AUSTRALIAN

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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PHI reforms in right direction, but more work needed

The AMA has welcomed the Government's reforms to private health insurance as a "start in the right direction", but says much more needs to be done to make the sector more transparent and affordable.

On October 13, the Federal Government announced a raft of changes to the private health insurance (PHI) sector, following lengthy consultation and an ongoing consumer backlash against the industry.

The changes include encouraging younger Australians to take up PHI by allowing insurers to discount premiums up to two per cent for each year as an adult before turning 30, to a maximum of 10 per cent. This will be phased out by the time they turn 40.

Regional patients will benefit from policies that will for the first time include travel and accommodation subsidies for some hospital services.

A hierarchy of Gold, Silver, Bronze and Basic policy categories will be introduced to help consumers compare what is on offer.

But even policies under the Basic classification will provide mental health services, which are not currently covered under many policies.

Existing policy holders will be able to upgrade their cover in order to access in-hospital mental health services without having to endure a waiting period. And insurers will not be allowed to limit the number of in-hospital mental health sessions a patient can access.

Insurers will be able to keep premiums down by offering higher excess levels.

From April 2019, unproven therapies such as Pilates, yoga, homeopathy, aromatherapy, iridology and herbalism (among others) will not attract rebates.

A prosthetics deal between the Government and manufacturers aims to reduce the cost to private insurers for the devices, and subsequently pass on savings to consumers.

In announcing the changes, Health Minister Greg Hunt said reform in the sector would continue, with the Private Health Ministerial Advisory Committee still examining issues such as risk equalisation.

"And we will work with the medical profession on options to improve the transparency of medical out-of-pocket costs," Mr Hunt said.

PHI reforms in right direction, but more work needed

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"The Turnbull Government is committed to private health insurance and we're committed to supporting the more than 13 million Australians that have taken out cover.

"We are investing around $6 billion every year in the private health insurance rebate to help keep premiums affordable."

The Opposition, however, has described the reforms as "too little, too late" and criticised the Government for not addressing the so-called "junk policies" that are hardly worth the paper they are written on.

Shadow Health Minister Catherine King said junk policies should be banned.

"The fact that the Government has broken its election promise and retained junk policies remains concerning to me," Ms King said.

Consumer group CHOICE has also criticised the failure to ban junk policies.

AMA President Dr Michael Gannon said the announced changes to PHI would not solve the problem of a perceived lack of value in the services provided by the PHI sector.

Health fund membership has been falling by 10,000 a month, as premiums increase an annual average of 5.6 per cent.

Dr Gannon said Australia needs a strong and viable private health sector to maintain the reputation of the Australian health system as one of the world's best.

But the reforms will need the genuine commitment and cooperation from all stakeholders to deliver real value and quality to policyholders.

"The framework for positive reform of the private health insurance industry is now in place," Dr Gannon said.

"The challenge now is to clearly define and describe the insurance products on offer so that families and individuals – many of whom are facing considerable cost-of-living and housing affordability pressures – have the confidence that their investment in private health delivers the cover they are promised and expect when they are sick or injured."

Dr Gannon welcomed the decision to introduce Gold, Silver, and Bronze categories for PHI policies and that standard clinical definitions will be applied.

"Importantly, the changes will provide better coverage for mental health services and for people in rural and regional Australia," he said.

"The AMA advocated strongly for standard clinical definitions on behalf of our patients. What we need to see now is meaningful and consistent levels of cover in each category.

"While we had called for the banning of so-called junk policies, we will watch closely to ensure that any junk policies that remain on the market are clearly described so that people know exactly what they are buying and are not subject to unexpected shocks of non-coverage for certain events or conditions.

"Basic cannot mean worthless.

"We will continue to call out any misleading products in our yearly report card.

"Other areas that will need further investigation include the fine detail of the new prostheses arrangements, how and at what level pregnancy will be covered, and the review of low value care for things like mental health and rehabilitation.

"We welcome the removal of coverage for a range of natural therapies such as homeopathy, iridology, kinesiology, naturopathy, and reflexology, which the Chief Medical Officer has rightly declared as lacking evidence or efficacy."

Dr Gannon said the AMA has concerns about the possible direction of ongoing work on out-of-pocket costs and the review of privately insured patients being treated in public hospitals.

"We will be pushing for the expert committee considering out-of-pocket costs to broaden its review beyond doctors' fees.

"Doctors' fees are not the problem – 95 per cent of services in Australia are currently provided at a no-gap or a known gap of less than $500," he said.

"The out-of-pockets committee must instead focus on the issues that leave patients with less support such as the caveats, carve-outs, and exclusions; hospital costs; and inconsistent and tricky product definitions.

PHI reforms in right direction, but more work needed

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"We will of course support efforts to rein in unacceptably high fees in the small number of cases where they occur.

"And we will be vigilant on any moves to deny private patients access to care in a public hospital. This is a critical and complex area that needs careful consideration. It is especially critical if the Government is going to promote basic and public hospital only cover."

Dr Gannon told ABC Radio that the changes were "perhaps" a start in the right direction, but that ongoing work was required.

"The one thing the Minister is up against, one thing that future Governments will be up against is the inevitable increase in the cost of health care," he said.

"Health CPI runs at four, five, six per cent per year. We're interested in some of the one-off savings that the Minister is going to be able to achieve, but it's going to require ongoing work.

"The different players in the industry, the hospitals, the doctors, the insurers, need to continue to try and work with Minister Hunt on savings in the system. He's come up with some good ideas here.

"So, for example, he has managed to negotiate some savings with the people who manufacture prostheses. That's how he intends to deliver on cheaper hip replacements.

"But he's got cost control when it comes to doctors' fees. They've been in many ways frozen for nearly five years now. That's not the problem in the system. The biggest problem in the affordability of private health insurance is the amount that's going into the pockets of the for-profit insurers.

"Now I've spoken to the Minister about this. The genie is not going back in the bottle...

"There are too many tricks in the current system, too many carve-outs, and too many caveats. Too many people who find out they're not covered for the first time when they're actually sick.

"We went to the Minister and said we want to get rid of junk policies. We're not overly excited about the idea of maintaining Basic, but he came back to us and other stakeholders and said 'look we need to do something about affordability'. So I think, at least for now, we're stuck with Basic.

"But as long as people know what they're getting, as long as there's no tricks on clinical definitions. People shouldn't need to be six months into a medical degree to know what they're actually covered for."

CHRIS JOHNSON

INFORMATION FOR MEMBERS

Essential GP tools at the click of a button

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

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

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

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

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

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

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

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

Productivity Commission recommends big changes to health system

Australians are living longer than people in most other developed countries, but they are also spending longer periods in ill health.

That is one finding of the Productivity Commission's five-year review, released in October and titled *Shifting the Dial*.

It also found that most Australians have great confidence in the health care they receive.

The report has recommended, however, a dramatic adjustment to the nation's health system, with reforms that could save more $140 billion over 20 years.

Poor communication between healthcare professionals – GPs and public hospitals in particular – has contributed to problematic issues faced by patients, the report finds.

And it suggests supervised vending machines could replace community pharmacy roles in dispensing medicines in some locations.

"Australians are living longer, with less disability than ever before. Australia outranks most other highly developed economies in health outcomes," the report states.

"It has the third greatest life expectancy at birth among OECD countries in 2015 at 82.8 years and a high absolute number of years spent in good health (though a lower than expected number given our life expectancy)...

"Indeed, Australia has one of the highest obesity rates in the world, and it appears to be still rising. And while Australians have high life expectancy, they also have the highest number of years spent in ill-health compared with other OECD countries."

According to the review, the overwhelming share of Australians had confidence they would receive quality and safe medical care, effective medication and the best medical technology if they were seriously ill.

Australia is faring comparatively well by international benchmarks in certain areas of preventative health — most notably in reducing rates of smoking and transport accident deaths.

"On face value, the cost effectiveness of Australia's health system also appears relatively high compared with other OECD countries, with Australia spending less on health than many countries for comparable or better outcomes in life expectancy," it states.

Yet Productivity Commission chairman Peter Harris described a "non-existent communication" between different parts of the health system that has led to many problems.

He has recommended to the Federal Government that it undertake a significant overhaul of how the sector functions.

"A simple indicator of service integration is the proportion of a hospital's patients whose GPs are provided with a discharge summary within 24 hours of discharge," his report states.

"Currently, Australia's performance appears poor. Less than 20 per cent of Australian GPs were always told when a patient was seen in an emergency department compared with 68 per cent in the Netherlands, 56 per cent in New Zealand and 49 per cent in the United Kingdom.

"Clinicians, patients and researchers operate under a veil of ignorance posed by inadequate information flows and haphazard data collection. Private health insurance sits uneasily with a system of public insurance, with their respective roles weakly defined.

"The imperative is therefore better coordination of the system, giving a greater weight to the role of public health, and acceptance of people themselves as partners in their own health management."

GPs are the clinicians that Australians most frequently see and are highly trusted, the report states.

It says all Australian governments should re-configure the healthcare system around the principles of patient-centred care, and implement changes within a five-year timeframe.

Australian governments are urged to cooperate to remove the current "messy, partial and duplicated presentation of information and data" and provide easy access to healthcare data for providers, researchers and consumers.

And the review recommends the Federal Government end community pharmacy as the vehicle for dispensing medicines and move towards a model that anticipates automatic dispensing in a majority of locations.

This would be supervised by a suitably qualified person. In clinical settings, pharmacists should play a new remunerated collaborative role with other primary health professionals where there is evidence of the cost-effectiveness of this approach.

An alcohol tax system that removes the current concessional treatment of high-alcohol, low-value products, primarily cheap cask and fortified wines, should also be embraced.

The uptake of technologies that could lower costs and increase convenience and quality has often been slow, the review found.

"Telehealth is still in its infancy, and restrictions in payment models frustrate its diffusion," it states.

"More generally, the adoption of eHealth has had a protracted and troubled history in Australia that is only now beginning to be resolved. The old chestnuts — the anti-competitive regulation of the professions and the incongruities presented by retail pharmacy regulations have proved resistant to repeated calls for reform."

Productivity Commission recommends big changes to health system

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The imperative for policy action is justified on many counts, according to the review. It says such action will produce better health outcomes and wellbeing, provide more voice to and choice for patients, and result in greater efficiency.

"Wasteful expenditure means that resources are being used in the wrong places to no or little effect on health outcomes," the report says.

In launching the Productivity Commission's findings, Federal Treasurer Scott Morrison said the review would make governments and the health sector consider the effectiveness of the health system.

"Improving the health of Australians is not just about enhancing our quality of life; it's an economic growth strategy," Mr Morrison said.

"Healthy and happy people are naturally more productive people."

The full report can be found at: https://www.pc.gov.au/inquiries/completed/productivity-review/report

CHRIS JOHNSON

New guide for communication between health services and GPs

The AMA has released a new Guide, which sets out 10 minimum standards that should apply for communication between health services and general practitioners and other treating doctors to ensure the best possible health outcomes for patients.

The Guide, *10 Minimum Standards for Communicating between Health Services and General Practitioners and other Treating Doctors*, which has been adapted from an AMA Victoria document, provides key criteria for communication that can improve quality of care for patients, and also reduce duplication and waste in the health system.

The AMA has written to all State and Territory Health Departments, and the major operators of private hospitals, urging them to use the new standards to inform the development of policy and to improve the standards of care being provided to patients.

AMA Vice President Dr Tony Bartone, a Melbourne GP, said the AMA Guide encourages all health care providers and institutions to share the responsibility for improved communication across the whole patient journey.

"The Guide covers the patient journey from the community setting to treatment in a hospital or healthcare facility and return to the community – including clinical handover back to the patient's general practitioner," Dr Bartone said.

"Improving the communication between all the different providers in the health system can help to reduce re-admissions and minimise adverse events.

"More effective communication delivers improvements in satisfaction and experience for patients, carers, families, doctors, and other health practitioners."

Dr Bartone said the development of the AMA Guide was led by GPs, who are often frustrated by the lack of timely information or inadequate information about their patient's progress in the health system.

"GPs are the key coordinators of patient care, monitoring and managing their care and treatment. Any disruption to clear communication channels can have an adverse effect on patients," Dr Bartone said.

"We are delivering very good outcomes for patients in the Australian health system, but we can and should do better. We are confident that the AMA Guide will contribute to improved communication and, in turn, better overall care."

The AMA Guide covers vital criteria such as the timeliness of communication and its content; communication processes; the interface with practice software systems; good quality referrals, better discharge processes, and secure electronic communication systems.

The work undertaken by AMA Victoria has been well received in that State. The AMA believes the Guide can now play a similar role in driving quality improvement nationally.

The Guide is at https://ama.com.au/article/10-minimum-standards-communication

Minister digs in over codeine, pharmacy lobby backs down

Federal Health Minister Greg Hunt is standing firm on the up-scheduling of codeine products, despite a push against the independent ruling of the Therapeutic Goods Administration (TGA).

Objections to the decision to ban over-the-counter codeine has come not only from the pharmacy lobby but also from some of Mr Hunt's Cabinet colleagues as well as some State Governments.

From February next year, all codeine-based products will become prescription-only, much to the chagrin of the Pharmacy Guild of Australia, which has been lobbying hard for exemptions.

But the Guild has backed down and appears to have reversed its position.

The Minister told a recent health conference that the Guild had finally accepted the up-scheduling in full.

"So they're not the only ones that can be strong," he said.

"On this, they have now come around and made it absolutely clear that they will work with us and support the up-scheduling."

In a subsequent media statement, the Minister said the Government would provide $1 million to ensure health practitioners and consumers were properly informed about the changes.

"From 1 February next year, medicines containing codeine will no longer be available over-the-counter and will instead require a prescription from a doctor," Mr Hunt said.

"I have listened carefully to calls from State Health Ministers, consumer and medical groups for more support and this funding announced today will ensure health professionals and consumers have the information they need.

"Moving codeine to script-only was the unanimous recommendation of the Advisory Committee on Medicines Scheduling, which is made up of Chief Pharmacists and Chief Health Officers in States and Territories.

"The Advisory Committee on Medicines Scheduling made two separate recommendations to reschedule codeine in August 2015 and March 2016. The Advisory Committee on the Safety of Medicines also made the same recommendation in March 2016.

"The Therapeutic Goods Administration implemented this advice and on 20 December 2016 announced that over-the-counter medicines containing codeine will become prescription only from1 February, 2018.

"The final implementation of this scheduling is a matter for each State and Territory as to whether they adopt the decision in their own jurisdiction. Medical authorities have, however, advised these changes will save lives and protect lives.

"Over-the-counter codeine products have been estimated to be a factor in nearly 100 deaths each year, with evidence that three in four pain-killer misusers had misused an over-the-counter codeine product in the last 12 months."

The changes are also in-line with international practice, with at least 26 countries only allowing prescription access to codeine based products.

These include the United States, United Kingdom, Japan, Germany, France, Italy, Spain, Sweden, Austria, Belgium, Hong Kong, Iceland, India, the Maldives, Romania, Russia, and the United Arab Emirates, Croatia, the Czech Republic, Finland, Greece, Hungary, Luxembourg, Netherlands, Portugal and Slovakia.The Guild has not confirmed it has reversed its position but has issued a media statement, along with the Pharmaceutical Society of Australia, saying the changes signal a shift in the pain management category for community pharmacy. The statement says they must plan for and manage the change and ensure pharmacy assistants are prepared for it.

AMA President Dr Michael Gannon said groups seeking to circumvent the TGA's decision were putting self-interest ahead of patient welfare.

"The health community – including pharmacy – must quickly implement the changes necessary to switch to prescription-only codeine in February next year," Dr Gannon said.

Dr Gannon recently met again with the TGA to discuss codeine harm. They also discussed cannabis supply where clinically indicated, e-cigarettes, euthanasia drugs, and medicine shortages.

CHRIS JOHNSON

First ever National Rural Health Commissioner appointed

Professor Paul Worley

The AMA has congratulated Professor Paul Worley on his appointment to the new position of National Rural Health Commissioner.

Welcoming the appointment, AMA President Dr Michael Gannon said Professor Worley was a highly respected member of the profession who has made a substantial contribution to rural health over many years.

"Professor Worley has a big job ahead of him, and he will have the full support of the AMA and other groups with a commitment to improving access to quality health services in rural, regional, and remote Australia," Dr Gannon said.

"The long-awaited appointment of a National Rural Health Commissioner had the potential to boost the profile of rural health issues in Government decision-making and health policy development.

"The Rural Health Commissioner will also lead the establishment of a Rural Generalist Pathway, which could boost the much-needed recruitment and retention of skilled practitioners in rural areas.

"The AMA is uniquely positioned to provide Professor Worley with advice on rural health policy.

"We have an extensive rural membership, including medical students, doctors-in-training, career medical officers, GPs, and other specialists.

"The AMA has also established the AMA Council of Rural Doctors (AMACRD) to ensure our rural members have a strong say in our policy and advocacy.

"We are excited at the prospect of working with Professor Worley, and look forward to meeting with him as soon as he settles into the new role."

Professor Worley was formerly Dean of Medicine at Flinders University. He is a past President of the Rural Doctors Association of SA, a previous national Vice President of the Australian College of Rural and Remote Medicine (ACRRM), and he is a current Council Member of AMA (SA).

In announcing the new role, Assistant Health Minister David Gillespie said he was looking forward to working collaboratively with Professor Worley to progress regional and rural health reform.

"Professor Worley will be a determined, effective and passionate advocate for strengthening rural health outcomes across Australia," Dr Gillespie said.

CHRIS JOHNSON

Australian Government
Professional Services Review

Professional Services Review Panel Members (Queensland, Victoria, Western Australia)

Professional Services Review (PSR) is seeking applications for part-time Panel members who are appropriately qualified and experienced **GENERAL PRACTITIONERS** in Queensland, Victoria, or Western Australia willing to take part in the peer review process established under the *Health Insurance Act 1973*.

PSR Panel membership currently has a disproportionate representation from male practitioners, and so PSR now particularly seeks applications from **women**.

To be eligible you must be an Australian citizen, currently practising, and meet the minimum requirements of the role (set out in documentation on PSR's website). As part of the selection process your name and application will be forwarded to the relevant professional body that is responsible for providing the Minister with advice on your suitability to perform the role.

Applications close at 5pm (AEDT) **Monday 13 November 2017**.

For more information please see PSR's website at **www.psr.gov.au** or contact Mr Bruce Topperwien (02) 6120 9124 or email **recruitment@psr.gov.au**.

Invitation from AMA President to participate in aged care survey

The Australian Medical Association invites you to participate in a brief online survey to help inform AMA policy and lobbying in the area of medical services for older Australians.

Australia is experiencing an ageing population with more complex medical conditions than before. In 2016, there were 3.7 million people aged over 65 in Australia, and this is expected to rise to 8.7 million by 2056. The prevalence of Dementia, a leading cause of death in Australia, is predicted to increase to 900,000 by 2050 (298,000 in 2011).

Currently, Australia's aged care system is failing this older population. This has become increasingly evident over the past year, with multiple stories of negligence highlighted in the media. In particular, the serious neglect in patient care at the Oakden Older Person's Mental Health Service has sparked both an independent review and a Senate inquiry into the quality of the whole aged care system.

If nothing changes, Australia's ageing population will see a system diving further into inadequacy, putting the lives of our patients, and families, at risk.

This is why the AMA will continue, and increase, our advocacy in aged care. Part of this advocacy will also involve updating our position statements to reflect the current climate.

This is where we need your help. As members, this aged care survey gives you an opportunity to comment on your experiences with aged care, and better inform our advocacy strategy, our position statements and our submissions. In developing our future advocacy resources, we want to focus our efforts on ensuring that medical practitioners who provide medical care to older Australians are supported, and their needs are highlighted to government.

Similar surveys were undertaken by the AMA in 2008, 2012, and 2015.

In 2015, the AMA Aged Care Survey revealed the major reasons affecting the provision of medical care in the aged care sector were the lack of availability of suitably trained and experienced nurses, and MBS rebates not properly compensating for the time spent away from surgery.

The results from this 2017 survey will be compared to these earlier surveys to identify trends and measure some of the changes over the past nine years.

The survey takes approximately 15 minutes to complete. Your individual response will not be identifiable, however overall survey results will be published. I urge you to please take the time to complete this very important survey.

Click the following link to begin. Please complete the survey only once.

https://www.surveymonkey.com/r/amaagedcaresurvey2017

The survey closes on Monday 27 November 2017.

DR MICHAEL GANNON
AMA PRESIDENT

Compliance with the advertising provisions under the National Law

As part of the Australian Health Practitioner Regulation Agency's (AHPRA) ongoing work to ensure compliance with the National Law's advertising requirements, AHPRA has commenced contacting medical practitioners who it has assessed as having non-compliant website, social media and/or print advertising by letter.

While only a small number of medical practitioners will receive correspondence about non-compliant advertising, it is important that practitioners ensure that they meet the requirement under the National Law and that the profession maintains and upholds the best standards as an exemplar amongst the regulated professions.

Medical practitioners who are contacted have 60 days to check and correct their advertising to ensure they comply with the National Law. AHPRA will check that the advertising content has been amended. If AHPRA remains concerned, it may take further action. Further non-compliance may result in a condition being placed upon a practitioner's registration or the relevant National Board taking disciplinary action.

If you are advertising a regulated health service, your advertising must not:

- be false, misleading or deceptive, or likely to be misleading or deceptive;
- offer a gift, discount or other inducement, unless the terms and conditions of the offer are also stated;
- use testimonials or purported testimonials about the service or business;
- create an unreasonable expectation of beneficial treatment; or
- directly or indirectly encourage the indiscriminate or unnecessary use of a regulated health service.

Examples of unacceptable advertising include:

"When I was first diagnosed, I felt there was no hope for me to survive. I had constant pain and was unable to care for myself. But then I saw Dr Smith at Wonders Day Surgery. Dr Smith agreed with my diagnosis and was able to provide treatment which saved my life. Dr Smith cured me and I have no more pain."

"As an incentive to my existing patients to introduce their friends and family to our work, I am offering a $20 discount on their first visit! Just fill in the forms on our new website, present them to reception and get a $20 discount."

"At the Rose Street Clinic, cosmetic and reconstructive procedures are an area of care we can provide. These simple procedures are completely safe and can be done on site. Our cosmetic surgery procedures are guaranteed to provide consumers with the desired result. Improve your happiness through the wonderful work at the Rose Street Clinic."

AHPRA has published resources on its website to support practitioners to comply with the advertising requirements. The correspondence sent to identified practitioners includes a direct link to a check, correct and comply webpage (www.ahpra.gov.au/Publications/Advertising-resources/Check-and-correct.aspx), which provides links to several resources for practitioners including common examples of non-compliant advertising and how they can be fixed. This site also provides more details about the process for managing advertising complaints.

Complaints about advertising rose by 237.7 per cent and accounted for 75.2 per cent of all offence complaints between 2014/15 and 2015/16. Almost 57.3 per cent of these complaints related to chiropractic services. However, while most of the complaints relate to chiropractic advertising, medical practitioners also attracted some complaints. As such, the AMA advises that practitioners should make themselves aware of the guidelines.

The Medical Board of Australia has guidelines for advertising regulated health services, which can be found here http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx

There are also specific guidelines for medical practitioners who perform cosmetic medical and surgical procedures, which can be found here http://www.medicalboard.gov.au/News/2016-09-29-revised-registration-standards.aspx

The AMA will monitor this compliance program as it develops.

JODETTE KOTZ
AMA SENIOR POLICY ADVISOR

November is Asbestos Awareness Month

Australia has one of the highest rates of asbestos related illness in the world. Every year, thousands of Australians die from asbestos-related illnesses such as mesothelioma, asbestosis and lung cancer. It should come as no surprise. Hailed for its durability and affordability, asbestos enjoyed a heyday in Australian construction sites up until the mid-1980s. Such was our love affair with the product, it is estimated that one in three Australian homes contain some form of asbestos.

We now know that for all of asbestos's hardiness and cost effectiveness, the characteristic it should be most defined by is its carcinogenic properties. Generations of Australians were exposed to asbestos through their occupation, through home renovations or simply through living in a house built with asbestos-containing materials. While the risk of developing asbestos-related diseases increases with the extent of exposure, no safe level of exposure exists.

With the benefit of hindsight, it is easy to see the abhorrence in the wilful cover-up that allowed thousands of Australians to continue to be exposed to a known carcinogen. The use of asbestos was largely discontinued in the 80s, however, it was not until 2003 that asbestos and all asbestos-containing products were banned.

Symptoms of asbestos-related diseases may take up to 30 years after initial exposure to develop, and the average latency period of mesothelioma is 45 years. Consequently, the end of the asbestos-related illnesses is generations away.

The month of November is Asbestos Awareness Month in Australia and it provides an important opportunity to reflect on our own risk of exposure, and that of our patients. The risk is not confined to the fibro weatherboard archetype that has become synonymous with asbestos; it can appear in roofing, gutters, vinyl flooring and in brick cladding. There is a risk of asbestos in any house built or renovated before 1987, yet many people are unaware that they are living with such a threat.

It is never safe to assume that your house does not contain asbestos. Asbestos Awareness has developed a number of materials to allow everyone from professional tradies, to DIY renovators to better understand the risks of asbestos. These tools are an essential starting place for anybody looking to undertake any home renovations and what you discover may save your life.

For more information visit: asbestosawareness.com.au

GEORGIA BATH
AMA POLICY ADVISER

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

Latest figures released on overseas travel emergencies

Foreign Minister Julie Bishop has urged all Australians who travel overseas to ensure they are fully insured for medical emergencies and sickness when abroad.

In 2016-17, Australia's consular officers around the world helped more than 12,000 nationals in trouble overseas, in cases that included 1,701 hospitalisations and 1,653 deaths.

There were also 1,642 arrests overseas, 2,546 whereabouts inquiries, 3,081 welfare cases, and 1,090 victims of crime.

More than 10 million departures from Australia were recorded in 2016-17.

"With so many Australians travelling, things can go wrong including robbery, injury, assault and arrest," Ms Bishop said.

"However, there are limits to the assistance the Government can provide.

"Australians who choose to travel overseas should be as prepared and self-reliant as possible. Appropriate insurance is essential. If you can't afford travel insurance, you can't afford to travel.

"Uninsured travellers who are hospitalised overseas or need medical evacuation can face crippling medical bills. Medicare and the Government will not cover those expenses."

Early in October, the Minister launched the 2016-17 Consular State of Play – a statistical snapshot of consular assistance provided to Australians abroad by the Department of Foreign Affairs and Trade (DFAT).

It showed that Australian residents took 10,039,700 trips during that financial year, having grown about five per cent annually over the past five years.

While only one in one thousand Australians who are overseas at any given time during a year need the Australian Government's assistance with problems, priority is given to cases involving particularly vulnerable Australians such as children, the mentally impaired, and victims of assault (including sexual assault).

The destinations where Australian travellers have received consular help the most are New Zealand, Indonesia, USA, the UK, Thailand, China, Singapore, Japan, Fiji and India.

The 30-39 year-old age group received the most help (18 per cent of cases), followed by 40-49 year-olds and 50-59 year-olds (17 per cent each), 20-29 year-olds (15 per cent), 60-69 year-olds (12 per cent), and 10-19 year-olds (8 per cent).

Children up to nine years old who received help accounted for eight per cent of cases, while the 70+ age group accounted for five per cent.

According to the *2017 Australian Travel Insurance Behaviour survey* (commissioned by DFAT and Understand Insurance and released at the same time as the Consular State of Play), 48 per cent of recent cruise ship travellers bought the wrong kind of insurance for their travel.

"Travellers need to choose the right insurance for their trip. Many travellers mistakenly believe their insurance provides appropriate cover," Ms Bishop said.

"I urge all Australians planning overseas travel to visit the Smartraveller website for advice and to read the Consular Services Charter, which explains what services the Government can provide if assistance is required while overseas."

The Consular State of Play 2016-17 can be found at:

http://dfat.gov.au/about-us/our-services/consular-services/Pages/consular-state-of-play-2016-17.aspx and the *2017 Australian Travel Insurance Behaviour survey* can be found at:

http://smartraveller.gov.au/guide/all-travellers/insurance/Pages/default.aspx

CHRIS JOHNSON

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

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AMA won't support a default position on advertising for all S3 medicines

The AMA supports the proposed changes to the Therapeutic Goods Advertising Code but cannot support a default position which provides for all S3 medicines to be advertised unless considered unsuitable.

In a submission to the Government's consultation process in October, the AMA expressed its support for the TGA's proposals for updating and strengthening the Code's standards, guidelines and sanctions.

The AMA considers that updating definitions of prohibited and restricted representations and introducing new restricted representations is timely, particularly in the light of new diagnostic techniques such as direct-to-consumer genetic testing.

But it has recommended there be a review of advertising compliance two years after implementation, to assess whether the new Code works effectively.

"The AMA has already argued in previous submissions that it considers there is little benefit in relaxing the regulation of S3 medicines advertising," the submission states.

"Direct-to-consumer advertising of medicines may increase use, but not necessarily effective or rational use in line with quality use of medicines principles.

"While advertising may potentially increase awareness of certain health conditions and medicines, its primary purpose is to increase demand and sales for the advertiser's product."

The AMA cannot offer its support to changes to the S3 advertising framework without being convinced that there will be appropriate, robust and enforceable controls on how it happens.

The proposals in the consultation paper are fine as far as they go, but not sufficient for the AMA to make an informed judgement.

The consultation paper notes that other stakeholders have also stated that their support is dependent on the specific requirements placed on S3 medicines advertising.

"How will advertising be controlled to prevent advertising designed to persuade rather than inform consumers? How will content be managed to ensure that information is balanced and objective to support patients to make an informed choice?" the AMA's submission asks.

"The consultation paper indicates the TGA is planning to move to a default position where all S3 medicines may be advertised, unless considered unsuitable. It appears that the TGA is already committed to moving down this path without sufficiently detailed consideration or public articulation of how S3 medicine advertising would be restricted, controlled and monitored."

The only 'stricter' controls offered in the paper are two mandatory statements reflecting pharmacist oversight, with the promise of 'more specific requirements around statements [being] consulted upon at the time of public consultation on the draft advertising code'. This does not provide sufficient assurance to the AMA.

The submission recommends that the TGA should not commit itself to adopting a position of advertising all S3 medicines as the default without detailed proposals being developed and examined.

The timing of this process should not be determined by some arbitrary deadline for completing new legislation and/or an updated Code. The AMA notes that in the consultation paper 'next steps' section, the TGA expects the new Code to be in force before, or at the same time as, other proposed changes to the advertising framework come into effect.

CHRIS JOHNSON

Research

Lead poisoning a top risk factor for pre-eclampsia

More than a century since a Brisbane doctor found that lead in paint destroyed children's lives, new research from Griffith University concludes that it is a major risk factor for pre-eclampsia.

Pre-eclampsia is a disease which kills more than 75,000 women around the world each year and is responsible for 9 per cent of all fetal deaths.

Scientists from Griffith University have published their findings in *Environmental Research*, which measured blood lead levels of pregnant women who experienced pre-eclampsia and control groups of women who did not experience preeclampsia.

"We combined the data from a number of clinical trials to conduct a powerful analysis of pre-eclampsia research," said Dr Arthur Poropat from Griffith Health.

Along with Dr Mark Laidlaw from RMIT University, the team found that blood lead levels are the strongest predictor of whether a pregnant woman will develop pre-eclampsia, with even relatively low levels of lead increasing the risk of the condition.

"There is a clear dose-response relationship between maternal blood lead and pre-eclampsia: doubling the blood lead level results also doubles the risk of pre-eclampsia," Dr Poropat said.

Pre-eclampsia is a potentially fatal disease, in which pregnant women develop high blood pressure and protein in their urine due to kidney malfunction, potentially leading to cardiac and/or kidney failure, and eventual disability or death.

Reducing exposure to lead remains an important health issue in Australia because lead can be found in various sources throughout the environment.

Dr Poropat said women are exposed to lead in many ways, including lead paint, lead contaminated soils, lead water pipes, shooting lead bullets at firing ranges and other sources. Women can even be exposed by handling or washing lead contaminated clothes.

"Fortunately, most people in Australia are not at risk of lead poisoning as they are not commonly exposed to lead via their occupation or the environment. However there are certain well-documented risk areas within the country including the industrial regions of Broken Hill (NSW/SA), Mount Isa (QLD) and Port Pirie (SA).

"Regardless of where women are located or their lifestyle, women should be aware of the risks associated with lead poisoning if they are preparing to become pregnant or are currently pregnant," Dr Poropat said.

Lead, a naturally occurring metal found in the earth's crust, has a wide variety of uses in manufacturing. Unlike many other naturally found metals, lead and lead compounds are not beneficial or necessary for human health, and can be harmful to the human body. Infants, children and pregnant women are at the greatest risk of harm from lead.

Professor Mark Taylor from Macquarie University in Sydney led a study that was published earlier this year which was the first comprehensive snapshot of industrial lead contamination in Australia.

This study found that while concentration of lead in the air in major cities is now largely below limits of detection, contaminated soil and dust is causing problems in backyards.

Professor Taylor believes that regulation has reduced concentrations of lead in air largely below limits of detection in our major cities. However, he warns homeowners need to be careful, especially if they live in the inner city or have homes built before the 1970s.

MEREDITH HORNE

Ground-breaking lymphoma treatment advanced with genomics research

The Christine and Bruce Wilson Centre for Lymphoma Genomics has been launched at the Peter MacCallum Cancer Centre and partnered with The University of Melbourne to deliver groundbreaking and innovative advancement for Australian lymphoma patients.

The Centre will establish a team of clinicians, pathologists and scientists dedicated to utilising lymphoma genomics to improve outcomes in patients with lymphoma and related malignancies.

The Centre will aim to provide translational clinical-grade genomic testing for patients with lymphoma and related lymphoid malignancies treated at the Victorian Comprehensive Cancer Centre (VCCC), in order to influence therapeutic choice and personalise the treatment of patients with lymphoid blood cancers.

Genomics testing involves testing a patient's blood for critical gene mutations, enabling doctors to create a personalised, targeted treatment for individual patients.

Research

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Associate Professor David Westerman, who will lead the research project, says the advancement of genomics will eventually eliminate the need for chemotherapy in treating cancer.

"With this partnership between research, clinical, university and philanthropy, we are now able to fast-track genetic testing to more patients and monitor the effectiveness of treatments," he said.

"Genomics and personalised medicine is what will aid targeted, less toxic cancer treatments."

The ground-breaking project was enabled through a generous $5 million donation by Christine and Bruce Wilson, which followed Christine's personal experience as a patient living with lymphoma for 25 years. They were struck by how genetics testing can save lives, or improve quality of life, for a group of patients who are in dire need of other treatment options.

"I have been fortunate enough to experience the benefits of this cutting-edge technology. My family hopes that our support will make the Centre's ground-breaking work accessible to all Australians affected," Christine Wilson said.

Blood cancers are the third leading cause of death by cancer in Australia. Each year more than 12,000 Australians are told they have blood cancer, according to the Australian Institute of Health and Welfare.

Blood cancers like lymphoma often result from spontaneous mutations that occur as the body makes new blood cells, and one reason they can be so difficult to properly diagnose and treat is because so much can go wrong.

MEREDITH HORNE

Improving bipolar disorder with computers

A Harvard study has shown for the first time that computerised brain training can result in improved cognitive skills in individuals with bipolar disorder.

In a paper published in the October 17, 2017 edition of *The Journal of Clinical Psychiatry*, the researchers suggest that brain exercises could be an effective non-pharmaceutical treatment for helping those with bipolar disorder function more effectively in everyday life.

The researchers found that the cognitive exercise regimen from BrainHQ online brain exercises and computer apps drove a large improvement in a standard measure of overall cognitive ability, as well as significant improvements in other cognitive measures.

Participants in the study also showed a large gain on the sub-domain measure of memory and visual learning, and a trend toward a medium-sized gain in the sub-domain of speed of processing.

The researchers assessed study participants again six months after the training ended, and they found that the gain in overall cognition persisted and that there was even a slight further improvement.

Lead investigator for the study, Dr Eve Lewandowski, said problems with memory, executive function, and processing speed are common symptoms of bipolar disorder and have a direct and negative impact on an individual's daily functioning and overall quality of life.

"Improving these cognitive dysfunctions is crucial to helping patients with bipolar disorder improve their ability to thrive in the community," Dr Lewandowski said.

The authors believe the findings demonstrate this type of non-pharmaceutical intervention can significantly improve cognition in patients with bipolar disorder, as well as suggesting that once the brain is better able to perform cognitive tasks, it will continue to strengthen those processes even after patients stop using the treatment.

While medications are available that help with the mood symptoms of bipolar, the authors identified that there are no current medications that help improve cognitive function. Some prior studies have been done with cognitive training in bipolar disorder, but such studies have often been small and lacked control groups.

Dr Lewandowski believes that this novel approach using computerised brain training, once fully developed, will be able to offer affordable and easily accessible web-based interventions which will be effective for a broad group of patients.

The study was conducted by independent researchers at Harvard Medical School and McLean Hospital, an affiliate of Harvard Medical School.

SANE Australia believes up to one person in 50 will develop bipolar disorder at some time in their lives.

MEREDITH HORNE

Declaration of Geneva now includes doctors' own health

The World Medical Association (WMA) has updated the oath sworn by doctors in order to reflect the importance of them taking care of their own health.

The Declaration of Geneva, which is the modern successor to the 2500 year-old Hippocratic Oath, was revised on October 14 this year at the WMA General Assembly in Chicago.

The Declaration was first adopted by the WMA at its second General Assembly in 1948 and clearly outlines the ethical principles and professional duties of physicians.

It has only been slightly amended since its adoption almost 70 years ago.

So it was no small thing for the most recent General Assembly of the WMA to make such a significant change to the Declaration of Geneva.

The revised oath, now referred to as a pledge, offers a refocus to ensure that doctors are attentive to their personal health.

"I WILL ATTEND to my own health, well-being, and abilities in order to provide care of the highest standard," the amendment states.

AMA President Dr Michael Gannon was in attendance at the General Assembly and witnessed the historic change.

More than 50 national medical associations were present at the international gathering.

Additional changes were also approved, including a refocusing to reflect changes over time in the nature of the relationships between treating doctors and their patients.

The new pledge refers to the autonomy of the patient. Previously, the oath referred to respect only for teachers, not from teachers to their colleagues and students and the updated pledge amends this.

It is currently in the two-year revision process, which includes a period for public consultation.

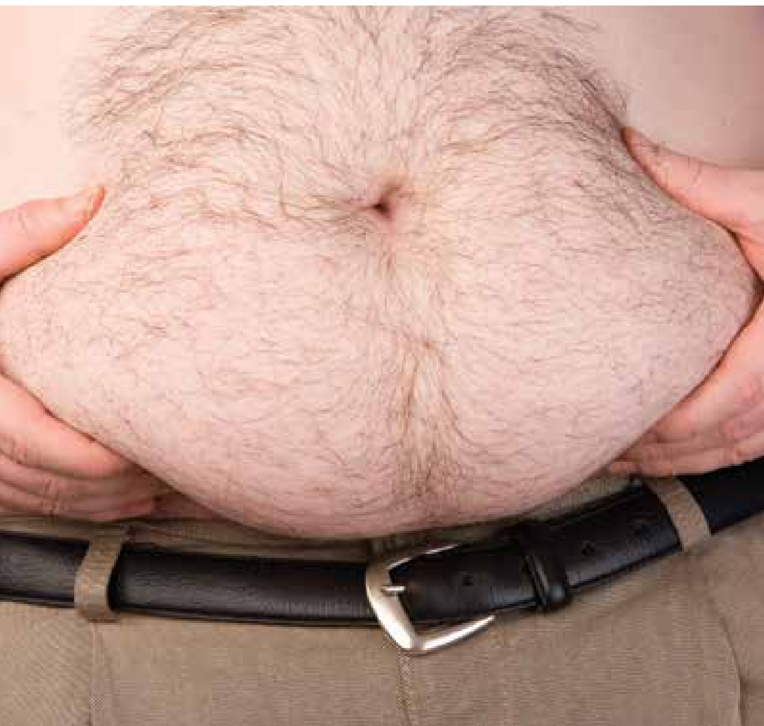
Dr Yoshitake Yokokura, President of the Japan Medical Association, was installed as President for 2017/18, and Dr Leonid Eidelman, President of the Israel Medical Association, was named President-elect.

The World Medical Association Declaration of Geneva, known now as the Physician's Pledge, states:

> AS A MEMBER OF THE MEDICAL PROFESSION:
>
> I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
>
> THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;
>
> I WILL RESPECT the autonomy and dignity of my patient;
>
> I WILL MAINTAIN the utmost respect for human life;
>
> I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing, or any other factor to intervene between my duty and my patient;
>
> I WILL RESPECT the secrets that are confided in me, even after the patient has died;
>
> I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;
>
> I WILL FOSTER the honour and noble traditions of the medical profession;
>
> I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;
>
> I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
>
> I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;
>
> I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
>
> I MAKE THESE PROMISES solemnly, freely, and upon my honour.

CHRIS JOHNSON

Obesity rates around the globe soar



A study published in *The Lancet* has shown the number of obese children and adolescents (aged five to 19 years) worldwide has risen tenfold in the past four decades.

The new data shows that in 1975 there were five million obese girls, but by last year there were 50 million. The number of obese boys has risen from six million to 74 million in the same period.

The study was led by Imperial College London and WHO and shows that if current trends continue, more children and adolescents will be obese than moderately or severely underweight by 2022.

It analysed weight and height measurements from nearly 130 million people aged over five years (31.5 million people aged five to 19, and 97.4 million aged 20 and older), making it the largest ever number of participants involved in an epidemiological study.

Lead author Professor Majid Ezzati, of Imperial's School of Public Health, says that obesity rates in children and adolescents have soared globally over the past four decades, and continue to do so in low- and middle-income countries.

"These worrying trends reflect the impact of food marketing and policies across the globe, with healthy nutritious foods too expensive for poor families and communities," Professor Ezzati said.

"We need ways to make healthy, nutritious food more available at home and school, especially in poor families and communities, and regulations and taxes to protect children from unhealthy foods."

The authors say that if post-2000 trends continue, global levels of child and adolescent obesity will surpass those for moderately and severely underweight youth from the same age group by 2022. In 2016, the global number of moderately or severely underweight girls and boys was 75 million and 117 million respectively.

The authors also indicate the large number of moderately or severely underweight children and adolescents in 2016 (75 million girls and 117 million boys) still represents a major public health challenge, especially in the poorest parts of the world.

Dr Fiona Bull, program coordinator for surveillance and population-based prevention of non-communicable diseases (NCDs) at WHO, said the study found that both overweight and obesity is a global health crisis today, and threatens to worsen in coming years.

WHO has also co-released its summary of the Ending Childhood Obesity (ECHO) Implementation Plan. The report specifies which approaches and combinations of interventions are likely to be most effective in tackling childhood and adolescent obesity in different contexts around the world.

Dr Bull said WHO was recommending that countries: "aim particularly to reduce consumption of cheap, ultra-processed, calorie dense, nutrient poor foods. They should also reduce the time children spend on screen-based and sedentary leisure activities by promoting greater participation in physical activity through active recreation and sports."

A copy of WHO's Ending Childhood Obesity (ECHO) Implementation Plan can be found here: http://www.who.int/end-childhood-obesity/news/Implm-Plan-Ex-Summ.pdf

MEREDITH HORNE

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.

Canada looks to end over-the-counter codeine

The Canadian federal government is proposing to introduce a prescription for codeine-containing drugs that are currently freely available over the counter.

The change is currently in a consultation process, and is a policy outcome of an Opioid Conference and Summit coordinated by the Canadian Health Minister late last year. Canadians have until November 8, 2017 to comment on the changes.

Canada faces a serious and growing opioid crisis. The Canadian Minister of Health, Jane Philpott believes the response needs to be "comprehensive, collaborative, compassionate and evidence-based".

The Canadian Health Department says about 600 million low-dose codeine tablets, or about 20 for every person in the country, were sold across Canada in 2015. It notes that more than 500 people entered addiction treatment centres in Ontario alone between 2007 and 2015, with non-prescription codeine as their only problem substance.

Dr Theresa Tam, Canada's Chief Public Health Officer, believes this is a major public health crisis.

"Tragically, in 2016, there were more than 2,800 apparent opioid-related deaths in Canada, which is greater than the number of Canadians who died at the height of the HIV epidemic in 1995," Dr Tam said.

The opioid crisis is putting increasing pressure on the country's health care systems with approximately 16 Canadians a day hospitalised due to poisoning, according to the Canadian Institute of Health Information (CIHI).

"It's a dramatic increase," says Michael Gaucher, director of Pharmaceuticals and Health Workforce Information Services at CIHI.

"The rate of hospitalisations over the past few years is very troubling and points to the deepening of the opioid crisis across Canada."

The Canadian Health Department says the proposed changes to Canada's regulations to require all codeine products to be sold by prescription would be in line with those already in place in many countries, including Belgium, Czech Republic, Finland, France, Greece, Iceland, India, Italy, Norway, Russia and Sweden.

The proposal was published in the Canada Gazette and is open to a 60-day comment period, after which time the government will decide whether to pass a regulation implementing the change.

Canada is close to the world leader in codeine consumption – its use is several times higher than in most other Western countries, with only Iceland reporting a bigger habit per capita.

MEREDITH HORNE

AMA Queensland

AMA Queensland's Annual Conference

New Orleans

Sun 23 – Sat 29 September 2018

29.9511° N, 90.0715° W

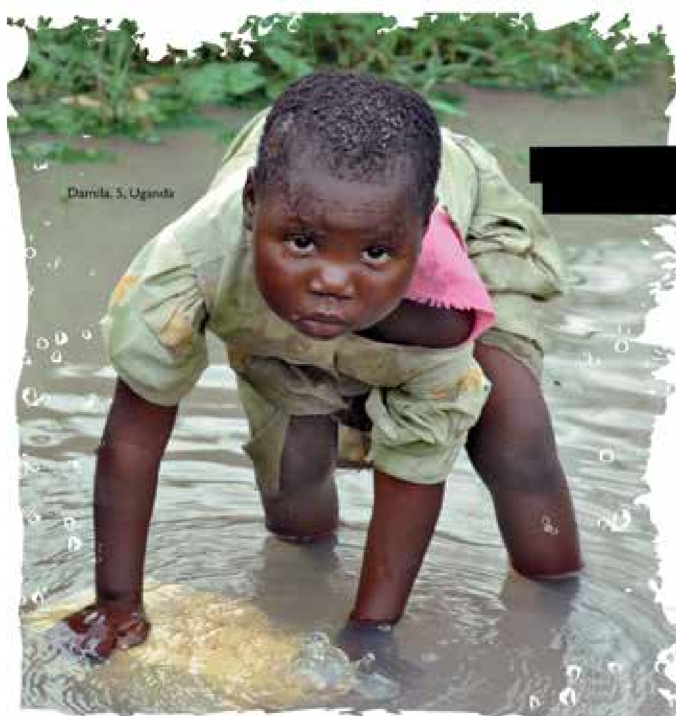
Doctors, practice managers, registered nurses and other medical industry professionals from around Australia are invited to attend the ***Annual AMA Queensland Conference* in New Orleans from 23-29 September 2018**.

The program will feature high-profile American and Australian speakers on a range of medical leadership and clinical topics in an exciting, and unique location. RACGP points will be on offer.

To find out more about the conference program or to register, please contact:

Neil Mackintosh,
Conference Organiser
P: (07) 3872 2222 or
E: n.mackintosh@amaq.com.au

Download a conference brochure from the events calendar at www.amaq.com.au



World Vision

Don't let her drink dirty water

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.

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 travel insurance with a 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.

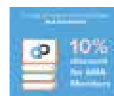
AMP: AMA members are entitled to discounts on home loans with AMP.

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.