

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

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AMA LEADERSHIP TEAM



President
Dr Michael Gannon



Vice President
Dr Tony Bartone

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Audit reveals public hospital shifts still dangerous



There are still too many doctors working unsafe shifts in Australian public hospitals, according to an audit of hospital working conditions for doctors.

The AMA's fourth nationwide survey of doctors' working hours shows that one in two Australian public hospital doctors (53 per cent) are at significant or high risk of fatigue.

A report of the 2016 AMA Safe Hours Audit was launched on July 15 and showed that while an improvement has been recorded since the first AMA Audit in 2001 (when 78 per cent of those surveyed reported working high risk hours), the result has not changed since the last AMA Safe Hours Audit in 2011.

The report confirms that although there has been an overall decline in at-risk work hours in the past decades, the demands on many doctors continue to be extreme.

"The AMA audit has revealed work practices that contribute to doctor fatigue and stress remain prevalent in Australian public hospitals and can impact on the ability of doctors to work effectively and safely," said AMA Vice President Dr Tony Bartone.

"It's no surprise that doctors at higher risk of fatigue reported

to work longer hours, longer shifts, have more days on call, less days off and are more likely to skip meal breaks."

One doctor reported working a 76-hour shift in 2016, almost double the longest shift reported in 2011, and the maximum total hours worked during the survey week was 118 hours, which was no change since 2006.

The most stressed disciplines were Intensive Care Physicians and Surgeons with 75 and 73 per cent respectively, reporting they were working hours that placed them at significant or high risk of fatigue.

Research shows that fatigue endangers patient safety and can have a real impact on the health and wellbeing of doctors. This audit shows that the demands on public hospital doctors are still too great and State and Territory governments and hospital administrators need to intensify efforts to ensure better rostering and safer work practices for hospital doctors.

However, the AMA says that reducing fatigue related risks does not necessarily mean doctors have to work fewer hours, just better structured ones.



Audit reveals public hospital shifts still dangerous

... from page 3

"It could be a case of smarter rostering practices and improved staffing levels so doctors get a chance to recover after extended periods of work," Dr Bartone said.

"Safe rostering practices are a critical part of ensuring a safe work environment. Rosterer and working hours should contribute to good fatigue-management and a safe work and training environment.

"This includes implementing and supporting rostering schedules and staffing levels that reduce the risk of fatigue, providing appropriate access to rest and leave provisions. And for clinicians, protected teaching and training time, and teaching that's organised within working hours.

"Employers have an obligation and a duty to provide a safe workplace. They can support staff to maintain a healthy lifestyle and work-life balance by making provisions available for leave and by providing flexible work and training arrangements.

"Research shows that this not only benefits the health and wellbeing of doctors but contributes to higher quality care, patient safety, and health outcomes.

"The Austin and Monash hospitals in Victoria are currently trialling a rostering schedule to mitigate against fatigue, based on sleep research. This is the kind of innovative rostering that we'd like to see more of."

Fatigue has a big effect on doctors in training, who have to manage the competing demands of work, study and exams.

The report showed that six out of ten Registrars are working rosters that place them at significant or higher risk of fatigue compared to the average of five out of ten hospital based doctors.

"Public hospitals need to strike a better balance to provide a quality training environment that recognises the benefits that a safe working environment and teaching and training can bring to quality patient care," said Dr John Zorbas, Chair of the AMA Council of Doctors in Training.

"The audit suggests that six out of ten Registrars are working shifts and rosters that put them at risk of fatigue. The number of Interns and RMOs working at high risk of fatigue has also increased by 11 per cent compared with the 2011 report.

"Public hospitals in conjunction with medical colleges need to urgently review training and service requirements and implement rostering arrangements and work conditions that create safe work environments and provide for high quality patient care.

"This could include improving access to suitable rest facilities or making sure doctors have access to sufficient breaks when working long shifts.

"The AMA's *National Code of Practice - Hours of Work, Shiftwork and Rosterer for Hospital Doctors* provides advice on best practice rostering and work arrangements. We'd encourage every hospital to look at this and adopt it as best practice to provide safe, high quality patient care and a safe working environment for all doctors."

While the profile of doctors working longer hours has decreased across medical disciplines since the AMA's first survey in 2001, many procedural specialists are still working long hours with fewer breaks.

Three out of four Intensivists (75 per cent) and Surgeons (73 per cent) reported to work rosters that place them at significant and higher risk of fatigue, significantly more than the 53 per cent reported by all doctors.

Further, there is evidence that extreme rostering practices remain with shifts of up to 76 hours and working weeks of 118 hours reported amongst doctors at higher risk of fatigue.

The 2016 Audit confirms that doctors at higher risk of fatigue typically work longer hours, longer shifts, have more days on call, fewer days off and are more likely to skip a meal break.

These are red flags that public hospitals need to urgently address in their rostering arrangements.

The 2016 AMA *Safe Hours Audit Report* is at: <https://ama.com.au/article/2016-ama-safe-hours-audit>

The AMA's *National Code of Practice - Hours of Work, Shiftwork and Rosterer for Hospital Doctors* is at: <https://ama.com.au/article/national-code-practice-hours-work-shiftwork-and-rosterer-hospital-doctors>

CHRIS JOHNSON



2016 AMA SAFE HOURS AUDIT BY NUMBERS

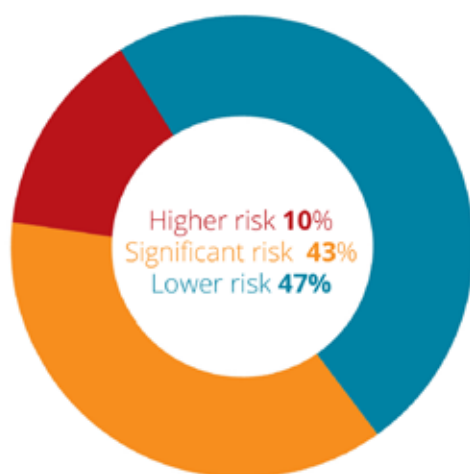
The **good news** is that fewer doctors are working shifts and rosters that put them at risk of fatigue than there were 15 years ago. The **bad news** is that extremes in working hours still persist and many hospital doctors continue to work rosters that place them at higher risk of fatigue.

1 IN 2 DOCTORS ARE WORKING UNSAFE HOURS

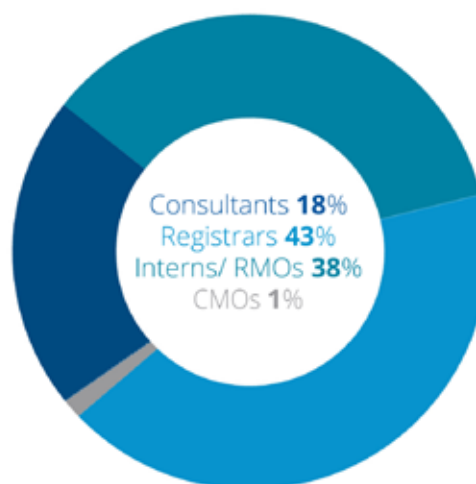


One in two doctors are working hours that put them at significant or higher risk of fatigue.

RESPONDENTS BY RISK OF FATIGUE



4 OUT OF 5 RESPONDENTS WERE DOCTORS IN TRAINING



THE PROFILE OF DOCTORS AT HIGH RISK OF FATIGUE



Longest total hours
worked in a week



Average hours
worked in a week



Longest hours
worked in a shift



Average hours
worked in a shift



had two full days free
of work



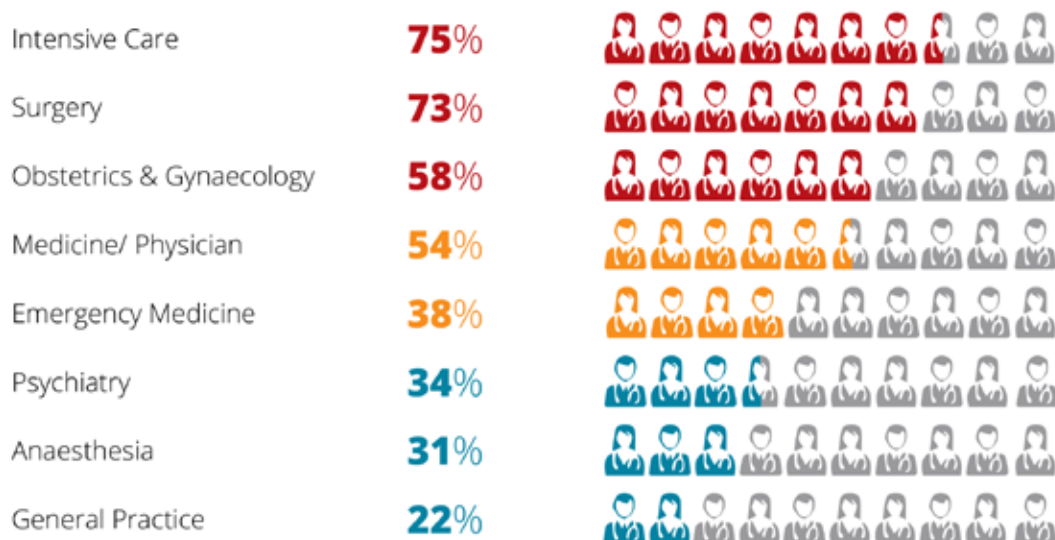
were on call for three or
more days



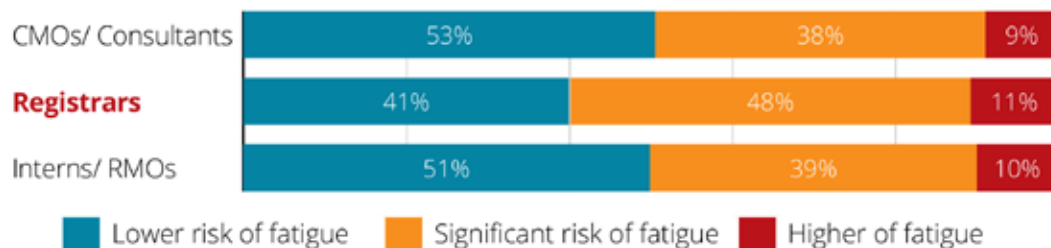
worked three or more days
without a meal break



WHO IS AT RISK OF FATIGUE?



REGISTRARS ARE MORE LIKELY TO BE WORKING RISKY HOURS



WHAT HAS CHANGED SINCE 2001?



UPDATED 2016 AMA NATIONAL CODE OF PRACTICE HOURS OF WORK, SHIFTWORK AND ROSTERING FOR HOSPITAL DOCTORS

A practical guide to managing fatigue and reducing the risks associated with shiftwork and extended working hours.
<https://ama.com.au/article/national-code-practice-hours-work-shiftwork-and-rostering-hospital-doctors>

Read the 2016 AMA Safe Hours Audit Report at <https://ama.com.au/article/2016-ama-safe-hours-audit>

BMA agenda reflects UK national affairs



Dr Mark Porter

The United Kingdom in late June was dominated by headlines about Brexit, terror attacks, and the Grenfell Tower fire.

When AMA President Dr Michael Gannon arrived in Bournemouth for the British Medical Association (BMA) Annual Representatives Meeting (ARM), he discovered that the BMA was responding to the major events rocking the British population and the political landscape.

These national concerns, which dramatically affect UK doctors and patients and the National Health Service (NHS), were put into perspective in the final speech to the BMA of outgoing Chair Dr Mark Porter.

Condemning the tragic terror incidents in Manchester and London, Dr Porter praised the efforts of doctors, nurses, and emergency service workers.

"They ran towards danger, as others were urged to run for it," Dr Porter said.

"They responded to suffering with compassion and unity.

"And they distilled years of experience into the vital minutes that mattered for their patients.

"I am so proud to work alongside them in the health service. I want to thank them on behalf of the whole profession."

Turning his attention to the recent close-run UK election and the electoral impact of health policy, Dr Porter delivered a blistering attack on Government neglect of the NHS.

"We still have one of the best healthcare systems in the world. It treats more patients than ever before, and deploys treatments of which I could only have dreamt when I qualified as a doctor," Dr Porter said.

"But after years of underinvestment, with a growing ageing population, and despite the extraordinary dedication of its staff, it is failing too many people, too often.

"So how can Ministers have let this come about?

"It is because we have a health service that they view from high windows in Whitehall, or on a sanitised photo opportunity, but which patients all too often see from a trolley rather closer to the ground.

"I'd like those Ministers to imagine, just for a moment, what it's like to be on one of those trolleys. To be one of those patients who hoped their needs would be met, no matter who they are or where they live."

Hard hitting stuff. But Dr Porter was just warming up. He then turned his focus to Brexit.

"Colleagues, closing down our borders would close down our health service," he said.

"We give politicians our vote and our trust. It's way past time for them to step up.

"They need to take responsibility, not just for how the NHS is funded but for those who staff it. Like the 10,000 NHS doctors who qualified in another European country.

"Many came here as students. They wanted to give their working lives to the health service. They were drawn by the values of the NHS and now embody those values. But they have been left with fundamental worries and doubts about their employment rights and long-term future in this country.

"Ensuring their rights, which has been the BMA's consistent call since the [Brexit] referendum, will rightly be a priority in negotiations but the Government's fine words need to be turned into actions.

"Treating these doctors with justice and respect is not a matter of charity; it is a matter of practical necessity and of moral obligation. We simply wouldn't have a health service without them. And even if we did, I wouldn't want to work in it."

Dr Porter also highlighted the unique impacts that Brexit would have in Northern Ireland, where health services currently operate efficiently in a cross-border model with the Republic of Ireland.

The impact on medical students and young doctors has been duly noted and advocated by the BMA.

Dr Porter spoke with passion and purpose about his five years as BMA Chair, and equally passionately about the contemporary issues affecting the medical profession and the NHS. He received a long and loud standing ovation.

All the while, the fallout – personal, societal, political – of the human tragedy of the Grenfell Tower fire ran as an undercurrent to the ARM – just as it did with the whole UK community.

JOHN FLANNERY

BMA ARM – Democracy in Action



The beauty of being an Observer at the BMA ARM is that you get to observe – and there is plenty to observe and learn from.

Having attended many conferences over the years – including too many AMA National Conferences over too many years – I would rate the BMA ARM the best.

It is called the Annual Representatives Meeting for good reason. It is all about and for the Representatives. This means it is all about and for the BMA members. Which in turn means it is all about and for the millions of patients spread across the United Kingdom.

Unlike most conferences, the ARM does not import guest speakers, politicians, experts, or entrepreneurs. The stars of the show are the BMA Council and the Representatives, who come from all over the country – for example, Eastern Kent Division, Junior Members Forum, City and Hackney Division, and Northern Ireland Council.

The Representatives come to the ARM with an Agenda, which on this occasion contained 141 Motions, many of them with multiple parts. These and many other Motions had been submitted by the Divisions ahead of the ARM in April, when they were sifted through and filtered to come up with the ARM Agenda.

These Motions were then discussed, debated, and voted upon by the Representatives and the Council over five whole days in Bournemouth (not to be confused with the Enid Blyton book, *Five Go Mad in Dorset*).

Representatives were given the opportunity to speak for or against each Motion, and the Chair would call for a vote to cease discussion if things went on too long. The big issues were given plenty of air time nevertheless. The speakers were full of emotion, eloquence, and intellect.

If a Motion gets passed at the ARM, it is effectively BMA policy. All done and dusted on the day, with some fine tuning back at BMA HQ.

And the result is riveting. It is great theatre. Never boring. It is truly democracy in action.

The topics are not alien to us Down Under. There was lively discussion about the pressure on GPs, medical ethics, asylum seeker health, health funding, medical training, IMGs, governance, and a broad range of public health issues.

With the BMA representing its members as a trade union, there were many industrial issues discussed as well.

To complement the ARM, the dining hall was populated with information booths – but they were mostly internal BMA and BMJ stalls, plus member partners such as legal services.

The booths were interactive, with group workshops and presentations on things like career advice, overseas placements, legal advice, practice advice, and other information to satisfy the ever-inquisitive doctor and medical student.

There were also parallel sessions covering subjects such as mindfulness, bullying and harassment, doctors' health, volunteering, the changing face of medicine and the role of the doctor, and governance changes.

Do not fear, there was also pomp and circumstance. There were elections, including the installation of the new BMA Chair and President.

Overall, the BMA ARM in Bournemouth was inspiring and informative. I did like to be beside the seaside.

JOHN FLANNERY

International flavour at BMA



Dr Michael Gannon with other international observers at the BMA ARM

The BMA ARM in Bournemouth attracted a large international contingent this year, with 30 observers representing more than 20 countries and organisations.

There were representatives from Brazil, Canada, China, Finland, France, Germany, Ghana, India, Ireland, Italy, Kenya, Malaysia, Malta, New Zealand, Nigeria, Norway, Sweden, the Standing Committee of European Doctors, the Commonwealth Medical Association, and Australia of course.

AMA President Dr Michael Gannon renewed acquaintances with contacts from the World Medical Association, and established new contacts with medical leaders from around the world.

The BMA hosted a dinner for international observers, which gave the heads of international medical associations the chance to informally discuss their shared concerns about issues such as medical workforce and training, hospital funding, doctors'

health, private health, euthanasia and physician assisted dying, international movement of doctors, health services in areas of conflict, and public health programs and services.

The African nations provided illuminating insights into the challenges they face providing health services, especially given the very low ratio of doctors per head of population compared to more developed nations.

Dr David Barbe, from the American Medical Association, gave an interesting account of the changing health landscape in America under President Trump.

Dr John-Paul Tabone, a young GP from Malta and Secretary of the Commonwealth Medical Association, was lobbying hard to re-energise the Commonwealth grouping.

JOHN FLANNERY

Breaking news in Bournemouth

In much the same way as the AMA, but on a much larger scale, the BMA uses its conferences to make news.

The ARM is itself a big news story given the BMA's prominent role in leading health policy and influencing politics – and there was a strong media contingent in attendance – but it is also an opportunity to show the world the breadth of advocacy carried out by the organisation.

Adopting a ploy regularly used by the AMA, the BMA released results of a poll on the first day of the ARM. The poll – which featured prominently in the UK media – showed that 62 per cent of the British public believed the NHS would get worse over the next few years, up from 39 per cent just two years ago.

The poll had political clout because, for the first time in a BMA poll, more people were dissatisfied with the NHS than satisfied. It made headlines.

The story of a young doctor who had to crowd fund to buy a wheelchair for herself highlighted the inadequacy of wheelchairs being provided to patients under the NHS. Dr Hanna Barham-

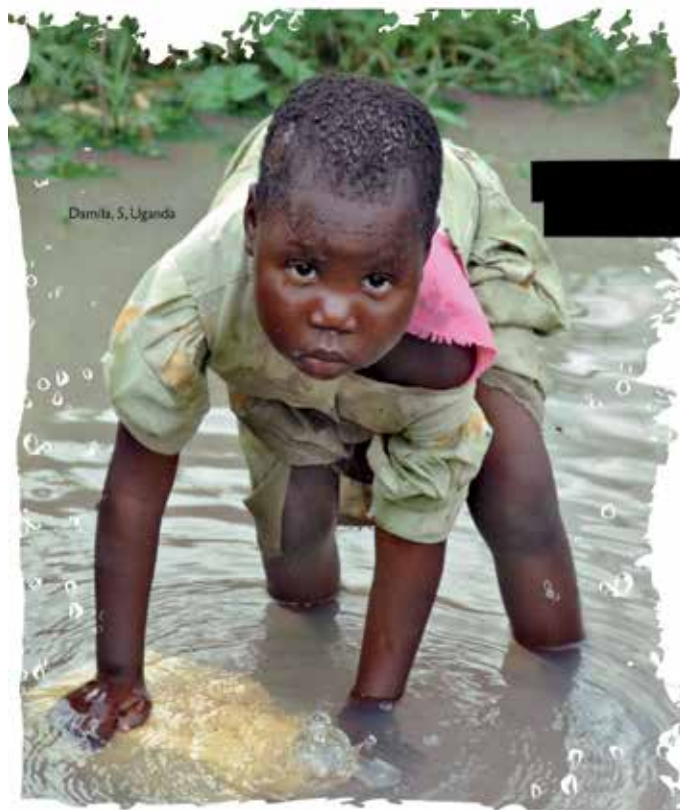
Brown shared her story with the Conference and featured in newspapers and TV news bulletins across the country.

Other stories emerging from the AMA included a vote to back decriminalisation of abortion, an attack on Government cuts to public health funding, a call to involve doctors more in medical workforce planning, a move towards a soft opt-out system for organ donation in Scotland, the Brexit threat to the medical workforce, and the drop in NHS funding.

As is the case in Australia, health policy is news in the UK. The BMA, like the AMA, is one of the leading advocacy organisations in the country.

While it was a pleasure to observe the output and tactics of the 40-plus BMA media and communications team, I took comfort in the performance and productivity achieved by our more compact unit back at the AMA.

JOHN FLANNERY



Don't let her drink dirty water

World Vision

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

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

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

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

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

Water Health Life

Basic Needs. Permanent Solutions

World Vision Australia is a Christian organisation pursuing freedom, justice, peace and opportunity for everyone in the world. ABN 28 004 778 081 Ref# 5199 C/0215 A/961 R27

Sonic does the right thing by patients in pulling out of pharmacy pathology



The AMA has welcomed the decision by Sonic Healthcare to withdraw from an in-store pathology screening program launched last month by Amcal pharmacies.

Describing Sonic's decision to pull out of the program as being in the best interest of patients, AMA President Dr Michael Gannon said the pharmacy pathology model was wrong on many levels.

"The primary health care system in Australia is built on a medical model of life-long continuity of care, preferably with a usual GP or general practice," Dr Gannon said.

"This is the model being championed by the Government with its Health Care Homes trial.

"Fragmenting care by allowing non-medical health professionals to attempt to do the work of highly trained doctors is dangerous and irresponsible.

"It puts the health of patients at risk, and it increases the out-of-pocket health costs for families."

The pharmacy screening program was launched by Amcal last month and immediately labelled by the AMA as "wasteful and opportunistic".

Following a backlash from GPs, Sonic announced in early July that Sonic Healthcare and its subsidiary SmartHealth would no longer be a pathology provider for the Amcal program.

"The program was developed in line with the Health Department's initiative to promote in-pharmacy health screening

services, with the common goal of identifying at-risk patients not in treatment and referring them into the primary health care system," Sonic announced in a statement.

"However, many GPs expressed concerns about the initiative, and we have decided to withdraw from the program."

The pharmacy screening tests can cost between \$25 and \$220, with no rebate under the Medicare Benefits Schedule (MBS) for the patient.

Dr Gannon has encouraged corporate pharmacy groups to follow the responsible lead taken by Sonic.

"It takes years of training and specialised clinical judgement to determine whether a patient needs a pathology test, and to interpret and manage the test outcome. That is work best done by a GP," he said.

"Health checks, screening activities, and diagnostic tests should only be conducted if they are clinically indicated, backed by evidence, and cost effective.

"They must benefit patients and not incur unnecessary costs. GPs are best placed to make these decisions.

"The AMA acknowledges the highly valued and specialised role that pharmacists play in the health system, and the collaborative role they have with their local GPs.

"But the health system – and the health budget – are best served when all health professionals operate within their scope of practice to provide the best possible care for patients."

Sigma Healthcare, Amcal's parent company, has described the outcome as disappointing.

The service offered by Amcal involved more than 100 pharmacies offering a range of screenings from diabetes to more comprehensive blood count tests including for heart, kidney, thyroid and liver functions, as well as for such things as fatigue and vitamin D deficiency.

CHRIS JOHNSON

Maternity services framework to be redrafted

Work has been terminated on a controversial new framework for maternity services that was drawn up with no input from obstetricians or GPs.

The Australian Health Ministers' Advisory Council (AHMAC) agreed to start afresh on a new draft following a hostile stakeholder consultation meeting on 23 June at which not a single stakeholder voiced support for the project.

“AMA Federal Councillor Dr Gino Pecoraro, who represented the AMA at the meeting, said that the stakeholders – doctors, nurses, midwives and health consumers - were united in their opposition to the proposals”

Both the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the National Association of Specialist Obstetricians and Gynaecologists (NASOG) boycotted the meeting in protest.

AMA Federal Councillor Dr Gino Pecoraro, who represented the AMA at the meeting, said that the stakeholders – doctors, nurses, midwives and health consumers - were united in their opposition to the proposals.

“The decision to scrap the National Framework for Maternity Services (NFMS) is a win for the women and children of Australia,” Dr Pecoraro said.

“What has happened has been a monumental missed opportunity to achieve the best possible maternity care for mothers and babies.”

The NFMS was designed as a guide for future maternity care policy in Australia. Following an agreement at the April 2016 COAG Health Council, the Queensland Government was tasked with leading the project, under the auspices of AHMAC.

The AMA first became aware of the NFMS project in December 2016 – eight months after it commenced, and without any direct contact from AHMAC's 12-member Maternity Care Policy Working Group (MCPWG) or consultants Deloitte.

AMA President Dr Michael Gannon raised the AMA's concerns with Federal Health Minister Greg Hunt and Queensland Health Minister Cameron Dick.

“If it was an episode of *Yes Minister* or *Fawlty Towers*, you could have a bit of a laugh,” Dr Gannon told *Medical Republic*.

“Even if you had a predicted outcome in mind, you could at least window-dress it with one obstetrician or one GP.”

AMA Vice President Dr Tony Bartone said that obstetricians and GPs share the bulk of the care for women throughout their pregnancies, and leaving them out of the process was a critical misjudgement.

“The AMA has consistently warned that without genuine engagement with the medical profession, the review would be doomed to fail – which is exactly what has happened,” Dr Bartone said.

“The AMA remains committed to working with Government and all stakeholders to see a strong and safe framework.”

Following the stakeholder meeting, Queensland Health representatives recommended to AHMAC that the current process be terminated, replaced with a more substantial consultation phase, and a complete redrafting of the Framework.

The Australian College of Rural and Remote Medicine (ACRRM) and the Rural Doctors Association of Australia (RDAA) said the decision to start again was the right one.

“RDAA and ACRRM were very concerned there had been no specific consultation with rural clinicians, no recognition of the role of procedural GPs in rural maternity services, nor any mention of the guidelines developed by RANZCOG, the organisation that trains the procedural GPs and specialists in this field,” RDAA Vice President Dr John Hall said.

“With over 34,000 babies born each year in locations classified as outer regional, remote and very remote, it is essential that rural maternity service models are supported as part of the NMSF – and that the doctors who provide care as part of these services are closely consulted in its development.”

MARIA HAWTHORNE

Medicare security review must strike a balance

The Federal Government has commissioned a major independent review of the way doctors and other healthcare providers access Medicare records, in light of a recent report of Medicare numbers being obtained by criminals for fraudulent activities.

The review, announced by Health Minister Greg Hunt and Human Services Minister Alan Tudge, will examine online security and try to ascertain how private information can be sold over the “dark internet”, as was revealed in a *Guardian Australia* investigative report.

“About 200,000 Australian doctors and medical staff check up to 45,000 patient records a day. The review could recommend that such access be tightened”

AMA President Dr Michael Gannon will join the review panel, to be headed by former Department of Prime Minister and Cabinet Secretary Peter Shergold and to report to Government by September 30 this year.

Dr Gannon said he hoped the review would achieve a balance between greater security and maintaining a system where up to 45,000 patients a day are able to see a doctor and to access Medicare even without presenting their Medicare card details.

“Certainly we’re concerned about the breaches, and they are a problem. But to put it in perspective, we’re aware of something like just over 100 Medicare card details being available on the dark web,” he said.

“This system is facilitating the care of roughly 4 per cent of people who turn up to a doctor’s surgery and making sure they get seen in a timely way.

“We don’t want to throw out that timely access, but we might need to look at tightening up the security aspects.”

About 200,000 Australian doctors and medical staff check up to 45,000 patient records a day. The review could recommend that such access be tightened.

The Health Professionals Online Services portal is used to facilitate this access, and helps people in emergency situations to

access immediate medical treatment without their Medicare card.

But the system has hardly changed since its introduction in 2009.

“The Government wants to ensure that there is increased security in a system which is important to both patients and doctors,” Mr Tudge said.

“The system, which has not been significantly altered since being brought in eight years ago, has to be both convenient and utterly secure.

“The review team will examine this balance to determine its adequacy in today’s context.”

Dr Gannon said the AMA warmly welcomed the review and was keen to participate in it.

He added, though, that it should not restrict in any way people’s access to health care.

“I won’t presage what’s going to be involved in the review, and certainly I’m not the person who will bring IT expertise to this,” Dr Gannon said.

“But what we will be making a case for is that this is a system that is used by about 200,000 patients every week, facilitating their care.

“It would be a shame to throw out that system because one or maybe only two people have taken advantage of a system for criminal advantage.”

According to the *Guardian* report, one of the media outlet’s reporters bought his own Medicare card number on the dark web for less than \$30.

The Opposition has welcomed the review, but says the breach of security highlights serious flaws in the system.

“The announcement of this review does not wipe clean the Turnbull Government’s complete incompetence in handling this breach,” Acting Shadow Health Minister Julie Collins said.

The Government has emphasised that a Medicare card number alone does not provide access to any medical or clinical records.

An investigation into the security breach is currently underway by the Australian Federal Police.

CHRIS JOHNSON

Taking a patient's family medical history and privacy breaches

For doctors, taking a patient's family history of things like heart disease is a fundamental part of good clinical management.

However, in the absence of legal protection, it would could be a problem from a privacy perspective. It entails taking certain details from your patient about another person's health (usually a relative), and not informing the person. It is technically a breach of privacy in relation to the person whose details are recorded.

In response to these concerns, the AMA has for some years held a 'Public Interest Determination' (PID) from the Privacy Commissioner to protect medical practitioners taking a patient's family history from being in breach of the Privacy Act 1988 (Cth) ('the Act'). This covered all medical practitioners providing a health service covered by the Act.

The last of such PIDs was PID 12, which expired in December 2016.

The AMA's advocacy in this area led to a sensible amendment of the Act that makes the former PID redundant. It expanded the notion of a "permitted health situation", to allow medical practitioners to take a patient's family history without breaching the Act.

Section 16B (1A) of the Act now provides that a 'permitted health situation' includes collection by a doctor of health information about a third party that is part of the family, social or medical history of the patient, if it is necessary to provide a health service to the patient. If the patient is physically or legally incapable of giving you the information, a responsible person for the patient may do so.

Members can rest assured that they can collect a patient's family history without breaching the Act.

Of course, this should be limited to relevant, necessary information. That is, information that is necessary for the doctor to provide the health service to the patient. It does not remove other privacy obligations from doctors and it only applies to situations covered by the Commonwealth Privacy Act – generally private medical practices. For doctors working in State or Territory hospitals, different privacy legislation applies and you should check with your health authority or your local AMA as to the situation in your jurisdiction.

We anticipate that the Office of the Australian Information Commissioner's website will be updated in coming months to provide more detail about collecting patients' medical histories.

JOHN ALATI

AMA SENIOR INDUSTRIAL AND LEGAL ADVISOR

Sad loss of GP advocate



Many in the AMA and across the medical profession were saddened last month with the passing of popular and highly respected GP, general practice advocate, writer, and editor, Dr Kerri Parnell, following a battle with breast cancer.

Working as a GP in Sydney, Kerri found herself recruited to the world of medical publishing, where she quickly became a passionate and informed champion for her colleagues in general practice.

She spent many years with *Australian Doctor*, before moving in recent years to *The Medical Republic*.

When I joined the AMA, Kerri became a friend and confidant, helping me understand the mysteries of the general practice world.

Kerri was a friend and colleague of many at the AMA, including Federal and State Presidents, Chairs of the AMACGP, and grassroots members.

Her editorials and articles gave voice to the ideas, concerns, pressures, and experiences of hardworking local GPs across the country. She helped give GPs political clout.

Kerri was a mentor to many young journalists who started or built their careers in medical publishing.

A great conversationalist and networker, and a talented and colourful writer and editor, Dr Kerri Parnell will be sorely missed.

JOHN FLANNERY

INFORMATION FOR MEMBERS

Specialty Training Pathways Guide – AMA Career Advice Service

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

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

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

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

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

Information on the new website includes:

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

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

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

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

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

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

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

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

More from the AMA National Conference 2017 Photo Gallery







Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Vaping doesn't lead to quitting



The AMA believes that there is currently no compelling evidence that e-cigarettes are successful in helping people to stop smoking, and they should remain subject to strong regulation in Australia.

In its submission to the Standing Committee on Health, Aged Care and Sport *Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia*, the AMA says that the tobacco industry is aggressively pursuing the potential of new products, including e-cigarettes, which can either maintain or establish a nicotine addiction in users.

AMA President Dr Michael Gannon said the growth in e-cigarette products internationally has provided sections of the tobacco industry with the opportunity to rebrand themselves as part of the effort to reduce smoking – but there is no evidence that e-cigarettes work as a deterrent.

“Smoking causes cancer and smoking kills people,” Dr Gannon said.

“Australia is a world leader in tobacco control, and we must remain a world leader in stopping people smoking or taking up smoking for the first time.

“We must not allow e-cigarettes to become a socially acceptable alternative to smoking.

“E-cigarettes essentially mimic or normalise the act of smoking. They can result in some smokers delaying their decision to quit, and they can send signals to children and young people that it is okay to smoke.

“E-cigarettes and related products should only be available to people over 18 years of age. The marketing and advertising of e-cigarettes should be subject to the same restrictions as cigarettes.

“And, importantly, e-cigarettes must not be allowed to be marketed with claims that they are a smoking cessation aid. There is no such evidence.

“Australian authorities have not been able to establish any proof that e-cigarettes are safe or effective in stopping people smoking.”

Dr Gannon said that longitudinal research being conducted by the National Health and Medical Research Council (NHMRC) into the safety or otherwise of e-cigarettes is ongoing and will take time.

“Until we see comprehensive clinical reports from the NHMRC on the safety or non-safety of e-cigarettes, we must continue to treat these products with extreme caution,” Dr Gannon said.

The AMA submission is available at <https://ama.com.au/submission/ama-submission-standing-committee-health-aged-care-and-sport-inquiry-use-and-marketing>

JOHN FLANNERY

Grants to help country practices

The Federal Government has given \$13 million in grants towards general practices in regional Australia, to enable more doctors, nurses and other health professionals to complete their training there.

Assistant Health Minister David Gillespie recently announced that grants of up to \$300,000 each have been offered to successful applicants across Australia to upgrade their





Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

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facilities and allow for more training in country practice.

The grants must be matched by the selected practices.

"These grants will enable more doctors and other health professionals to get their hands-on training in regional communities," Dr Gillespie said.

"That provides an immediate benefit to the communities, with more health professionals available to attend to their needs."

The grants will be used to expand practice facilities with additional consultation rooms and space to allow for more teaching. Grants will also be used to create meeting rooms where patients can receive education about health conditions, such as diabetes, so they can take a more active role in managing their own health.

As well as construction or renovation, they may be spent on fit out, computing technology or medical equipment.

"In the longer term, it also makes it more likely that junior doctors will choose to stay in these or other rural communities, when they are fully qualified," the Minister said.

"The Government supports a strong primary care workforce that can meet Australia's future healthcare needs.

"Improving access to doctors and other health professionals in rural and regional Australia is a priority for our long term national health plan."

The list of successful applicants is available on the Department of Health's website www.health.gov.au. The successful applicants will receive their grants during 2016-17 and 2017-18.

CHRIS JOHNSON

INFORMATION FOR MEMBERS

Slater and Gordon health grants open

Invitations are being invited for this year's Slater and Gordon Health Projects and Research Fund grants.

The law firm opened its 2017 grants applications process on July 3 and will close them on 17 August.

AMA members have been invited to apply for eligible projects.

Small grants of up to \$3,000 are available to support the continuing education of medical and allied health professionals seeking to enhance their expertise in caring for and treating patients or clients in these areas.

The Fund also provides grants of up to \$25,000 to eligible not-for-profit organisations in Australia and the UK that focus on illness and prevention and the improvement of treatment and care for people with: an asbestos related disease; an occupational caused cancer; or significant disability caused by catastrophic spinal cord or brain injury.

The Fund has provided \$300,000 in grants for medical research and health projects since it was established in 2014.

The Fund was built on the Slater and Gordon Asbestos Research Fund, which provided \$1.4 million towards education, medical research, and other projects designed to improve the treatment of people who have an asbestos related disease.

Further details on the grant should be directed to the Manager of Secretariat, Ms Suzy Mallet on 03 8644 8466 or researchfund@slatergordon.com.au.



Research

Treating depression with antibiotics

Researchers at Deakin University have undertaken a trial using an antibiotic to treat depression.

The trial added a daily dose of minocycline – a broad-spectrum antibiotic that has been prescribed since 1971 – to the usual treatment of 71 people experiencing major depression.

The research team, led by Deakin's Centre for Innovation in Mental and Physical Health and Clinical Treatment within the School of Medicine, then compared the effects to a control group taking a placebo.

The results have been published in the *Australian & New Zealand Journal of Psychiatry* and show that those taking minocycline reported improved functioning and quality of life.

Lead researcher Dr Olivia Dean said the minocycline trial was small, but had some significant results.

"We found that those on minocycline reported significant improvements in functioning, quality of life, global impression of their illness, and there was also a trend towards improvements in anxiety symptoms," Dr Dean said.

The trial was based upon evidence that suggests people with a major depressive disorder have increased levels of inflammation in their body.

Dr Dean said that: "Specifically, minocycline reduces brain inflammation in cell models, and thus we wanted to see if it was useful for people."

There is a huge need for improved treatment options for people with major depression. Beyond Blue estimates that in Australia, 45 per cent of people will experience a mental health condition in their lifetime. In any one year, around one million Australian adults have depression.

The World Health Organisation released data this year that shows more than 300 million people around the globe are now living with depression.

"Current antidepressants are useful, but many people find a gap between their experience before becoming unwell and their recovery following treatment," Dr Dean said.

Dr Dean said her team was now in the process of applying for funding to expand the trial to a larger group.

This research was supported by Deakin University, the Florey Institute of Neuroscience and Mental Health, the University of

Melbourne, Barwon Health, Chulalongkorn University, the Brain and Behavior Foundation (USA), and an Australasian Society for Bipolar and Depressive Disorders/Servier grant.

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MEREDITH HORNE

Animal vegetable vitamin

A new study published in the *American Journal of Clinical Nutrition* suggests that vitamin D intake needs to be modified so that public health recommendations include nutritional sources of vitamin D (D3) from meat and fish rather than plant based vitamin D (D2).

There have been conflicting views as to whether nutrition from vitamin D2 and D3 were different, with nutritional scientists thinking both forms of the vitamin are "biologically equivalent".

The double blind placebo study showed that a significant increase in D3 was absorbed when compared to D2. It was undertaken in conjunction with Division of Health Sciences, School of Population Health, University of South Australia by was the largest of its kind to be undertaken.

The study was run during the winter months to exclude any effects of sunlight exposure on vitamin D levels.

Vitamin D levels in women who received vitamin D3 from juice or a biscuit increased their vitamin D levels from their baseline measurements by around 75 per cent, whereas those given vitamin D2 had an average increase in vitamin D levels of around 33 per cent over the course of the 12-week intervention.

As expected, participants who were in the placebo group saw their vitamin D levels fall by a quarter.

Vitamin D is a hormone that controls calcium levels in the blood. It is needed to develop and maintain healthy bones, muscles and teeth and is also important for general health. In Australia Vitamin D occurs naturally in fish and eggs, while margarine and some types of milk have added vitamin D.

The National Cancer Council of Australia notes a balance is required between excessive sun exposure that increases the risk of skin cancer and enough sun exposure to maintain adequate vitamin D levels. Short periods (of a few minutes) of sun exposure may be more efficient at producing vitamin D than long periods.

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MEREDITH HORNE

American doctors urge hospitals to stop serving processed meat to patients



The American Medical Association's House of Delegates recently adopted a resolution calling on hospitals to remove processed meats from their menus and instead provide plant-based meals.

The resolution, which passed in June, was co-sponsored by the Medical Society of the District of Columbia and the American College of Cardiology.

It stated: "RESOLVED, That our American Medical Association hereby call on US hospitals to improve the health of patients, staff, and visitors by (1) providing a variety of healthful food, including plant-based meals and meals that are low in fat, sodium, and added sugars, (2) eliminating processed meats from menus, and (3) providing and promoting healthful beverages."

There has been a growing, often uphill, push in the United States to remove processed meats from hospitals there.

Earlier this year, the University of Mississippi Medical Center (UMMC) in Jackson, Mississippi, announced it would remove hot dogs from its patient menus – making the centre the fourth hospital on the UMMC campus moving towards compliance with the American Medical Association's recommendation on processed meat.

Stony Brook University Hospital in Stony Brook, New York, is

nearly in compliance with the new resolution. The hospital provides patients with vegetables from its rooftop garden and features healthful plant-based options on its patient menu.

The *New York Times* reports that Stony Brook University Hospital's head chef has banished bacon, soda, and hot dogs.

The Physicians Committee – a non-profit organisation of 12,000 doctors – commended the American Medical Association on its leadership in improving hospital food environments.

"Hospitals that provide and promote fruits, vegetables, whole grains, and beans are likely to reduce readmissions, speed recovery times, and measurably improve the long-term health of visitors, patients, and staff," said the Committee's Dr James Loomis, Medical Director of the Barnard Medical Center.

In the Physicians Committee's 2016 Hospital Food Report, Stony Brook University Hospital and Aspen Valley Hospital were tied for the top Patient Food Score.

The Physicians Committee placed a billboard near UMMC's Batson Children's Hospital and sent a letter urging the hospital to protect patients from hotdogs with processed meats.

CHRIS JOHNSON

More than 5,000 new FGM cases reported in England

The National Health Service (NHS) in the United Kingdom has recorded 5,391 new cases of female genital mutilation (FGM) in the past year.

NHS Digital has released the second annual FGM figures for England. It has shown almost half involved women and girls living in London, with a third being women and girls born in Somalia, while 112 cases were UK-born nationals.

Most of the cases were spotted by midwives and doctors working in maternity and obstetric units.

The practice is illegal in the UK, as it is in Australia. The UK has also legislated so it is compulsory for family doctors, hospitals and mental health trusts to report any new cases in their patients. Intentionally altering or injuring the female external genitalia for non-medical reasons carries a sentence of up to 14 years in jail.

The majority of cases originally had FGM done to them abroad and as a young child, however, 18 of the newly recorded cases that year took place in the UK.

Ms Meg Fassam-Wright, the acting director of the UK's National FGM Centre, said it was important that the cases were being identified so the data could help provide a clearer picture of FGM in England.

"These are often cases of women who have had FGM a number of years ago and that their health needs and other needs are potentially being identified through the collection of this data, so we can plan for the future better because these women – some of them – will have long-term health problems as a result of FGM," Ms Fassam-Wright said of the report.

Wendy Preston, the head of nursing at the Royal College of Nursing, warned that the fall in the number of school nurses in recent years was detrimental to efforts to tackle the issue, and called on the government to attract and retain school nurses.

"The Government must act to attract and retain school nurses, to help address the problem at grassroots level, and maintain momentum in the fight to eradicate FGM," she said.

The AMA has developed a position statement condemning FGM and noting that any medical practitioner who engages in the practice of any form of female genital mutilation is guilty of professional and criminal misconduct.

The AMA also recognises the need for increased training and education for doctors in identifying and treating women and girls who have undergone FGM, and recommends the inclusion of FGM training in tertiary medical curricula. The position statement can be found at: <https://ama.com.au/position-statement/female-genital-mutilation-2017>.

MEREDITH HORNE

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 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.