevention as one of the key priorities of the doctors' group.

Health insurance fee crisis put down to prostheses costs, *The Australian*, 22 August 2016

Dr Gannon talked about claims by health insurers that the price of pacemakers and replacement hips and knees is the cause of Australia's rising health insurance premiums. Dr Gannon said that he did not believe that Australia's healthcare costs were out of control.

Australia produces more specialists, not enough GPs, *The Age*, 25 August 2016

The Australian Institute of Health and Welfare reported that while the number of registered medical practitioners overall has increased by 3.4 per cent a year, the ratio of general practitioners has remained steady. AMA Vice President Dr Tony Bartone, said the increase in specialists was needed, but the number of GPs remained too low, especially in rural and remote areas.

Doc drug spruiking revealed, *Adelaide Advertiser,* 1 September 2016

Drug companies have revealed they are paying Australian doctors up to $19,000 for overseas trips, and more than $18,000 in speaking and consultancy fees to spruik and critique their medicines. Dr Gannon said some of the payments helped doctors attend medical conferences to keep up to date with developments in their field.

RADIO

Dr Michael Gannon, ABC 666 Canberra, 17 August 2016

Dr Gannon speaks about his upcoming National Press Club Address. He says health is not the problem in the Federal Budget and there will be inevitable increases in health spending due to the aging population.

Dr Michael Gannon, 2CC Breakfast, 17 August 2016

Dr Gannon talks about his upcoming address to the National press Club. He says the AMA is a voice independent from Government.

Dr Michael Gannon, ABC North West, 22 August 2016

Dr Gannon talks about a body representing private health insurance called "For Government Reforms" which they say will make private health insurance cheaper.

Dr Michael Gannon, 702 ABC Perth, 24 August 2016

Dr Gannon talks about a GP who has admitted assisting in hastening the death of a patient. Dr Gannon says that doctors have to act within the limits of the law and ethical code.

Dr Michael Gannon, 6PR Perth, 6 September 2016

Dr Gannon says the Federal Government is looking to drop the requirement for a doctor to issue medical certificates for sickness, dismissing Medicare costs and reducing the cost of the country's medical services. Dr Gannon says doctors would miss out on health promotion opportunities.

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 29

Dr Michael Gannon, ABC 666 Canberra, 6 September 2016

Dr Gannon accused the Federal Government of unfairly blaming GPs for ballooning health costs after an interim report for the MBS Review was released.

Dr Michael Gannon, 2UE, 12 September 2016

Dr Gannon talks about a review into the Medicare Benefits Schedule. Dr Gannon said primary care lacks funding, which creates problems.

Dr Michael Gannon, Radio National, 13 September 2016

Dr Gannon talks about the warning signs of stillbirths, saying decreased foetal movement is not normal. Dr Gannon says decreased foetal movement is a sign that the baby is at risk due to placental deficiency and pregnant women who think that their babies are being quiet should take the time to rest and assess the foetal movement.

Dr Tony Bartone, Radio National, 13 September 2016

AMA Vice President Dr Tony Bartone commented about the latest report on Australian health which found alarming rates of chronic disease caused by lifestyle choices. Dr Tony Bartone said good preventive care is worth much more than the cost of consultation as many cases of chronic disease could have been avoided by preventive measures such as quitting smoking or reducing alcohol consumption.

TELEVISION

Dr Michael Gannon, ABC News 24, 17 August 2016

Address to the National Press Club by AMA President Dr Michael Gannon.

Dr Michael Gannon, Sky News, 2 September 2016

Dr Gannon discusses ethical implications from a court ruling that a child with brain cancer does not have to undergo treatment. Dr Gannon also discusses same sex marriage and foetal alcohol syndrome.

Dr Michael Gannon, Channel 7 Perth, 3 September 2016

Dr Gannon comments on swabs taken on hand rails, doors and ticket machines that revealed the presence of a range of germs responsible for many common respiratory and stomach infections.

Dr Michael Gannon, ABC News 24, 5 September 2016

Dr Gannon comments on the interim report of the Medical Benefits Schedule Review, which found patients visiting doctors for sick certificates, repeat scripts and routine test results cause costs to surge. He said patients who present for repeat prescriptions provided doctors with a health promotion opportunity. He says bashing GP as inefficient or expensive is not right.

Dr Michael Gannon, Channel 9 The Today Show, 10 September 2016

Dr Gannon talks about the MBS Review interim report, saying the current situation, with doctors prescribing medicines and pharmacists dispensing them, is working well and avoids ethical conundrums.

VICTORIA POLICE

CUSTODIAL DOCTORS

Victoria Police are seeking qualified medical practitioners to join our state wide team on a sessional basis to provide health care advice to people held in police custody who are unable to access community resources.

Opportunities are available in the following regions: Bairnsdale, Bendigo, Horsham, Warrnambool and Wodonga.

For further information email danielle.mirotchnik@police.vic.gov.au or call 03 8615 3840

Z0670181

Police

AMA in action

AMA President Dr Michael Gannon has been clocking plenty of air miles this month travelling around the country and internationally representing the AMA in meetings with politicians, regulators, Federal Government officials, advisers and other health advocates - even squeezing in some karaoke at the Confederation of Medical Associations in Asia and Oceanic in Thailand.

Dr Gannon met with the Medical Board of Australia and the Australian Health Practitioner Regulation Authority as part of a quarterly meeting. He flew to Sydney and spoke with Ramsay Health Care CEO Danny Sims and, while in town, caught up with Professor Bruce Robinson to discuss the MBS Review Interim Report.

In Melbourne, Dr Gannon caught up with Greens Leader Senator Richard Di Natale, before flying to Canberra to meet with Independent Hospital Pricing Authority CEO James Downie, CEO of Palliative Care Australia Liz Callaghan, and Chief Medical Officer and the inaugural Surgeon General of the Australian Border Force Dr John Brayley.

Dr Gannon finished the month spending a few days in Thailand with other Asia and Oceanic Medical Association representatives to talk about issues and directions in global health policy. While there Dr Gannon caught up with World Medical Association President Sir Michael Marmot.

KIRSTY WATERFORD

Dr Gannon addressing Confederation of Medical Associations in Asia and Oceania (CMAAO). He spoke about DoctorsHealth, Indigenous health, Health Care Homes and GP funding

AMA President Dr Michael Gannon with delegates at CMAAO

Dr Gannon with Sir Michael Marmot, President of the World Medical Association at CMAAO

Dr Gannon at CMAAO

Dr Gannon with Australian Greens leader, Senator Richard Di Natale.

Dr Gannon with Dr John Brayley, Chief Medical Officer, Australian Border Force

Dr Gannon with James Downie, acting CEO, and Jim Birch, deputy chair, Independent Hospital Pricing Authority.

Dr Gannon with Liz Callaghan, CEO, and Philippa Kirkpatrick, national policy adviser, Palliative Care Australia.

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Ley launches health insurance overhaul

The AMA has been appointed as a key adviser to the Federal Government on reforms aimed at boosting competition in the private health insurance industry and reining in premium hikes.

An AMA representative will sit on the Private Health Ministerial Advisory Committee (PHMAC), which has been tasked by Health Minister Sussan Ley with overseeing the implementation of reforms including the introduction of a simplified ratings system for health policies and regulatory changes to reduce the upward pressure on premiums.

Ms Ley announced the reforms earlier this year after a Government-run survey identified widespread consumer dissatisfaction with private health insurance, including skyrocketing premiums, confusing and complex policies, arbitrary changes to cover and inadequate disclosure of exemptions, limits and out-of-pocket costs.

"Private health insurance is a fundamental part of our national health system, but the majority of the 40,000 consumers who responded to last year's survey told us the current system is frustrating and didn't offer good value for money," the Minister said.

The Government announced its reform plans, including a three-tier system to rate cover, a mandatory minimum level of cover, standardised definitions for medical procedures, simplify billing and tougher disclosure rules, after the AMA released a Report Card on the private health industry.

The Report Card showed many insurers offered 'junk' policies that only covered public hospital treatment, and identified big variations in the benefits paid for similar procedures, in many instances leaving policy holders to pay large out-of-pocket costs.

AMA President Dr Michael Gannon has accused the major health funds of putting the pursuit of profits before the interests of patients.

In a speech to the National Press Club last month, Dr Gannon said that, "increasingly, we are seeing behaviour by large private health insurers that reflects that their ultimate accountability is to their shareholders".

The AMA President warned that insurers were trying to assert an ever-greater role in the conduct of clinical care, to the detriment of both patients and doctors.

"If the actions of the funds continue unchecked and uncontested – especially their aggressive negotiations with hospitals and their attacks on the professionalism of doctors – we will inevitably see US-style managed care arrangements in place in Australia," he said.

Signalling the seriousness of the Government's intent to reform the private health insurance industry, Ms Ley has appointed experienced public servant Dr Jeffrey Harmer to Chair the PHMAC.

Dr Harmer, a former Departmental secretary who has been involved in several large scale government reviews including the Henry tax review and the 2008-09 Harmer review on the adequacy of the age and disability pensions, is considered a strong choice for the role.

PHMAC's work will be complemented by a separate Government initiative to cut down on the amount private health insurers pay for prostheses.

The Government regulates the price of a wide array of medical devices from pacemakers and artificial knees to orthopaedic screws, and concerns have been raised that prices for medical devices in Australia are too high. In addition, health funds have complained that they are being charged substantially more than public hospitals for such devices and prostheses, and have blamed to discrepancy for helping drive the relentless rise of premiums.

Ms Ley has announced that a revamped Prostheses List Advisory Committee will be tasked with improving the transparency of medical device pricing, making prostheses more affordable, and reducing duplication in official device approval processes.

The Committee will be chaired by University of New South Wales Professor of Medicine Terry Campbell, who is also Head of the Department of Medicine at Sydney's St Vincent's Hospital, and has been a long-serving member of the Pharmaceutical Benefits Advisory Committee.

ADRIAN ROLLINS

ACT the latest to allow medicinal cannabis

The Australian Capital Territory has become the latest jurisdiction to move towards allowing medicinal cannabis.

On 1 August, doctors in NSW became the first in Australia to be allowed to prescribe medicinal cannabis for their patients, following trials. Three days later, the ACT Government announced it would establish a medicinal cannabis scheme.

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 33

Federal parliament passed legislation earlier this year, making it legal to grow marijuana under licence.

The Therapeutic Goods Administration (TGA) recently issued an interim decision to reschedule cannabis from Schedule 9 (prohibited substance) to Schedule 8 (controlled drug) of the Poisons Standard.

The ACT is moving straight to establishing a medicinal cannabis scheme, rather than starting with a trial.

Assistant Health Minister Meegan Fitzharris said the ACT Government was working to develop a considered and consistent framework to support the scheme as soon as possible.

"Establishing a Medicinal Cannabis Scheme in the ACT is a priority for the ACT Government, but we need to do it in a way that is evidence-based and that supports people when they are at their most vulnerable," Ms Fitzharris said.

"Now the Commonwealth has acted, we can establish a scheme in the ACT that will treat medicinal cannabis products in the same manner as we treat other medicines.

"At the moment, there are no clinical guidelines on what types of conditions medicinal cannabis can and should be prescribed for.

"The ACT Government will develop evidence-based guidelines to inform and support medical practitioners in how to best prescribe medicinal cannabis products."

It is unlikely that the scheme will be in place before the Territory election in October. But the Liberal Opposition Leader Jeremy Hanson has said that, if elected, a Liberal Government would establish a medicinal cannabis scheme.

Victoria has legalised medical marijuana from next year for patients with severe childhood epilepsy. Tasmania will also legalise its use for a broader range of conditions.

In Queensland, children with severe drug-resistant epilepsy can take part in a medicinal cannabis clinical trial.

MARIA HAWTHORNE

Billions start flowing for medical research

Almost $1.3 billion of funds stripped from the Health portfolio have been funnelled to the Medical Research Future Fund as the Federal Government makes good on its controversial plan to divert billions of dollars from other areas of health to support research.

Late last month the Government, with little fanfare, transferred $1.277 billion to the MRFF's Special Account, the first instalment of what is expected to be $20 billion injected into the Fund in coming years.

Prime Minister Malcolm Turnbull is persisting with the Medicare rebate freeze, reduced public hospital funding and cuts to bulk billing incentives in pathology and diagnostic imaging, with a share of the savings being directed to the MRFF.

The plan, unveiled in the 2014 Budget, was heavily criticised at the time by the AMA, which argued that although increased investment in medical research was welcome, it should not come at the expense of medical services and other areas of health.

But the $1.2 billion transfer is the clearest demonstration yet that the Government has no intention to abandon or scale back its plan, which has the backing of parts of the medical research community.

The Research Australia alliance, which claims to have 160 members and supporters, welcomed the initial investment as a "significant step to secure Australia's health and medical research future".

Research Australia Chief Executive Officer Nadia Levin said the transfer of the money to the MRFF Special Account was "words in action".

"This is Prime Minister Turnbull and Health Minister Ley doing exactly what they said they would do – build our health system and build an innovation nation," Ms Levin said. "This is not just words. It's action and it's money, and it is going to make an enormous difference to the health of Australians and the health of the economy."

Following months of consultation, the MRFF is developing a document setting out the strategy and principles which will guide its investment in research projects.

Initially, the Fund intends to direct $61 million toward health and medical research project this financial year.

Under the Government's plan, the Fund will expand rapidly in the next few years to reach $20 billion in the early 2020s, enabling it to invest around $1 billion a year in research.

ADRIAN ROLLINS

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Tissue Authority grows an organ

Federal Government legislation to overhaul the nation's organ donation strategy is due to be introduced to Parliament.

A Bill to change the governance arrangements of the Australian Organ and Tissue Donation and Transplantation Authority by appointing a Board of Governance to "operate alongside a Chief Executive Officer" is slated for debate in the Spring session.

The legislation follows the Government's decision to implement several of the recommendations of a review it commissioned into the nation's organ donation strategy, including the operation of the Organ and Tissue Authority (OTA).

Then Rural Health Minister Fiona Nash commissioned the review citing dissatisfaction with the Authority's progress in lifting the nation's organ donation rate, currently around 16 donors per million.

Though the rate was a substantial improvement from the 10 per million when the Authority was established in 2009, the review found the OTA suffered from several failings of governance, including that its advisory council did not provide any strategic oversight, performance monitoring, succession planning or CEO mentoring.

The announcement of the review prompted the Chair of the advisory council, television presenter David Koch, to resign in disgust, blaming the "tripe dished out by a whole bunch of rich lobbyists", and calling on Senator Nash to "get a backbone".

Releasing the findings of the review early this year, Senator Nash said the Government accepted a recommendation for the appointment of a Board of Governance to "provide stronger oversight and support for the work of the...Authority".

"Further, the report notes 'defensiveness' in the sector and calls for 'open and transparent dialogue'," Minister Nash said at the time. "I hope more transparency helps foster open dialogue. However, let me be clear: I'm not interested in personalities. I'm interested in saving lives through organ donation."

In its 2016-17 Budget, the Government reaffirmed the OTA's goal to lift the organ donation rate to 25 per million by 2018, including by having trained donation specialists on hand to talk with the families of potential donors, and fostering interstate cooperation, including between hospitals and practitioners.

These efforts would be supplemented by the establishment of a one-step online registration process for donors, the automation of a nationwide organ matching system and the publication of donor data State-by-State and hospital-by-hospital.

ADRIAN ROLLINS

AMA President meets with Border Force chief medical officer

AMA President, Dr Michael Gannon, continued the AMA's ongoing advocacy on behalf of asylum seekers and refugees when he met the Australian Border Force Chief Medical Officer, Dr John Brayley, in Canberra on 9 September, 2016.

It was the second meeting between an AMA President and Dr Brayley since the CMO role was created a year ago.

Dr Gannon noted that the AMA's position on health care of asylum seekers has not changed, and reiterated that the AMA will always be focussed on ensuring the proper provision of health care to those in need.

"The AMA has received representations from asylum seekers, refugees and their advocates concerning the provision of health care and, in some cases, asking the AMA for specific help," Dr Gannon said.

"Dr Brayley and I discussed the complexities of offshore immigration detention facilities and the difficulties in dealing with individual asylum seeker cases, along with the standards of care and the measures being undertaken to improve the health care available in offshore detention facilities.

"The Department of Immigration and Border Protection has been providing the AMA with regular updates and information about the health of asylum seekers.

"Dr Brayley and I agreed to meet again to continue this important advocacy and dialogue on the health and well-being of asylum seekers and refugees."

Dr Brayley was appointed as CMO and inaugural Surgeon General of the Australian Border Force (ABF) in September 2015.

His role is to oversee and coordinate a consolidated health function within ABF, including at offshore detention centres, leading to improved and more consistent health policies.

"This new position will also allow doctors to raise issues

Health on the hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

... from page 35

through appropriate clinical channels and advocate on behalf of their patients," Department of Immigration and Border Protection Secretary, Mike Pezzullo, said at the time.

Dr Brayley is a consultant psychiatrist, health administrator and statutory office holder, who served as the Public Advocate of South Australia from 2008 until taking up the ABF appointment.

He used the role of Public Advocate to campaign for the rights of people with mental illness and disability, and exposed the plight of mental health patients in South Australian prisons.

In an interview with *InDaily* last year, Dr Brayley said the CMO role had enough power to make meaningful change.

"Questions about standards of health care, and also issues raised by doctors and other health professionals about their patients in immigration detention, will be able to be brought to this new role," Dr Brayley said.

"Many of the same issues that I deal with as Public Advocate, and suggest solutions about in my present role, I will be responding to in this new role ... ensuring that high quality health services are delivered, including mental health services, that are comparable in standard to those that are generally provided to the Australian community.

"Rather than being the advocate, I expect to be responding to advocacy from health practitioners about their patients.

"This new position is an opportunity to contribute to ongoing improvements in health services for people in immigration detention both in Australia and at the offshore centres on Nauru and Manus Island."

MARIA HAWTHORNE

INFORMATION FOR MEMBERS

New MSAC Monitoring Processes

The Medical Service Advisory Committee (MSAC) is instituting a new reporting process to monitor the use of MBS items positively supported by the Committee within the previous two years.

The new process, which commences in November, is intended to improve the MSAC application process by reporting on the real-world impact that MSAC recommendations have had, and to monitor utilisation to ensure that new items or item amendments are being used as intended.

Clinical information that supported the item's MSAC application will not be reviewed. Nor will changes be made to the MBS outside of the MSAC process.

To support the monitoring process, the Department of Health will issue standardised reports which set out important data including service volume, benefits paid, patient demographics, practice information and other services the monitored item is co-claimed with. The level of detail included in each report will be dependent on the service being examined. Those services with larger uptake will have more detailed reports.

Stakeholder input will be integral to this review process, and will be considered in conjunction with data gained from the new reporting process. The Health Department will give relevant stakeholders six weeks' notice of upcoming MSAC deliberations, in order to allow time for feedback.

The reviews will also consider items recommended for MBS listing by MSAC that have at least 24 months of data usage. Up to six previous applications will be considered at each MSAC meeting, with application selection to be determined by the Department of Health and MSAC.

The item monitoring reviews will inform MSAC on their current review processes and underpin appropriate action, if any, on monitored items.

For more information, contact Mary Warner on 02 6289 7315 or at mary.warner@health.gov.au.

About MSAC

MSAC is an independent body established by the Australian Government to appraise new medical services proposed for public funding, and provides advice to the Government on whether and under what circumstances, a medical service should be publically funded. MSAC advises the Australian Minister for Health on evidence relating to the safety, effectiveness and cost-effectiveness of new medical technologies and procedures.

A text a day can keep the weight away

A simple text message could be the secret weapon for dieting teens struggling to keep their weight down.

Researchers from the Warwick Business School found that obese teens who had lost weight were eight times more likely to keep it off if they received texts encouraging them to eat a small bowl of cereal or fruit for dessert.

Lead researcher Professor Ivo Vlaev said that, regardless of the methods people used to lose weight, it was commonly regained, and finding effective interventions to maintain weight loss were crucial to long term health.

“The results of the current trial with adolescents are clinically important and unique,” Professor Vlaev said. “Stable weight in growing adolescents with obesity is associated with an improvement in cardiovascular risk factors and reduces the risk of them developing other problems due to obesity, such as diabetes or osteoarthritis.”

The research team conducted a 12 week pilot trial involving 28 teenagers attending an eight-week weight loss camp. After the camp had been completed the researchers split the teens into two groups based on similar weight loss.

Group one, who had lost an average of 2.63 kilograms each, received text messages that contained useful information and advice about weight loss management. Group two, who lost an average of 2.32 kilograms each, were sent texts asking them to commit to action.

The teens in group two would receive messages such as, “Can you promise to eat 30g of cereals each morning before school? Please txt back Yes or No.”

If the participants indicated their commitment to the message then they received subsequent messages reminding them of their commitment. For example: “Are you managing to eat cereals in the morning? Text back Yes or No.”

The researchers found that the teens in group two managed to keep their BMI at the same level as they started, while the BMIs of the teens in group one increased.

Professor Vlaev said that commitment was just one method of behavioural intervention that healthcare workers could use to help adolescents maintain weight loss. He said that the results of the study were encouraging and are worth exploring further as there may be significant health benefits for people trying to lose weight at very little cost.

The research was published in the *European Health Psychology Society.*

KIRSTY WATERFORD

Allergy sufferers rejoice

It is wattle season and for as many as one in five Australians this also means suffering from itchy eyes and nose tickles brought on from an allergy to pollen.

However, a discovery showing how plants produce and maintain pollen allergens could lead to a vaccine for allergy suffers.

Allergic rhinitis, commonly known as hay fever, is caused by the body’s immune response to inhaled pollen, which results in chronic inflammation of the eyes and nasal passages.

Allergic rhinitis predisposes people to more frequent sinus infections, can trigger asthma attacks and can impair learning and performance in children.

University of Adelaide and Shanghai Jiao Tony University researchers performed a genome-wide analysis of potential pollen allergens in two model plants – Arabidopsis thaliana (thale cress) and rice. By comparing the results among 25 species of plants ranging from simple algae to complex flowering plants the researchers were able to develop a model explaining how plants produced and maintained pollen allergens.

Lead researcher Professor Dabing Zhang said that over the past four decades allergic diseases have become a global health problem.

“More than 50 per cent of patients with perennial allergic rhinitis are sensitised to pollen allergens and the number of people affected by pollen allergy is on the increase worldwide,” Professor Zhang said.

Research

... from p37

"The genetic and evolutionary insight our work has provided will be useful in terms of both future medical and plant-breeding research focused on preventing pollen allergies.

"It may help in the development of a vaccine or in modifying crop plants by screening out allergens during plant breeding."

The research was published in *Plant Physiology*.

KIRSTY WATERFORD

Astronauts face a cosmic threat

Even after they land safely back on earth, astronauts who have successfully ventured into deep space may pay a high health price for their endeavour.

In a result that could dent enthusiasm for space tourism and affect plans to send manned missions to Mars, a study into the deaths of Apollo astronauts decades after the space program concluded has raised concerns that exposure to radiation in deep space may cause long-lasting damage to the cardiovascular system.

During the 1960s and early 1970s the Apollo program sent nine manned missions and 24 astronauts beyond Earth's orbit, including the Apollo 11 mission that landed Neil Armstrong and Buzz Aldrin on the moon.

The study, undertaken by researchers at the Johnson Space Centre and NASA's Ames Research Centre, found that of the seven Apollo astronauts that have died since then, 45 per cent succumbed to cardiovascular disease. By comparison, of the 35 astronauts from the same era who flew only low Earth orbit missions and who have since died, just 11 per cent died as a result of cardiovascular disease.

While the study is limited to a necessarily small and select sample, it has increased attention on the range of possible risks astronauts travelling into deep space, including to the moon and, eventually, Mars, will face.

In the past, studies have found that astronauts, who are very fit and healthy, are similar to the broader population in the incidence of cardiovascular disease.

But to try and divine the effects of deep space travel, lead researcher Professor Michael Delp and his colleagues compared the health outcomes of those Apollo program astronauts who had gone into deep space with those who had not.

They investigated the finding of a much higher incidence of cardiovascular disease among deep space astronauts by exposing mice to conditions simulating those encountered in deep space – weightlessness and radiation.

The researchers found that seven months after this exposure, the cardiovascular harm in mice caused by weightlessness had disappeared. By contrast, the damage caused by radiation to the cells lining blood vessels persisted.

Professor Delp told the *Guardian* the results in the mice gelled with the observations made regarding the health of astronauts: "That corresponds with what we saw with the low Earth orbit [astronauts] – they may have problems immediately when they come back, which we know they do, but they recover".

As governments and businesses look at sending more humans into deep space, the study has raised another set of issues for planners to consider, including the length of time people will spend beyond the low Earth orbit and options to improve protection against high energy cosmic radiation.

The study was published in the journal *Scientific Reports.*

ADRIAN ROLLINS

In the name of the father

Obese fathers may be passing on a lifetime of weight problems to their children and grandchildren.

While mothers have long been considered the primary influence on the health of offspring, an Australian study has found that fathers who are obese when they when they try to have a baby risk passing on metabolic problems to their children and grandchildren.

Researchers from the Victor Chang and Garvan Institutes observed that if male mice were obese when they conceived, this significantly raised the likelihood that their offspring would develop metabolic disease.

Lead researcher Associate Professor Catherine Suter said that so far there had been very little attention paid to how a father's health might affect an unborn child.

"A baby's health has long been considered the mother's responsibility as soon as she falls pregnant," Associate Professor Suter said.

"But all male offspring of obese male mice developed fatty liver

... from p38

disease and pre-diabetic symptoms, including elevated glucose levels, within just a few weeks of consuming a high fat, high-sugar junk food diet."

The results were the same for the second generation of mice, even when their fathers were healthy when they conceived.

Professor Sutter said the results were worrying because so many people were obese or overweight, including in their reproductive years. Almost two-thirds of Australian adults are overweight or obese, as are a quarter of children.

"We need to be aware that dad's health is just as important, and has an independent contribution, not just to the health of their children, but the next generation," he said.

The researchers found that it was only when the mice were exposed to a Western diet that the children of the obese dads reacted dramatically, suggesting metabolic phenotypes, not genetic inheritance, were passed on through non-coding RNA in sperm.

The researchers plan to investigate whether changes in the RNA molecules of sperm are behind the multigenerational effect.

The research was published in *Molecular Metabolism.*

KIRSTY WATERFORD

INFORMATION FOR MEMBERS

1 NOVEMBER 2016 – AMA LIST OF MEDICAL SERVICES AND FEES

The 1 November 2016 edition of the AMA Fees List will soon be available in hard copy and electronic formats.

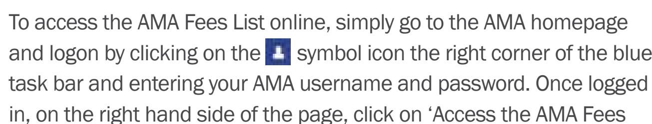
The hard copy book is for AMA members in private practice or with rights of private practice, and salaried members who have requested a book. Dispatch of the book will commence on 14th October 2016.

The AMA Fees List is available in the following electronic formats:

- **PDF** of the hard copy book
- **CSV** file for importing into practice software
- **Online database** where members can search for individual or groups of items and download the latest updates and electronic files.

PDF and CSV versions of the AMA Fees List will be available to all members via the Members Only area of the AMA website http://www.ama.com.au/resources/fees-list from 21st October 2016. The Fees List Online Database will be updated on 1st November 2016.

Access the Fees List via the AMA website


To access the AMA Fees List online, simply go to the AMA homepage and logon by clicking on the symbol icon the right corner of the blue task bar and entering your AMA username and password. Once logged in, on the right hand side of the page, click on 'Access the AMA Fees List'. From here you will find all electronic formats of the Fees List.

Access the AMA Fees List Online Database

The AMA Fees List Online Database is an easy-to-use online version of the AMA Fees List. To access the database follow the steps above or go to: https://ama.com.au/article/ama-fees-list-online

AMA Fees Indexation Calculator

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

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

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

Financial members with rights to private practice will automatically receive the book. If you are a salaried member and would like a copy, please contact the AMA on 02 6270 5400 or email feeslist@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

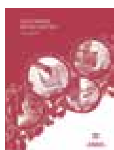
MJA Events: AMA members are entitled to discounts on the registration cost for MJA CPD Events!

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.

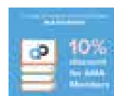
AMP: AMA members are entitled to discounts on home loans with AMP.

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.