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AMA at the National Press Club

President delivers political message, p3

INSIDE

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In this issue

Cover pic: National Press Club of Australia President Chris Uhlmann and AMA President Dr Michael Gannon

Political message in National Press Club speech

AMA President Dr Michael Gannon has called on all sides of politics to take some of the politicking out of health, for the good of the nation.

Addressing the National Press Club of Australia, Dr Gannon said some health issues needed bipartisan support and all politicians should acknowledge that.

“Some of the structural pillars of our health system – public hospitals, private health, the balance between the two systems, primary care, the need to invest in health prevention – let’s make these bipartisan,” he said.

“Let’s take the point scoring out of them. Both sides should publicly commit to supporting and funding these foundations. The public – our patients – expect no less.”

During the nationally televised address, broadcast live as he delivered it on August 23, Dr Gannon warned political leaders that the next election was anyone’s to win and so they should pay close attention to health policy.

“Last year we had a very close election, and health policy was a major factor in the closeness of the result,” he said.

“The Coalition very nearly ended up in Opposition because of its poor health policies. Labor ran a very effective Mediscare campaign.

“As I have noted, the Government appears to have learnt its lesson on health, and is now more engaged and consultative – with the AMA and other health groups.

“The next election is due in two years. There could possibly be one earlier. A lot earlier.

“As we head to the next election, I ask that we try to take some of the ideology and hard-nosed politicking out of health.”

In a wide-ranging speech, the AMA President outlined the organisation’s priorities, while also explaining the ground it has covered in helping to deliver good outcomes for both patients and doctors.

The AMA’s priorities extend to Indigenous health, medical training and workforce, the Pharmaceutical Benefits Scheme, and the many public health issues facing the Australian community – most notably tobacco, immunisation, obesity, and alcohol abuse.

“I have called for the establishment of a no-fault compensation scheme for the very small number of individuals injured by vaccines,” Dr Gannon said.

“I have called on the other States and Territories to mirror the Western Australian law, which exempts treating doctors from mandatory reporting and stops them getting help.

AMA President Dr Michael Gannon addresses the Press Club

“We also need to deal with ongoing problems in aged care, palliative care, mental health, euthanasia, and the scope of practice of other health professions.

“In the past 12 months, the AMA has released statements on infant nutrition, female genital mutilation, and addiction.

“In coming months, we will have more to say on cost of living, homelessness, elder abuse, and road safety, to name but a few.

“Then there are the prominent highly political and social issues that have a health dimension, and require an AMA position and AMA comment.

“All these things have health impacts. As the peak health and medical advocacy group in the country, the community expects us to have a view and to make public comment. And we do.

“Not everybody agrees with us. But our positions are based on evidence, in medical science, and our unique knowledge and experience of medicine and human health.

“Health policy is ever-evolving. Health reform never sleeps.”

The address covered, among other things, health economics: “Health should never be considered just an expensive line item in a budget – it is an investment in the welfare, wellbeing, and productivity of the Australian people.”

Political message in National Press Club speech

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Public hospital funding: "The idea that a financial disincentive, applied against the hospital, will somehow 'encourage' doctors to take better care of patients than they already do is ludicrous."

Private health: "If we do not get reforms to private health insurance right – and soon – we may see essential parts of health care disappear from the private sector.

The medical workforce: "We do not need more medical school places. The focus needs to be further downstream.

"Unfortunately, we are seeing universities continuing to ignore community need and lobbying for new medical schools or extra places.

"This is a totally arrogant and irresponsible approach, fuelled by a desire for the prestige of a medical school and their bottom line.

"Macquarie University is just the latest case in point."

And general practice: "General practice is under pressure, yet it continues to deliver great outcomes for patients.

"GPs are delivering high quality care, and remain the most cost effective part of our health system. But they still work long and hard, often under enormous pressure.

"The decision to progressively lift the Medicare freeze on GP services is a step in the right direction."

On even more controversial topics, Dr Gannon stressed that the AMA is completely independent of governments.

While sometimes it gets accused of being too conservative, he said, it was not surprising to see the reaction to the AMA's position on some issues – like marriage equality.

"Our Position Statement outlines the health implications of excluding LGBTIQ individuals from the institution of marriage," he said.

"Things like bullying, harassment, victimisation, depression, fear, exclusion, and discrimination, all impact on physical and mental health.

"I received correspondence from AMA members and the general public. The overwhelming majority applauded the AMA position.

"Those who opposed the AMA stance said that we were being too progressive, and wading into areas of social policy.

"The AMA will from time to time weigh in on social issues. We should call out discrimination and inequity in all forms, especially when their consequences affect people's health and wellbeing."

Last year, the AMA released an updated Position Statement on Euthanasia and Physician Assisted Suicide.

It came at a time when a number of States, most notably South Australia and Victoria, were considering voluntary euthanasia legislation.

There was an expectation in some quarters that the AMA would come out with a radical new direction. But it didn't.

"The AMA maintains its position that doctors should not be involved in interventions that have as their primary intention the ending of a person's life," Dr Gannon said.

"This does not include the discontinuation of treatments that are of no medical benefit to a dying patient. This is not euthanasia.

"Doctors have an ethical duty to care for dying patients so that they can die in comfort and with dignity."

The AMA also takes Indigenous health very seriously.

Dr Gannon travelled to Darwin last year to launch the AMA's annual Indigenous Health Report Card, which focused on Rheumatic Heart Disease.

"In simple terms, RHD is a bacterial infection from the throat or the skin that damages heart valves and ultimately causes heart failure," he said.

"It is a disease that has virtually been expunged from the non-Indigenous community. It is a disease of poverty.

"RHD is perhaps the classic example of a Social Determinant of Health. It proves why investment in clean water, adequate housing, and sanitation is just as important as echocardiography and open heart surgery.

"The significance of challenging social issues like Indigenous health, marriage equality, and euthanasia is that they highlight the unique position and strengths of the AMA.

"The AMA was recently ranked the most ethical organisation in the country in the Ethics Index produced by the Governance Institute of Australia.

"People want and expect us to have a view – an opinion. Sometimes a second opinion."

CHRIS JOHNSON

A transcript of the full address can be found here: https://ama.com.au/media/dr-gannon-national-press-club-address-0

Questions asked and answered during Press Club appearance

AMA President Dr Michael Gannon takes questions at the Press Club

In addition to delivering a wide-ranging 30-minute speech at the National Press Club, AMA President Dr Michael Gannon spent another half hour at the podium fielding questions from the Canberra Press Gallery.

The issues raised by the inquiring reporters ranged from doctors' fees, to refugee health, to codeine prescriptions, to marriage equality – and a whole lot in between.

On the subject of cost-shifting by the States to patients covered by private insurance who are attending public hospitals, Dr Gannon said he had made the point directly to Health Minister Greg Hunt, that flexibility must be maintained.

"We don't want a situation where insured patients are prohibited from care in public hospitals," Dr Gannon said.

"They might live in a rural area where there's no alternative; no fancy, shiny, private hospital there in the region. It might be the case that a doctor with sub-specialist expertise only works in a public hospital. It may be that they need the intensive care unit that only exists in a public hospital. It may simply be the patient's choice. So, wherever we land, we must end up with flexibility.

"One of the things that's led to this problem is the fact that the States and the Territories and the Commonwealth have underinvested in public hospitals. So, the public hospitals are looking for new revenue streams, and sometimes they're a bit too tricky and clever trying to get hold of insured patients when they're not actually providing any greater level of care.

"But I also think this is an area where the private health insurers need to step up to their part of the responsibility."

In his speech, Dr Gannon described the push by insurers for doctors to publish their fees and customer referrals as "dangerous territory".

In response to questioning about that, he said informed financial consent was very important.

"But I don't trust a website owned by the insurers to produce un-vetted information about the quality of the magazines in the waiting room, whether or not the receptionist was rude, and I have great concerns about people not being able to obviously interpret quality data," he said.

"It's a lot more complicated than a cheesy website might appear."

Questions asked and answered during Press Club appearance

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Drug testing welfare recipients

The AMA President was highly critical, when he was asked about it, of the Government's plan to drug test welfare recipients.

"If I had to put a nasty star on the Government's last Budget, it was this mean and non-evidence-based measure. It simply won't work," Dr Gannon said.

"This is not an evidence-based measure (and) will not help. We don't expect people in most industries to have drug testing before they turn up to work.

"It's simply unfair and it already picks on an impaired and marginalised group. It's not evidence-based. It's not fair. And we stand against it."

NDIS

On the question of the NDIS eligibility of people with mental health conditions, Dr Gannon said the scheme needed certainty of funding to ensure proper access and eligibility.

"This is going to be a very difficult and vexed issue for Governments now going forward," he said.

"Talk to the experts. Talk to the GPs, the psychiatrists, the psychologists, the carers who are there providing that care every day. Look at the evidence. Look at what works, and fund it according to what might be expected to work from international evidence, or from talking to home-grown experts here in Australia."

Same-sex Marriage

On marriage equality, the President said he wouldn't lecture parliamentarians on legislative approaches, but a risk existed that the wider discussion on the issue will have mental health impacts on people directly affected.

"Equally, we live in a democracy where people are entitled to have their say. I faced criticism of our Position Statement from within the membership, and I have made it very clear that we, as an organisation, are a broad enough church that we can accommodate different views on this topic," he said.

"And I am not uncomfortable with the Australian people being given their say. We believe that this is an area of discrimination and therefore does have health impacts. We would like to see it resolved. We would like to see the Government, the Parliament getting on in other crucial areas of public policy, but we are silent on the exact details about how we get there."

Codeine prescriptions

On codeine, and the AMA's agreement with the decision to make it available only by prescription, Dr Gannon said the AMA's position was not a unilateral statement.

"This is very much the AMA supporting the Therapeutic Goods Administration, the TGA, in their independent science-based analysis of the issues," he said.

"Now, many people might not know that there's already 25 countries where codeine requires a prescription. Many people might not know that the science tells us that we all metabolise codeine very differently. So for a significant minority of us, we metabolise it in a way that is extremely potent, every bit as powerful as morphine, and is a common cause of death from opioid overdose.

"Not only have we told the Minister we support the TGA's decision, we are also telling the State and Territory Health Ministers that we do not want to see exemptions from this. That's wading into very, very dangerous territory, when the independent regulator looking at scientific evidence is overrun by an industry that has a different view."

Euthanasia

On palliative care and support of doctors who may wish to assist patients to die, he was very clear.

"We have inadequate legislation in most parts of Australia to protect doctors acting ethically and lawfully with inadequate doctrine of double effect legislation," Dr Gannon said.

"Ninety-nine per cent of end-of-life decisions do not involve requests to die. That is a very, very, very small part of the system.

"And surely the aspiration of all people, whether they favour voluntary euthanasia or not, is to improve palliative care services.

"The AMA Position Statement makes it extremely clear that we understand this is a decision for society: it's Parliament's, it's legislators'. The AMA's position is that doctors should not participate in these arrangements."

Refugee health care

Regarding the level of health care provided to asylum seekers in offshore detention, Dr Gannon said the ethical principles were very clear.

People seeking the protection of the Australian Government are entitled to healthcare standards the same as Australian citizens.

Questions asked and answered during Press Club appearance

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"So, that's a matter of ethics and that's a matter of law. What we've developed over the past 12 months or so is a relationship with the Chief Medical Officer of the Department of Immigration and Border Protection, so that when we receive discussions on individual healthcare episodes we are able to talk about them," he said.

"... a difficult and vexed issue where a form of medical care, namely termination of pregnancy – which could relatively easily be provided on Nauru – can't legally be provided because it's illegal on the island.

"That means that if that cannot be provided, that those patients must be transferred to the mainland. This is a hotly contested political issue. I am not an immigration expert. But I like to think I'm an expert in medical ethics, and I've stated our position very clearly as to the health standards that we would expect."

Private health insurance

On private health insurance, Dr Gannon said agreement must be reached on basic level of cover, or at least better transparency, so people know what they're covered for.

"The policies that are nothing more than to dodge the tax penalty, they're junk," he said.

"The policies that limit you to care in a public hospital, I need to be convinced why they're any better than being a public patient in our excellent public hospitals.

"Now I don't want to spend my entire life arguing with the insurers. They have a right to make a profit. In fact they've got a corporate responsibility to deliver a profit. But they cannot deliver that profit on the back of diminished services to private patients. And if they don't get it and they don't get it soon, they will drive their industry off the cliff."

CHRIS JOHNSON

The full transcript of Dr Gannon's Q&A session at the National Press Club can be found here:

https://ama.com.au/media/dr-michael-gannon-national-press-club-q-and

AMA being heard over the medical indemnity concerns

AMA President Dr Michael Gannon used his National Press Club address to assure doctors and patients alike that he was keeping the issue of medical indemnity at the forefront of his discussions with political leaders.

He said medical indemnity was an area of great concern to the medical profession that has recently re-emerged.

"Some of you may remember the indemnity crisis more than a decade ago. The reforms and protections put in place by then Health Minister Tony Abbott are showing signs of stress," Dr Gannon said.

"While back in the UK recently, I saw what could happen here again without intelligent policy.

"Medical indemnity in the UK is becoming unstable. The two major providers have pulled out of private obstetrics. There is talk of pulling out of coverage in other high risk areas."

Dr Gannon noted that more than a decade ago, the AMA advocated tirelessly and brought together the profession to work with the Government in designing a series of schemes that have been a resounding policy success.

Those schemes have promoted stability. They provide affordable insurance, which flows through to affordable care.

That has been the AMA's strong message heading into the current review of indemnity insurance.

"Thankfully, the Government has been receptive to our advice, and I am grateful to Health Minister Greg Hunt for listening," he said.

"He was surprised to hear that annual premiums got as high as $126,000 a few years ago. And that's after the support schemes' contributions are taken into account.

"We now have a review that is focussed on improving and building on the current policy success. It is not a savings exercise.

"It removes a threat to a stable medical workforce."

CHRIS JOHNSON

AMA calls for urgent Government action on junk policies

The community is losing faith in private health insurance, with health funds offering too many "junk" policies that provide no cover when people need it, AMA President Dr Michael Gannon says.

The AMA has called on the Government to legislate to ensure that all policies have a minimum level of cover, appropriate to the age of the person taking out the policy.

"Private medicine is under siege and, in many ways, that's because, very quickly, the community is losing faith with their private health insurance, which underpins most visits to private hospitals," Dr Gannon told *ABC AM*.

"We seem to be seeing an orchestrated campaign by the insurers – an industry which is increasingly a for-profit industry – to deflect the blame from the real problems, and the real problems are that patients are getting sick and tired of finding out when they're sick that their insurance isn't good enough."

Almost 35,000 people dropped their hospital cover between March and June this year, latest figures show. More than half (17,685) were in the 20 to 24 age group.

The slide coincided with an average 4.84 per cent premium rise in April – three times the inflation rate – and a 15.5 per cent rise in health funds' net profits in the 2016-17 financial year.

While the AMA is part of the Private Health Ministerial Advisory Council (PHMAC), which is due to report by the end of the year, Dr Gannon says enough is known about junk policies for the Government to act now.

"There are people who have carefully, dutifully, responsibly put aside money for private health insurance, over many years in many cases, and then when they get sick they find they're not covered," he said.

"Policies for people over the age of 60 that exclude them from having their hips or knees fixed, or having their eyes fixed, are silly.

"We've a proliferation of junk policies which are worth nothing more than the paper they're written on, and are purely designed so people avoid the tax penalty.

"The Government has the power to legislate — to make sure that [the policies] are worthwhile for people who take them out."

Dr Gannon rejected a call by former Health Department head, Professor Stephen Duckett, for doctors to be forced to publish their fees.

He conceded that doctors could do better when it comes to providing information, but said patients should make better use of their general practitioner.

"If you've got time to spend with your GP, if you've got your own trusted GP, they're pretty clever," Dr Gannon told *ABC Radio Adelaide.*

"They get to know you, they get to know which specialists might fit with your personality, which specialists bulk bill, which specialists work in which hospitals, which operations can be done where.

"They know this information, and if you really want to talk about value in the health system, it's having a good relationship with your GP.

"A lot of the time, a good GP will save you a visit to the specialist to start with, and a lot of the time they'll work out who the right specialist for you is."

The AMA's submission to the Senate *Value and Affordability of Private Health Insurance and Out-of-Pocket Medical Costs in Australian Health Care* inquiry points out that medical fees make up just 16 per cent of total benefit outlays for private health insurers, so it would take a substantial decrease in fees to have an effect on premiums.

But it argued that if doctors' fees should be published in the interests of transparency, so should all components of private health insurance costs.

"Private health insurers, hospitals, and other key stakeholders should all provide details of costs to the system," the submission said.

"This could include senior management remuneration and/or fully itemised hospital list of charges post-surgery, so the patient can see exactly how their insurance has supported them."

The AMA is prepared to consider a proposal where specialists publicly reported on a Government website the fees they charge for the five most common procedures they carry out.

MARIA HAWTHORNE

The AMA's submission to the Senate inquiry can be found here:

https://ama.com.au/submission/ama-submission-inquiry-value-private-health-insurance

Health Star Rating – five years on

Five years ago I authored a column in *Australian Medicine* advising members that after concerted advocacy on the need for easy to improve food labelling, the AMA had been recognised as a key stakeholder and invited to join the Front of Pack Labelling Stakeholder Working Group.

The Group, chaired by Jane Halton AO PSM, then Secretary of the Federal Department of Health and Ageing, was tasked with developing a new approach to front-of-pack labelling that would help consumers identify healthier packaged food options.

We recognised that the Nutrition Information Panel was too complex, and often too small to help consumers. The move also recognised that there was some level of dissatisfaction with the two most popular front-of-pack labelling approaches at the time. I welcomed the invitation to participate but am sure there was a level of scepticism about whether this diverse group of stakeholders could work together to create and implement a system that would support Australians to make healthier choices.

Five years on and the AMA has just lodged its submission to the Five Year Evaluation of the Health Star Rating system. Health Star Ratings (HSR) are now found on over 7,000 products, produced by 122 manufacturers, in major supermarkets Coles, Woolworths and Aldi. It appears that the HSR system is largely working as intended. A representative survey conducted with 1000 participants recently found that:

- 59 per cent were aware of the Health Star Rating system;
- 50 per cent were likely to use HSR on a regular basis; and
- Of those using HSR, 33 per cent recalled buying a different product because it had a higher HSR.

Some food producers are reformulating their products in order to achieve a higher HSR. Regardless of the motive, removing unnecessary salt, sugar and fats from processed foods is beneficial. The AMA's submission has recommended monitoring the number of reformulations to provide important insights into the effectiveness of the HSR system in driving change.

Consumers report that they would like to see HSR on more products. If uptake in a particular food category is low it can make comparisons difficult. The HSR system is currently voluntary, but it is essential that the food industry recognises the benefit to consumers and displays the HSR on as many products as possible. On this point, the AMA's submission argued that any slowing of uptake should result in active consideration of the HSR becoming mandatory.

There have been some vocal critics of the HSR, but the reality is that most are not responsible for the weekly grocery shopping, the target audience for HSR. The criticisms typically focus on three issues. Firstly, that the system can't be used to compare a can of baked beans with a tub of yogurt. This was never the intention of the HSR, rather instead it helps consumers compare similar products in order to identify the healthiest option.

Further criticism highlights that certain foods receive an inappropriately high HSR. The HSR Advisory Committee takes these concerns seriously. For example, the rules around products that display HSR based on how they are prepared (cake mixes, powdered soup, sauce mixes or drink flavourings) are currently under review.

Finally, some advocate that HSR apply to fresh foods. This was never the intention, with the HSR applying only to manufactured and processed products. A general principle that "fresh is best" is recognised by the AMA and we continue to advocate for more public education on nutrition. The HSR isn't perfect, but it is certainly much better than nothing.

The AMA submission also advocates that HSR play a role in helping consumers to reduce consumption of 'added sugars' through penalisation of these additions. A recent report by the George Institute found that 70 per cent of packaged foods contain added sugars. Current labelling doesn't provide any distinction between naturally occurring and added sugars, making it extremely difficult for consumers to identify products that contain unnecessary added sugars. Food labelling alone will not address obesity, but supporting consumers to identify healthier food products will play a part.

PROFESSOR GEOFF DOBB
AMA BOARD MEMBER

The AMA's submission is available from: *https://ama.com.au/submission/ama-submission-five-year-review-health-star-rating-system*

AMA Indigenous **Medical Scholarship**

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For enquiries please contact the AMA via email at indigenousscholarship@ama.com.au or phone (02) 6270 5400.

Donate to the AMA's Indigenous Medical Scholarship Today!

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

AMA letting legislators know its views on pharmacy review

Below is an edited version of the AMA's submission to the Pharmacy Remuneration and Regulation Review Interim Report.

Overall, the AMA considers the recommendations, if implemented, will benefit consumers by improving access to affordable medicines and enhancing the quality of medicines related care provided by pharmacists.

The AMA's submission focuses on the recommendations and options described in the interim report which impact patient care.

The recommendations and options relating to patient access to medicines and their experiences within pharmacies appear sensible and well considered.

In particular, the AMA supports:

- improvements to the PBS Safety Net which would enhance patients' understanding and access, for example, the introduction of a central electronic system that automatically tracks individual patient PBS expenditure;
- audits of pharmacy compliance with medicines dispensing requirements, such as correct medicines labelling and the provision of Consumer Medicines Information leaflets, in line with State/Territory legislation and Pharmacy Board of Australia and Pharmaceutical Society of Australia guidelines; and
- improvements to electronic prescription systems and medication records to enhance continuity of care and reduce medication errors. However, the AMA notes that prescribing software would require updating to enable full electronic prescribing and that a small, but still significant, proportion of medical practitioners do not use these systems, especially in rural/remote locations with poor internet connections.

The AMA supports the Review recommendation that homeopathic products should not be sold in PBS-approved pharmacies. Selling these products in pharmacies encourages consumers to believe they are efficacious when they are not.

The AMA notes the interim report proposal that if pharmacists provide a service that is also offered by alternative primary healthcare professionals, the same Government payment should be applied to that service. While a service may superficially appear the same, it is important to recognise that the delivery, quality and comprehensiveness of that service may differ between health professionals and the context within which it is provided.

For example, a patient administered a flu vaccine in a pharmacy just receives a flu vaccine. A patient receiving a flu vaccine administered by a General Practitioner also receives a preceding consultation which includes a health assessment specific to that patient, based on a sound understanding of the patient's past history and health needs.

This might include a check whether the patient's other recommended vaccinations are up-to-date, whether a cervical screening test is due, a blood pressure check if appropriate, a check of the patient's adherence and tolerance of any prescription medicines, and any other appropriate and (evidence-based) opportunistic preventative health care.

Even if the General Practice employs nurse practitioners to deliver the vaccine itself, a patient has first been assessed by a General Practitioner who continues to be close at hand if needed.

If the Commonwealth Government were to consider paying pharmacists to administer flu vaccines to high risk populations, the services provided by a pharmacist and a medical practitioner in this context would not be equivalent.

Clearly there would also need to be research on whether flu vaccinations in pharmacies are cost-effective in comparison to a flu vaccination in a General Practice clinic given the value-add provided in the latter service.

Any cost-benefit analysis would also need to take into account the indirect costs of delayed or missed diagnoses leading to higher cost care, that are more likely when care is fragmented by patients relying on health care provided by a pharmacist.

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

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The AMA agrees with the recommendations in the interim report that government-funded services should be evidence-based and cost-effective. Pharmacy-based services that do not meet these criteria, such as the *Amcal's Pathology Health Screening Service* targeting "relatively young and fit customers ... for general health purposes ... as opposed to risk assessment or diagnosis" should not be eligible for government funding.

The AMA's earlier submission to this review expanded in some detail regarding the push by the Pharmacy Guild, motivated by revenue generation, to expand the scope of practice of pharmacists into the provision of medical services.

The AMA has already stated its views on the barriers imposed by current pharmacy location rules in its previous submission to the Review, and in numerous earlier submissions to Government. The AMA supports changes to pharmacy regulation which would allow more pharmacies and medical practices to be co-located. The current restrictions are inflexible and are difficult to justify in terms of public benefit.

AMA understands that the Australian Government has entered into an agreement with the Pharmacy Guild of Australia to continue indefinitely the current protections the rules provide to Guild members. However, the AMA is disappointed that the Government has made this decision despite the obvious benefits that would accrue by allowing access to high quality primary health care services in a way that is convenient to patients, enhances patient access and improves collaboration between healthcare professionals.

Facilitating collaboration between medical practitioners and pharmacists will only improve patient outcomes through less medication mismanagement and better medication compliance.

The AMA agrees there are benefits in future community pharmacy agreements being limited to remuneration for the dispensing of PBS medicines and associated regulation. This would allow pharmacy programs, such as medication adherence and management services currently funded under the Agreement, to be funded in ways that are more consistent with how other primary care health services are funded.

Given these programs are about providing health services, rather than medicines dispensing per se, it makes sense for them to be assessed, monitored, evaluated and audited in a similar way to medical services under the MBS.

Approximately $1.2 billion has been provided to pharmacies under the current community pharmacy agreement without this level of transparency and accountability. No evaluations of pharmacy programs under the Sixth Community Pharmacy Agreement have been made public.

Moving pharmacist health services outside of the Agreement would also open the way for more flexible models of funding, for example, support for pharmacists working within a General Practice team and other innovative, patient-focused models of care.

The AMA would also welcome inclusion in future consultations undertaken prior to the finalisation of the next community pharmacy agreement, as proposed in the Review interim report. The AMA recognises the valuable contribution pharmacists make in improving the quality use of medicines.

Pharmacists working with doctors and patients can help ensure medication adherence, improve medication management, and provide education about medication safety. The AMA fully supports ongoing and adequate funding of evidence-based pharmacist services such as home medicine reviews and the provision of dose administration aids.

It is important that Government-funded pharmacy programs are monitored and evaluated for effectiveness and cost effectiveness to ensure the expenditure provides tax payers with value for money. The findings from these evaluations will help improve and strengthen the programs.

The AMA fully supports the recommendations made to enhance access to medicines programs for Indigenous Australians and to support Aboriginal Health Service pharmacy ownership and operations.

The full submission can be found at:

https://ama.com.au/system/tdf/documents/AMA%20Submission%20-%20Interim%20report%20-%20Pharmacy%20remuneration%20and%20regulation%20review%20Jul17.pdf?file=1&type=node&id=46835

Research

Australian Indigenous kids have the highest prevalence of impetigo

West Australian researchers at Telethon Kids Institute have confirmed dangerous skin infections in many Aboriginal children across northern Western Australia are too often unrecognised and under-treated.

This is despite untreated skin infections such as scabies and impetigo (school sores) potentially leading to life-threatening conditions such as kidney disease, Rheumatic Heart Disease and blood poisoning.

About 45 per cent of Aboriginal children living in remote communities across northern Australia are affected by impetigo at any one time – the highest prevalence in the world – and scabies is endemic in some communities.

Telethon Kids paediatric infectious diseases specialist Dr Asha Bowen said the recently published study in Public Library of Science (PLOS) journal*, Neglected Tropic Diseases*, found underlying skin problems aren't always noticed or treated – paving the way for serious complications later on.

Dr Bowen said Aboriginal people in the north of Australia have some of the highest rates of skin infection in the world.

Yet it can be so common in these communities it is regarded as normal, both by health workers and the community.

"When Aboriginal children are assessed at hospitals, it's often for a more acute condition like pneumonia or gastroenteritis, and that tends to be what the clinicians focus on," she said.

It was something researchers had suspected but couldn't previously demonstrate with solid data.

"Now, after conducting a clinical study where we assessed new hospital admissions and compared the results to past records, we have the data to back it up," Dr Bowen said.

"And that means we're in a better position to do something about it."

There remains a need to address the problem by improving training and awareness, and providing tools to help doctors and other healthcare workers better recognise and treat skin infections early on.

The study, led by Dr Daniel Yeoh of the Wesfarmers Centre of Vaccines and Infectious Diseases at Telethon Kids Institute and the Department of Infectious Diseases at Princess Margaret Hospital, was facilitated and supported by WACHS Pilbara, and WACHS Kimberley.

The AMA recognises the terrible effect Rheumatic Heart Disease (RHD) is having on Indigenous people in Australia. The AMA also recognises that impetigo plays a deadly role in RHD. Every year, RHD kills people and devastates lives – particularly the lives of young Indigenous Australians. It causes strokes in teenagers, and requires children to undergo open heart surgery.

MEREDITH HORNE

The AMA's 2016 Report Card on Indigenous Health can be found here: *https://ama.com.au/article/2016-ama-report-card-indigenous-health-call-action-prevent-new-cases-rheumatic-heart-disease.*

Volunteers needed to help unlock the genetics of depression

The Australian Genetics of Depression Study is the world's largest genetic investigation into depression to date. It is surveying 200,000 people worldwide -- including 20,000 Australians – in the hope of identifying the genes responsible for putting someone at risk of mental illness.

Interim data collated by the study has already revealed more than two-thirds of the participants have had to rely upon multiple antidepressants to treat their clinical depression – a trial and error approach that remains a major challenge in delivering more effective mental health care.

The interim data, published in MJA *InSight* in August, suggests the limit of our current knowledge of treating clinical depression has been reached, and a far more effective personalised and targeted approach is needed to optimise outcomes.

It has been just three months since the Australian Genetics of Depression Study began, and 10,000 Australians have already enrolled.

Research author, study co-investigator and co-director for Health and Policy, Brain and Mind Centre at the University of Sydney, Professor Ian Hickie, has now put out the call for the enrolment of another 10,000 adults into the ground breaking Australian Genetics of Depression Study.

Research

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One in seven Australians will experience clinical depression during their lifetime. The mental illness represents the top cause of non-fatal disability in Australia. Moreover, Australia has one of the highest antidepressant prescribing rates per head of all OECD countries – behaviour that delivers considerable benefits, but also forces many people to contend with ongoing, disabling and potentially life-threatening medication-related side-effects.

Professor Hickie said the interim data has revealed that a better targeting of existing treatments through individual genetic profiling before commencing medication would drive a major advance in clinical therapy.

"Given our lack of diagnostic methods to predict different responses to antidepressants, or forecast the potential for intolerable side-effects, we are exposing those battling clinical depression to trial and error, which is often slow to deliver significant benefits," he said.

The researchers also believe the interim data illustrates treatment has failed to move effectively from the general principles of treating clinical depression, to much more personalised and targeted approaches that minimise risk to maximise benefit.

Participating in the Australian Genetics of Depression Study is simple and free. Volunteers complete a 15-minute online survey and, depending upon their responses, may be asked to donate a saliva sample. Study researchers will then analyse the saliva (DNA) samples to investigate and pinpoint specific genes that may be associated with clinical depression.

The Australian Genetics of Depression Study is being conducted internationally, with 200,000 participant samples required. Australia is aiming to contribute 10 per cent of the total study population.

To volunteer for the Australian Genetics of Depression Study, or to learn more head to: www.geneticsofdepression.org.au

MEREDITH HORNE

What's your view?

A Survey seeking doctors' views on medical student professionalism issues

Being professional can mean different things to different people. In particular, the public and professionals may place different values on the importance of various behaviours. For doctors, *Good medical practice: a code of conduct for doctors in Australia*, provides a comprehensive general guide.

However, applying such guidance to particular issues and making judgements about the seriousness of unprofessional behaviours is often not straight forward.

In the case of medical students, the situation is even more confusing.

They are developing professionals, but how important are their professional behaviours while a student? A national survey of Australian medical students in 2016 found that medical students have widely varying opinions on appropriate professional behaviours and students also commented on the inconsistencies in how medical schools address these issues.

Views are now being sought from qualified Australian doctors on the same scenarios that were posed to the medical students. You are teachers and role models for these students.

Are your value judgements different? If so, what are the differences? The survey asks you to assess issues such as: "If a behaviour is unacceptable, how unacceptable is it?" and "Does it matter if a student is first year or final year?"

The overall aim of the research program is to explore the variation in attitudes to professionalism issues for medical students, study the role of context in professionalism judgements and to identify areas of professionalism teaching that may require further development.

The views of qualified Australian doctors are simply essential to create a full understanding and we very much hope you will consider participating. The anonymous, online survey should take less than 10 minutes to complete; it can be accessed using the following link https://www.surveymonkey.com/r/AMA_doctors_survey.

If you have any questions about the survey, please contact Dr Paul McGurgan, paul.mcgurgan@uwa.edu.au.

Dr Paul McGurgan is Professional and Personal Development Coordinator, Faculty of Medicine and Health Sciences, UWA.

The research team includes Dr Kiran Narula (Fiona Stanley Hospital), Dr Katrina Calvert (KEMH) and Dr Christine Jorm (Hon. Assoc. Professor & Assoc. Dean [Professionalism] Medical Education, University of Sydney).

Somali Americans rush to vax their children despite campaign against

Despite an emboldened anti-vaccination movement in Minnesota, the State's Somali American community has turned out in droves to have their children immunised against measles.

The Midwestern US State has recorded its worst measles outbreak in decades, with most cases involving unvaccinated Somali American pre-schoolers.

Since March this year, Minnesota public health officials have confirmed 79 local measles cases, resulting in 22 people being hospitalised with dehydration, high fever and respiratory difficulties.

Officials also report that more than 8,200 people were exposed to the virus in daycare centres, schools, clinics and hospitals.

In a bizarre twist, the outbreak has energised the anti-vaxxers in their campaign to thwart health authorities' effort to prevent the spread of the disease.

The movement opposed to immunisation has ramped up its use of social media to denounce the need for childhood vaccinations.

Activists are openly talking about exposing unvaccinated children to those with measles so that they can be infected and build up immunities.

But while the ferocity of the sudden anti-vax push has surprised health officials in Minnesota, they have also noted that the Somali community is largely ignoring the activists.

Describing it as an "unprecedented collaboration" between doctors and health officials, and community leaders, Somali American imams are urging families to have their children vaccinated.

The imams are telling their followers to protect their children against disease and have them vaccinated against measles, mumps and rubella (MMR).

Doctors are reporting they are seeing parents who had previously repeatedly refused to have their children immunised, now accepting the need for the vaccinations.

Health authorities are describing it as a "major shift in the uptake" of Somali families seeking immunisations.

The biggest jump was noticed between April and July.

The anti-vax activists appear to be motivated by the tour of the film *Vaxxed: From Cover-up to Catastrophe*, which has been widely ridiculed elsewhere.

The film was directed by Andrew Wakefield, a former doctor who promotes the debunked claim that MMR vaccinations are linked to autism.

Australian Medical Association President Dr Michael Gannon has described the film as ludicrous and dangerous.

"Andrew Wakefield was found to have fraudulently produced evidence around the original MMR scare in Britain, which led to him being deregistered as a doctor," Dr Gannon said.

"The next phase of his career is as an amateur filmmaker. That's not where I'd be getting my advice from."

The Minnesota Vaccine Freedom Coalition posted on its Facebook page that it had not been involved in the sudden surge of targeted anti-vax campaigns that health authorities in the State are reporting.

CHRIS JOHNSON

Disease and nutrition being targeted in the Pacific

Combating disease and improving nutrition among Pacific islands populations is the focus of new initiatives funded by the Australian Government.

Foreign Minister Julie Bishop has announced a $7.7 million commitment towards innovative pilot programs targeting mosquito-borne diseases in Fiji, Vanuatu and Kiribati.

Another $2.5 million is being contributed towards nutrition programs in the Pacific.

Australia's innovationXchange has partnered with Monash University's Eliminate Dengue Program and national health ministries to target dengue, Zika virus, and Chikungunya.

The program uses naturally occurring Wolbachia bacteria to stop mosquitoes from transmitting these diseases to human populations.

"Dengue is an insidious virus that emerges quickly when the conditions are right and in its severe form, it can be fatal," Ms Bishop said.

"In Fiji, Vanuatu and Kiribati, over 30,000 people have been infected in the last decade.

"These pilots build on Australia's existing efforts to promote health security in the Pacific by building countries' capacities to detect, assess and respond to diseases with epidemic potential.

"Given Australia's close proximity to our Pacific neighbours, supporting regional health security also works to ensure our own national health security."

Malnutrition is also a challenge in the Pacific, with about half of all children in Papua New Guinea stunted because of chronic under-nutrition.

Across the Pacific the prevalence of non-communicable diseases, including diabetes, is rising, and linked to poor diet choices.

The Government will invest $4 million in winners of the LAUNCH Food Challenge to improve nutrition in our region, including $2.5 million in the Pacific.

Winning initiatives will work to increase local production of healthy food using innovative technology and drive healthier food choices through improved public health communication.

LAUNCH Food is a global innovation challenge supported by Australia's innovationXchange, USAID's Global Development Lab and regional stakeholders.

The innovationXchange was established in March 2015 within the Department of Foreign Affairs and Trade to form new partnerships and identify innovative approaches to improve the effectiveness and impact of the Australian aid program, and public policy more generally.

CHRIS JOHNSON

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.

G stands for Guitarra

BY CHRIS JOHNSON

Can flamenco, classical, jazz and blues all share the stage at the same time?

Maybe. Probably. Sure.

Absolutely, if the legendary Paco Peña is at the helm.

Currently touring Australia is an ambitious effort to place all of the above guitar styles together not merely on the same concert program, but at times immersed in collaborative performance.

Guitarra is a showcase of guitar styles that only masters of their own genres could pull off.

And when we're talking masters, they don't come any more masterful than Spanish virtuoso Paco Peña.

An icon of flamenco guitar (and of the culture of Spain), Paco Peña became a household name in the late 1960s when he unleashed his commanding style of guitar playing on an uninitiated British public. He even shared a concert with Jimi Hendrix.

His fame shot his name around the world and popularised the flamenco guitar.

Now, at the age of 75, there is pretty much nothing in the guitar realm he hasn't done.

So performing with a bluesman should be a piece of cake, right?

Right.

The opening night of the Guitarra tour of Australia saw this country's blues guitarist extraordinaire Phil Manning first appear solo on stage.

With a single acoustic guitar, he played and sang some classic delta blues from the likes of Blind Blake, Blind Willie McTell and various other sight-impaired artists from the 1920s.

Manning, founding member of Australia's pioneering hard electric blues band Chain, is a gifted musician who sounds like he is playing two guitars at once.

An excellent way to kick off the concert.

Contrast the earthy blues he played with what came next – Slava and Leonard Grigoryan playing Tchaikovsky and Bach on classical guitars.

This Australian duo, brothers, have revolutionised the appeal of classical guitar in Australia.

Once, classical guitarists would never appear on the same stage as musicians in more contemporary fields.

But then once, the guitar itself was deemed (by some self-appointed guardians of 'taste') as not being worthy enough to be considered a classical musical instrument.

Musicians like the Grigoryan Brothers have helped to change that by crossing genres while also holding to the traditions of classical music.

Their performance, which included some of their own compositions, was mesmerizing.

G stands for Guitarra

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So when Phil Manning brought his steel-string back on stage to join the classical duo, it was a "let's see how this works" kind of moment for the audience.

Bessie Smith's Nobody Knows You When You're Down and Out never sounded as good as it did with the Grigoryan's playing blues solos on their classical guitars over Manning's rootsy playing and singing.

Sacrilege? Not on your life.

Brilliant? Yes!

But that was just the first half of the show.

After the interval, one of Australia's leading jazz guitarists Jim Pennell captured everyone's attention with a mix of tunes from the Great American Songbook, some Brazilian standards, and guitar versions of compositions from jazz greats Duke Ellington and Thelonious Monk.

And then he introduced the man everyone came to see – Paco Peña.

The other guitarists who had played earlier were all outstanding.

And they were all almost instantly forgotten once Peña hit his first note.

The man and the guitar – and subsequently the audience – were one. His performance was compelling.

He played long malagueñas, bulerías, romances, and soleares.

Stunning.

Peña endeared himself to the audience not only with his more than impressive musicianship, but also with his apparent humility as he chatted away like someone's adorable old uncle talking about music.

He expressed his admiration for those who had shared the stage that night – and then he invited them all to join him.

It was then that we all remembered how outrageously talented the other guitarists were.

The bluesman played lead, the jazzman noodled solos, the classical brothers roamed all over their fretboards in style, and Paco Peña appeared to be having the time of his life matching their styles.

Then he led them in closing the concert with a breathtaking showcase of flamenco, classical, jazz and blues that all melded into one and kept the entire audience transfixed.

A wonderful celebration of the guitar.

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.