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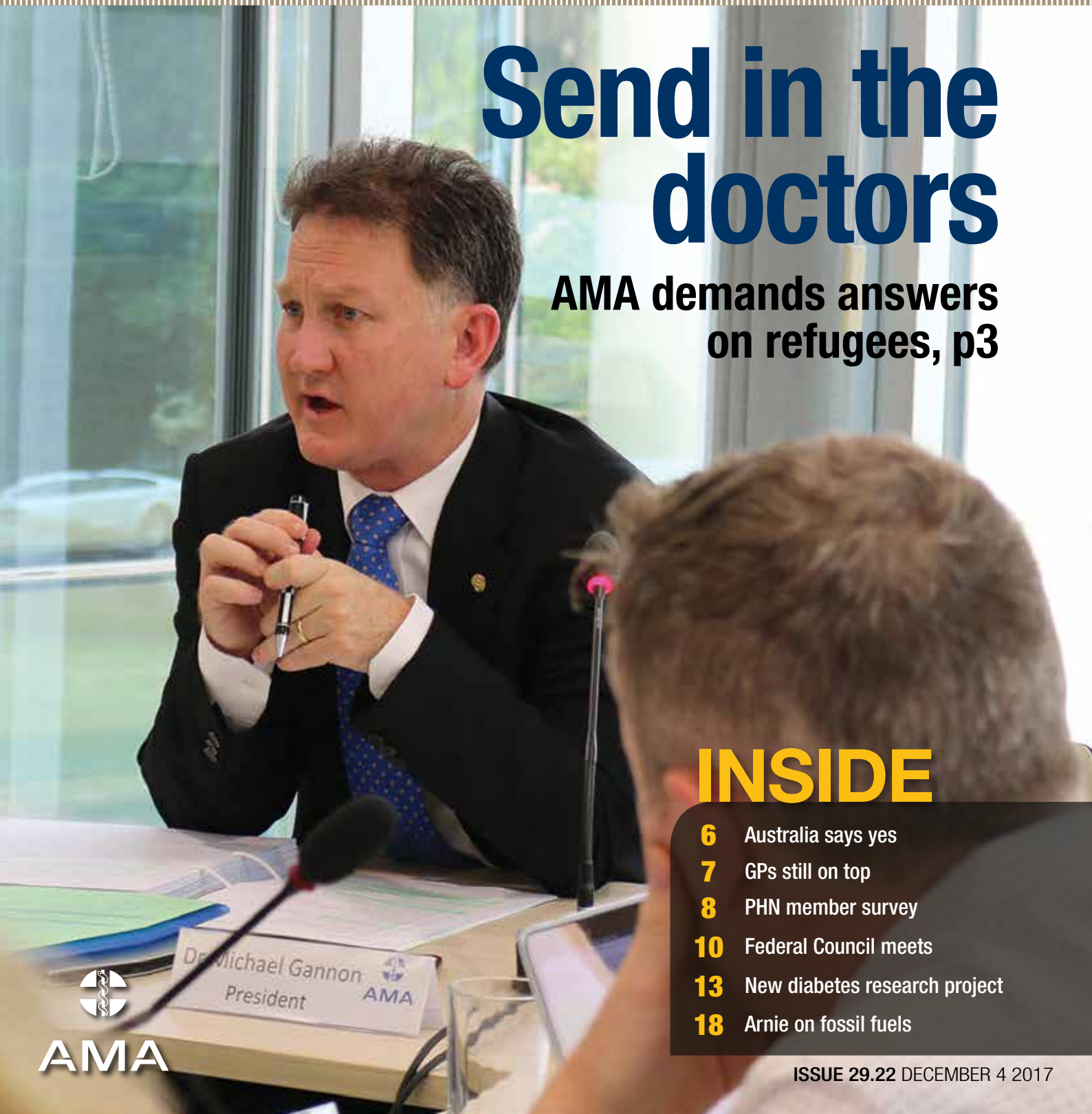

Send in the doctors

AMA demands answers on refugees, p3

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In this issue

Urgent action and honest answers demanded re Manus Island refugees

Asylum seekers refusing to leave the Manus Island Detention Centre. (Pics supplied by Refugee Action Coalition)

The AMA is demanding answers from the Federal Government over the wellbeing of refugees on Manus Island.

And it wants an independent group of medical experts to assess the health situation of the men remaining at the closed detention centre there.

During its November meeting, the AMA Federal Council unanimously passed a motion calling on the Government to provide comprehensive transparent reporting of the health and wellbeing and living conditions of the asylum seekers still residing at the centre.

More than 400 men still refuse to leave the centre, even after services have been cut in a bid to force them to move. They have shut themselves inside the closed centre and are ignoring orders from both the Australian and Papua New Guinea governments to vacate.

The men have staged protests inside the centre.

The United Nations has labelled the situation a “looming humanitarian crisis.”

Australia shut the centre and has withdrawn doctors and other staff, as well as proper food supplies, power, clean water and medical services.

The AMA had already called on the Government to treat the men humanely, amid conditions on the island being described as “chaotic and dangerous”.

The issue was subsequently discussed at great length after Federal Council members merged on Canberra to determine issues pertinent to the AMA and its policy direction.

Urgent action and honest answers demanded re Manus Island refugees

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A broken well.

The welfare of the asylum seekers on Manus Island dominated debate.

AMA President Dr Michael Gannon said the Government could not shirk its responsibilities in relation to the asylum seekers.

"The AMA has made many representations on this matter, both publicly and in private but, with a worsening and more dangerous situation emerging on Manus, the Federal Council strongly believes that urgent action and answers are needed," Dr Gannon said.

"We strongly urge the Government to take note of our call and respond accordingly.

"These men have escaped from dangerous and, for some, life-threatening circumstances, and are now in the care of the Australian Government.

"It is our responsibility as a nation with a strong human rights record to ensure that we look after the health and wellbeing of these men, and provide them with safe and hygienic living conditions.

"The AMA stands ready to work with the Government to select an expert group of doctors with the appropriate specialised skills and experience to independently assess and report on the health of these asylum seekers, and report back to the Government and the Australian people."

Prime Minister Malcolm Turnbull has urged the men to move and he is criticising anyone who has encourage them to stay.

And Immigration Minister Peter Dutton remains characteristically hard-line in relation to the situation.

Spokesman for the Refugee Action Coalition Ian Rintoul said PNG police were overturning containers of collected rainwater, destroying wells, and puncturing water tanks in a bid to drive the men out.

He described the tactics it as "bully-boy raids and wanton vandalism" that would not work.

"The reckless brutality being orchestrated by Peter Dutton has to end," Mr Rintoul said.

"After four years of unlawful detention, the refugees and asylum seekers are not about to be forced into yet another detention centre."

Following is the full text of the motion unanimously passed by the AMA Federal Council:

Preamble:

The World Medical Association (WMA) *Statement on Medical Care for Refugees, including Asylum Seekers, Refused Asylum Seekers and Undocumented Migrants, and Internally Displaced Persons (IDPs)* states that:

Physicians have a duty to provide appropriate medical care regardless of the civil or political status of the patient, and governments should not deny patients the right to receive such care, nor should they interfere with physicians' obligation to administer treatment on the basis of clinical need alone.

Physicians cannot be compelled to participate in any punitive or judicial action involving refugees, including asylum seekers, refused asylum seekers and undocumented migrants, or IDPs or to administer any non-medically justified diagnostic measure or treatment, such as sedatives to facilitate easy deportation from the country or relocation.

Urgent action and honest answers demanded re Manus Island refugees

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Physicians must be allowed adequate time and sufficient resources to assess the physical and psychological condition of refugees who are seeking asylum.

National Medical Associations and physicians should actively support and promote the right of all people to receive medical care on the basis of clinical need alone and speak out against legislation and practices that are in opposition to this fundamental right.

AMA Motion:

The AMA Federal Council expresses its grave concerns about the health and wellbeing of the refugees and asylum seekers currently residing on Manus Island. The AMA calls on the Australian Government to provide comprehensive answers to the following questions, which relate directly to the health and wellbeing of these men, for whom Australia has responsibility under international law:

1. What are the healthcare arrangements, both physical and mental, in place for the men on Manus?
2. Do the men have access to all essential medication, vaccinations, basic hygiene, clean and safe drinking water?
3. Are there measures in place to deal with the significant risk of violence breaking out between the men and the locals on Manus?
4. Is the accommodation being provided for the asylum seekers and refugees at a standard acceptable to the UNHCR?

Further, the AMA calls on the Federal Government to facilitate granting of access by the Government of PNG to Manus Island for a delegation of Australian medical professionals, to be appointed in consultation with the AMA, to assess these issues in an independent fashion. This would include access to the detainees, as well as the PNG officials administering the facilities.

An appropriate delegation would include a psychiatrist, public health expert, general practitioner, and an infectious diseases physician.

The purpose of the delegation is to make an independent assessment and to make public the findings of its inspections and interviews to assure the Australian public that the Australian Government has done all that is possible to protect the health and wellbeing of the asylum seekers and refugees.

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

Australia says yes to equality

The AMA has welcomed the strong YES vote from the same sex marriage national postal survey.

A significant 61.6 per cent of respondents voted yes in the voluntary poll, with the results announced on November 15.

All States and Territories voted in favour of marriage equality.

Following the Australian Bureau of Statistics' announcement of the result, AMA President Dr Michael Gannon said the Federal Parliament had been sent a clear signal.

Parliamentarians must now heed the overwhelming message from the Australian people and legislate for marriage equality, he said.

"It is time to end the discrimination and lift the health burden from our LGBTIQ population," Dr Gannon said.

"The AMA clearly expressed its support for same sex marriage with our *Position Statement on Marriage Equality* earlier this year.

"Along with the majority of Australians, as shown by the survey result, the AMA believes that two loving adults should be able to have their relationship formally recognised.

"This is not a debate about same sex parenting or religious freedom or the school curriculum. It is about ending a form of discrimination.

"There are evidence-based health implications arising from discrimination.

"Discrimination has a severe, damaging impact on mental and physiological health outcomes.

"People who identify as LGBTIQ experience substantially poorer mental and physiological health outcomes than the broader population.

"They are more likely to engage in high-risk behaviours such as illicit drug use or alcohol abuse, and have the highest rates of suicidality of any population group in Australia.

"LGBTIQ Australians are our doctors, nurses, teachers, politicians, police officers, mothers, fathers, brothers and sisters and they deserve the same rights as every other person."

Following the result's announcement, openly gay Liberal Senator Dean Smith immediately introduced a bill to legalise same-sex marriage.

Debate on the bill began in the Senate the very next day.

"I never believed the day would come when my relationship would be judged by my country to be as meaningful and valued as any other. The Australian people have proven me wrong," Senator Smith said.

"To those who want and believe in change — and to those who seek to frustrate it — I simply say:

"Don't underestimate Australia. Don't underestimate the Australian people. Don't underestimate our country's sense of fairness, its sense of decency and its willingness to be a country for all of us."

Dr Gannon said the AMA wanted to see an end to all forms of discrimination against LGBTIQ Australians.

He said it is now up to our Parliament to act and he hoped to see matter resolved before the end of the year.

"And we urge all Australians to respect the rights of LBGTIQ people, their families, and friends," Dr Gannon said.

"More than 25 other countries have already passed same sex legislation. Australia should join them."

The Government delayed the return of the House of Representatives by a week to allow the Senate to pass a bill to make marriage legal.

MPs were put on notice to then expect the Lower House to sit for as long as it takes to deal with the issue.

"The Australian people expect their Parliament to respect the clear mandate of the marriage survey and legislate for marriage equality before the end of the year," said Leader of the House Christopher Pyne.

But while the Government used the same-sex marriage bill and the dual citizenship fiasco as its excuse to cancel a week of Parliament, the Opposition, the Greens and some independents insisted the delay was to avoid losing a vote for a royal commission into the banking sector.

With the Nationals' Barnaby Joyce and the Liberals' John Alexander both exiting Parliament due to their dual citizenship, the Government had no majority on the floor of the House of Representatives until after by-elections in December.

CHRIS JOHNSON

GPs are tops – ABS latest stats

Australians still love their local doctors.

At least that is the finding of the latest Australian Bureau of Statistics (ABS) data, which shows that patients around the nation are satisfied with their GPs.

The ABS's latest *Patient Experiences in Australia Survey* reinforces previous findings that Australia's dedicated GPs are meeting increasing demand and providing quality services.

GPs attracted a very high satisfaction rating from patients in the survey.

The survey produced positive results for medical specialists and emergency department doctors as well, but GPs are the doctors who have the most frequent contact with patients.

According to the survey, 83 per cent of Australians saw a GP in the last 12 months and around 78 per cent of patients have a preferred usual GP.

AMA President Dr Michael Gannon described the results of the survey as outstanding.

"Importantly, the proportion of people waiting longer than they felt acceptable for a GP appointment decreased from 23 per cent in 2013-14 to 18 per cent in 2016-17," Dr Gannon said.

"Of those who patients who saw a GP for urgent medical care, 75 per cent were seen within 24 hours of making an appointment.

"The survey shows that cost is not a barrier to accessing GP care, with only 4 per cent of respondents saying that they at least once delayed seeing a GP or did not see a GP when needed due to cost.

"Of those patients who saw a GP in the last 12 months, 92 per cent reported that the GP always or often listened carefully to them, 94 per cent reported that their GP always or often showed them respect, and 90.6 per cent reported that their GP always or often spent enough time with them.

"These results are outstanding when you consider the pressure under which our GPs are working today."

Dr Gannon said GPs are a critical part of the health system, and they must be valued and supported.

General practice remains under significant funding pressure due to cuts by successive governments, he said, but GPs continue to provide high quality and accessible primary care services across the country.

"When people are sick, they want to see a GP," Dr Gannon said.

"As the Government looks to shape the future of our health system, it needs to build its investment in general practice, which remains the most cost effective part of the system."

CHRIS JOHNSON

AMA PHN member survey

In response to the recommendations of the Hovarth Review into Medicare Locals (the Hovarth Review), the Government established 31 Primary Health Networks (PHNs) across Australia, commencing in July 2015. These replaced Medicare Locals (MLs) that were established by the previous Labor Government.

The fundamental purpose of PHNs is similar to that of their predecessors "to facilitate improvements in the primary health system, promote coordination and pursue integrated health care." However, GPs are expected to play a more central role in PHNs than they did in MLs. PHNs are also expected to focus more on improving the linkages between primary and hospital care.

In 2013, leading up to the Hovarth Review, the AMA conducted a survey of GP members to gauge their views on the performance of MLs. More than 1,200 GPs participated in that survey, with members particularly critical of their engagement with GPs and the extent to which many had failed to help improve patient access to primary care services. This survey formed the basis of AMA submission to the Hovarth Review, which recommended significant reforms including a more central role for GPs.

The AMA recently conducted a similar survey to provide members with the opportunity to give us their views on the performance of PHNs to date. Participants were provided with a number of statements and, were asked to select the options (strongly agree, mostly agree, neither agree or disagree, mostly disagree, or strongly disagree) that best reflect their opinion.

A total of 399 GPs participated in the survey, which represents a much smaller sample size than the 2013 survey. Nonetheless, it does provide a snapshot of the views of those members who participated in the survey and the results should be used to provide helpful guidance on areas where PHNs need to increase their focus.

The survey results are summarised as follows:

- Understanding of the role and functions of PHNs:
  - 61.5 per cent of respondents indicated that they have a reasonable understanding of the role and functions of PHNs (comparative data is not available for MLs).
- Information about activities and services:
  - 47.9 per cent of GPs surveyed believe they have not been kept informed about the work their PHN is undertaking and the services it supports (48.9 per cent for MLs).
- GPs access to information and events of relevance:
  - 51.4 per cent indicated that they have not been provided with information and access to events of relevance to day to day practice (57.8 per cent for MLs).
- PHN engagement with local GPs:
  - 62.6 per cent indicated that their PHN had failed to engage and listen to them about the design of health services needed in the local area (68.8 per cent for MLs).
- Practice staff access to useful and effective education and resources:
  - 46.3 per cent of GPs surveyed indicated that their practice staff have not been provided with access to useful and effective education and resources (comparative data is not available for MLs).
- Valuing GP contribution:
  - 52.8 per cent believed that their PHN does not value or recognise the inputs of local GPs (60.8 per cent for MLs).
- Timing of meetings and information sessions:
  - 46.1 per cent indicated that their PHN was holding meetings and information sessions at times that were not easily attended (52.4 per cent for MLs).
- Supporting targeted programs for disadvantaged groups:
  - 50.6 per cent indicated that their PHN has not been supporting well targeted programs that could help patients, particularly those who are disadvantaged (comparative data is not available for MLs).
- Facilitating services that complement existing general practice:
  - 52.8 per cent indicated their PHN is not focused on facilitating services that complement existing general practice services s (comparative data is not available for MLs).
- Practice support for MyHealth Record:
  - 57.4 per cent indicated that their PHN had not provided effective support for practices to implement the MyHealth Record (56.6 per cent for MLs re PCEHR).
- Access to psychological services:
  - 48.0 per cent indicated that their PHN had failed to improve patients' access to psychological services (48.9 per cent for MLs regarding improved Access to Allied Psychological Services (ATAPS)).

AMA PHN member survey

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- Accessible mental health services for ATSI patients:
  - 35.5 per cent of GPs surveyed indicated that their PHN had not facilitated appropriately funded and accessible services to meet the mental health care of Aboriginal and Torres Strait Islander (ATSI) patients (comparative data is not available for MLs).
- Delivery of mental health and suicide prevention services and supports to ATSI patients:
  - 43.3 per cent of GPs surveyed indicated that their PHN had not been able to improve the delivery of mental health and suicide prevention services and support to ATSI patients (comparative data is not available for MLs).
- Access to services for patients requiring mental health care, but who are not eligible for National Disability Insurance Scheme (NDIS) packages:
  - 52.7 per cent indicated that their PHN had been ineffective in facilitating for the needs of patients requiring mental health care, but who are not eligible for NDIS packages (comparative data is not available for MLs).
- Psycho-social supports for patients with mental health problems:
  - 55.9 per cent indicated that their PHN had been unable to ensure effective and timely psycho-social supports to patients with mental health problems (comparative data is not available for MLs).
- Overall PHN performance:
  - 58.0 per cent indicated that their PHN had not improved local access to care for patients (73.0 per cent for MLs).
- Overall delivery of primary care:
  - 62.6 per cent indicated that their PHN had not improved the capacity to deliver better quality healthcare overall (71.6 per cent for MLs).

PHNs have an important role to play in improving the integration of health services within primary health care, enhancing the interface between primary care and hospitals, and ensuring health services are tailored to the needs of local communities. They have the potential to have a strong impact on aged care services, mental health outcomes, chronic disease management, Indigenous health services, and services for the disadvantaged.

The AMA believes that for PHNs to be successful they must: have a clear purpose, with clearly defined objectives and performance expectations; be GP-led and locally responsive; focus on supporting GPs in caring for patients and working collaboratively with other health care professionals; have strong skills based Boards; be appropriately funded to support their operations, particularly those that support the provision of clinical services; focus on addressing service gaps, not replicating existing services; not be overburdened with excessive paperwork and policy prescription; and be aligned with Local Hospital Networks (LHNs), with a strong emphasis on improving the primary care/hospital interface.

They should focus on the following areas:

- Population Health - Identifying community health needs and gaps in service delivery; identifying at-risk groups; supporting existing services to address preventive health needs; and coordinating end of life care.
- Building General Practice Capacity - Supporting general practice infrastructure to deliver quality primary care through IT support; education and training of practices and staff; supporting quality prescribing; training to support the use of e-Health technology and systems; enhancing practices capacity and capabilities to embrace the principles in being a medical home to their patients, and facilitating the provision of evidence-based multidisciplinary team care.
- Engaging with Local Hospital Networks (LHNs)/Districts - Identifying high risk groups and developing appropriate models of care to address their specific health issues (e.g. those at high risk of readmissions, including non-insulin-dependent diabetes mellitus, congestive cardiac failure, chronic obstructive pulmonary disease, and other chronic diseases); and improving system integration in conjunction with local health networks.

Given that PHNs are still a relatively new feature on primary care landscape, the jury is still out on the performance of PHNs. The AMA believes that they should be given every chance to succeed and intends conducting the same survey in a couple of years' time to see how much of a difference they are making for GPs and their patients.

DR MOE MAHAT
MANAGER POLICY
AMA GENERAL PRACTICE SECTION

Federal Council communiqué – meeting of 17 and 18 November

BY DR BEVERLEY ROWBOTHAM, CHAIR FEDERAL COUNCIL

Federal Council meeting in Canberra. (Photo by Odette Visser)

Federal Council met in Canberra on 17/18 November. The meeting came in the midst of the political uncertainty arising from measures to deal with the citizenship status of federal politicians, the voluntary assisted dying debates in the parliaments of Victoria and NSW, and the strong majority poll in favour of same sex marriage reform announced during that week.

The President reported on his activities over the past three months since the last meeting of Council in August. Among the highlights were his attendance at the meeting of Confederation of Medical Associations in Asia and Oceania (CMAAO) in Tokyo in September and the Council meeting and General Assembly of the World Medical Association (WMA) in Chicago in October. The WMA adopted a modernised version of the Declaration of Geneva which was also adopted by Federal Council at its November meeting.

The Secretary General's report focused on the breadth of submissions, Parliamentary committee appearances, and inquiries to which the secretariat has responded in the last few months, continuing a trend observed throughout 2017.

These included a submission on the security of Medicare cards;

Federal Council communiqué – meeting of 17 and 18 November

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several reviews of training funding arrangements and workforce distribution; improving Medicare compliance; secondary use of Medicare data; coordinated advocacy with State and Territory AMAs to change the requirements for mandatory reporting under the National Law; medical indemnity changes; codeine scheduling changes; and ongoing negotiations with Minister Hunt on several issues including the future funding of after hours GP services.

The AMA's engagement with the MBS Review process and the Private Health Ministerial Advisory Committee continue. Federal Council noted the release by Minister Hunt during October of the first tranche of reforms to private health insurance. Key reform areas remain under review including the scope of benefit cover in the proposed gold, silver, bronze, and basic policies; insurance cover of private patients in public hospitals; and a process to improve transparency of medical fees and out of pocket costs. This latter subject was a focus for discussion by the Council in one of its two policy sessions.

In considering an approach to improved transparency of medical fees and out of pocket costs, Federal Council noted the Government's proposal to establish an expert working group to consider the most effective way to communicate medical fees and out of pocket costs. Federal Council also noted that informed financial consent was key but not uniformly practiced. Federal Council reiterated its position statement in support of doctors charging an amount appropriate to the service and the patient, while condemning excessive charging. Federal Council agreed principles to guide AMA input into the expert working group.

Federal Council noted the array of AMA's public health advocacy including an appearance before a parliamentary inquiry into e-cigarettes and consideration of the AMA's broader tobacco advocacy. Federal Council approved two public health position statements, one dealing with nutrition and the other, road safety. The Council passed unanimously a motion calling on greater transparency of the conditions under which the asylum seekers and refugees on Manus Island are being held and offering an independent assessment by doctors of the health situation.

Continuing areas of public health policy attention include men's health, sexual diversity and gender identity, and social determinants of health. A new working group was established to review the AMA position statement on drugs in sport.

> "The Equity, Inclusion and Diversity Committee of Council reported that it proposes to publish an annual report on progress to achieve equity, inclusion, and diversity in the AMA."

Federal Council received a presentation from Scott McNaughton, General Manager of Participation Pathway Design with the National Disability Insurance Agency (NDIA) in the second policy session. Councillors were interested to learn about the role of medical practitioners in providing NDIS assessments; and the processes to access appropriate medical and psychosocial supports for people with mental illness. The presentation provided essential information and highlighted the steps underway by NDIA to fully implement the NDIS.

The Equity, Inclusion and Diversity Committee of Council reported that it proposes to publish an annual report on progress to achieve equity, inclusion, and diversity in the AMA.

Federal Council received a report on the successful forum in October on reducing the risk of suicide in the medical profession which was convened jointly by Federal AMA, AMA NSW and Doctors Health Services Pty Limited. The two key themes that came from the forum were the impact of culture and the need for compassion. A full report will be published in due course.

At the conclusion of the meeting the Secretary General reminded Federal Council that 2018 is an election year for positions on the Council, with a call for nominations to go out to all voting members in February. Federal Council draws its standing from its representative structure, with representation of members from across the country, and all specialties and stages of practice.

Secretary General to change next year

AMA Secretary General Anne Trimmer will next year leave the organisation she has led since 2013.

Ms Trimmer recently announced she has decided to pursue a different career direction when her five-year contract with the AMA expires in August 2018.

She informed the AMA Board of her decision before announcing it to staff in November.

AMA President Dr Michael Gannon Ms Trimmer had provided strong, stable leadership of the AMA Secretariat.

Under her direction, he said, the Secretariat had delivered a well-informed and strategic platform for the work of the AMA's President, Vice President, Board, and Federal Council.

"Anne has maintained the AMA's reputation as the peak medical advocacy group in the country and one of the most significant and successful lobby groups in Federal politics," Dr Gannon said.

"The AMA has direct and personal access to the Government, the Parliament, and the bureaucracy from the Prime Minister down.

"Our leading and collaborative role in political and health circles is influential and agenda-setting.

"Anne has been at the helm through the controversial co-payment crisis, the subsequent Medicare freeze debate, the successful Scrap the Cap campaign against reforms to self-education expenses, the AMA's survey of members to update our position on euthanasia, the AMA's first ever Health of Asylum Seekers Summit, and the launch of our position on marriage equality.

"At the same time, she drove significant governance reforms for the Association, including establishing the AMA Board, implementing resource-sharing arrangements between the AMA and its subsidiary, the Australasian Medical Publishing Company (AMPCo), and building stronger relationships with the State and Territory AMAs, especially on membership issues.

"She is also the AMA's representative on the Government's Private Health Ministerial Advisory Committee (PHMAC).

"Anne has built strong personal and professional relationships with key decision makers in Canberra, which helped drive the AMA's advocacy and influence in national politics.

"On behalf of the Board and the Federal Council, I thank Anne for her outstanding contribution to the AMA and the health sector, and wish her every success in her future endeavours."

The AMA Board has commenced a process for a seamless transition to a new Secretary General in 2018.

CHRIS JOHNSON

Fees List finalised

The AMA List of Medical Services and Fees 2017 has been finalised, with a single indexation rate of 1.86 per cent across all fees, to take into account the rising costs of running a practice.

"Practice costs – such as wages for staff, rent, electricity, computers, continual professional development, accreditation, and indemnity insurance – have all increased, and must be met from the fees charged by the medical practitioner," AMA President Dr Gannon said.

"The Government has frozen its contribution toward the cost of medical care – the patient's Medicare rebate – since 1 July 2014, but the cost of providing that care has continued to rise.

"As a result, today there is a significant difference between the AMA fees – which reflect the real cost of providing care – and the Medicare rebates.

"Medical practices can't absorb these increasing costs for five years in a row. They have to increase their fees – and without an increase in the Medicare rebate, patients will have to pay more out of their own pockets."

This year's 1.86 per cent rise is lower than last year's average rise of 2.35 per cent.

The Fees List is now available online at: https://feeslist.ama.com.au/

MARIA HAWTHORNE

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

New research project into type 1 diabetes funded

The research project will be run by St Vincent's Institute of Medical Research in Melbourne and will bring together four of Australia's top research teams. It will be headed by Professor Thomas Kay.

Type 1 diabetes, for which there is currently no known cure, represents around 10 per cent of all cases of diabetes and is one of the most common chronic childhood conditions. It affects approximately 150,000 Australians.

Although its onset occurs most frequently in people under 30 years, type 1 diabetes is emerging more in older people.

New research suggests almost half of all people who develop the condition are diagnosed over the age of 30.

The project will focus on three intersecting themes:

- early life and understanding why the disease develops;
- prevention and seeking to identify new drugs to stop the disease from occurring; and
- treatment aiming to improve therapies to replace the cells that are destroyed during the disease process.

This research will be critical to developing integrated approaches to assist those with the disease and to find ways to stop it occurring in the first instance.

Professor Kay said the emotional, physical and financial impacts of type 1 diabetes are far-reaching for those who are diagnosed with the disease, as well as for their families and friends.

"It is our intention to make discoveries that positively impact on those living with the disease, and hopefully, prevent others from developing it in the future," Professor King said.

"On behalf of myself (from St Vincent's) and my co-chief investigators Professor Andrew Lew and Professor Len Harrison (both from the Walter and Eliza Hall Institute of Research); and Professor Philip O'Connell from the Westmead Institute of Research and Westmead Clinical School (NSW)) – we are honoured to accept this substantial grant to undertake research into type 1 diabetes, and are grateful to the Australian Government for making this important, and potentially for some, life-changing announcement.

"Collectively, we have spent many years of our professional lives investigating type 1 diabetes, so we are keen and committed to do our best to make discoveries that will prevent or minimise, its impacts.

This funding is from the National Health and Medical Research Council's grants program.

CHRIS JOHNSON

Department updates guidelines for young children's physical activity

New national guidelines on physical activity, sedentary time and sleep for young children have been launched by Health Minster Greg Hunt.

Australian 24-Hour Movement Guidelines for the Early Years (Birth to Five Years): An Integration of Physical Activity, Sedentary Time and Sleep differs from the

Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

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previous guidelines in covering the entire day, including recommendations on how to help children get good quality sleep.

The Guidelines also provide ideas and examples of how to incorporate adequate movement in an infant, toddler or preschooler's day – and how parents can fit these into their own busy days.

Mr Hunt said following the Guidelines was associated with better growth, stronger muscles and bones, better learning and thinking, better mental, emotional and social well-being, better motor skills, healthier weight, as well as reduced injuries.

The 24-Hour Movement Guidelines have been developed by experts across Australia with input from national and international stakeholders, and in partnership with Canada, which developed the world's first 24-hour movement guidelines.

University of Wollongong (UOW) early childhood expert Professor Tony Okely, who led the project to update the guidelines for the Health Department said the decision to include sleep recognised its importance in optimising health, development and learning.

"Sleep plays an essential role in a child's growth and development and shares an interrelated relationship with physical activity," he said.

"If a child receives good quality sleep, they will have the energy to be active, and an active child is a well-rested child.

"These Guidelines also acknowledge that the whole day matters and individual movement behaviours, such as physical activity, sedentary behaviour and sleep need to be considered in relation to each other when examining their associations with health and developmental outcomes in children."

Limited access to sedentary screen time is also an important part of the *24-Hour Movement Guidelines*. The recommendation of no sedentary screen time for children under two, and no more than one hour for those older than two.

"Screen time while sitting can counteract the health benefits of physical activity, leading to language delays, reduced attention, lower levels of school readiness and poorer decision-making," Professor Okely said.

"The revised Guidelines incorporate the effects of screen time on a child's growth and development and provide recommendations to parents or carers in how to mitigate these effects through an emphasis on increasing movement, and limiting sedentary behaviour and use of screens.

"A child can do sufficient physical activity to meet the guidelines, yet still be considered sedentary if they spend a large amount of their day sitting, lying down or restrained, especially in front of a screen.

"When a child is sedentary, try to incorporate quality behaviours such as reading, storytelling, playing with playdough and puzzles into their routine to enhance their cognitive development."

The Guidelines also recommend that all screen use at these ages be educational.

Professor Okely says that meant co-viewing with a child, discussing content, and using it in ways that help a child make understandings of the world around them, such as to investigate, problem solve, create knowledge.

Other notable changes from the previous Guidelines include a recommendation for 60 minutes of moderate to vigorous physical activity included as part of the 180 minutes of total physical activity per day recommended for preschoolers.

30 minutes of tummy time for infants (spread over the day) is also a part of the new recommendations.

More information on the Guidelines can be found on the Department of Health's website: http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines.

MEREDITH HORNE

Research

Results of study show first effective intervention against dementia

Researchers in the United States have released a study showing effective intervention aimed at significantly reducing the risk of dementia.

The findings, first released in the peer-reviewed journal *Alzheimer's & Dementia: Translational Research & Clinical Interventions,* were published mid-November following a 10-year study.

It is the first randomised controlled trial to show an intervention effective at lowering the risk of dementia.

According to the article, *Speed of Processing Training Results in Lower Risk of Dementia*, a computerised brain exercise licenced exclusively by Posit Science, markedly reduced the risk of dementia among older adults over the decade of the study.

Posit Science makes of the online and app brain training platform known as BrainHQ.

The article reports on the latest results from the *Advanced Cognitive Training for Independent and Vital Elderly* (ACTIVE) Study, funded by the National Institutes of Health. That study followed 2,802 healthy older adults for 10 years, as they aged from an average of 74 to 84.

The ACTIVE Study looked at the impact on aging of different types of cognitive training by randomising participants into a control group and three intervention arms:

1) a memory group receiving classroom instruction on memory strategies;

2) a reasoning group receiving classroom instruction on reasoning strategies; and

3) a speed of processing group receiving individualized computerized brain training in a classroom setting.

Participants in the cognitive training groups were asked to engage in a total of 10 sessions of training of about an hour each and conducted over the first five weeks of the study.

All participants were assessed on a number of cognitive and functional measures at the beginning of the study, after the first six weeks, and at the end of years 1, 2, 3, 5 and 10.

Subsets of each intervention group also received four additional booster training sessions in the weeks before the assessments at the end of years 1 and 3.

At the end of 10 years, researchers found no significant difference in incidence of dementia for the strategy-based memory or reasoning training groups, as compared to the control group. However, the speed of processing group engaged in computerized brain training showed a significant reduction in incidence of dementia – with a 29 percent reduction in the hazard of dementia.

"Relatively small amounts of training resulted in a decrease in risk of dementia over the 10-year period of 29 percent, as compared to the control," said Dr Jerri Edwards, lead author of the article and a Professor at the University of South Florida, College of Medicine.

"And, when we looked at dose-response, we saw that those who trained more got more protective benefit."

Research

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To place the size and importance of this protective effect in context, the researchers quantitatively compared the risk reduction for dementia from the computerised brain training to the risk reduction for major cardiovascular events, (such as heart failure, heart disease and stroke) yielded by blood pressure medications, and found that this non-pharmacological intervention had a two to four times greater protective effect against its targeted disease condition.

"No health professional would suggest that any person with hypertension forego the protection offered by prescribed blood pressure medication," said Dr Henry Mahncke, CEO of Posit Science.

"We expect these results will cause the medical community to take a much closer look at the many protective benefits of these exercises in both older and clinical populations."

The newly published results confirm and extend preliminary results first announced last year. Those results used a broader definition of dementia to reflect the under-reporting of dementia in the community. The preliminary results, indicating a 33 percent reduction in risk, relative to the control are contained in this report. However, to be more conservative, the authors now also include and highlight a narrower definition of dementia – restricted to reports of a dementia diagnosis or falling below a cut-point on a standard test. Even with the narrower definition, the effects are substantially similar, with a 29 percent reduction in dementia risk at any given point in time for the overall speed group as compared to the control.

Participants in the computerized brain training group were trained on a highly specific task designed to improve the speed and accuracy of visual attention, including both divided and selective attention. To perform the divided attention training task, a user identified an object (i.e., car or truck) at the center of gaze while at the same time locating a target in the periphery (i.e., car). As the user gets the answers correct, the speed of presentation becomes faster. In the more difficult training tasks, the target in the periphery is obscured by distracting objects.

"This study highlights that not all cognitive training is the same," Dr Edwards said. "Plasticity-based, computerized, speed of processing training has differentiated itself based both on the data and on the neurophysiological model from which it was developed."

CHRIS JOHNSON

INFORMATION FOR MEMBERS

Specialty Training Pathways Guide – AMA Career Advice Service

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

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

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

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

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

Information on the new website includes:

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

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

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

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

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

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

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

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

Terminator says health is collateral damage of fossil fuels

Hollywood actor and former Governor of California, Arnold Schwarzenegger, has used a United Nations gathering in Germany to describe fossil fuels as a public health hazard.

At a sideline event of the 12-day UN climate talks in Bonn in November, Mr Schwarzenegger delivered a well-received speech that issued a challenge to world leaders.

A long-time outspoken environmental activist, the star of such blockbusters as *The Terminator, Total Recall, Collateral Damage* and *Predator*, urged governments everywhere to start labeling fossil fuels with a public health warning.

That health warning should state, he said, that their use could cause illness and death.

He praised the World Health Organization (WHO) for delivering on a 164-nation tobacco control deal in 2003 that resulted in health warnings on tobacco products.

But he added that a similar deal could be reached with regards to oil and coal products.

"Wouldn't it be great now if they could make the same pact with the rest of the world to go and say, 'let's label another thing that is killing you – which is fossil fuels'," he said.

"If you went to a gas station, it says that thing you're pumping into your car is killing you.

"Pollution kills more than nine million people a year. Over 300,000 people will die over the course of this conference. That's the population of Bonn.

"This is a massive tragedy. And as depressing and terrifying as it is, we are not talking about it enough," he said.

WHO Director-General Tedros Adhanom Ghebreyesus called on conference delegates talk about building climate resilient health facilities in their home nations by 2013, which is a stipulation of the Paris Agreement.

He added that more investment was needed in the health sector.

"Climate change strikes at the heart of what it means to be human," Dr Ghebreyesus said.

"Climate change is not a political argument in Fiji and other island nations. It's everyday reality – whether that's in the form of destructive storms, rising sea levels or increased risk of infectious disease.

"These communities need assistance to cope with a world that is changing in front of them."

The Paris Agreement global climate treaty aims to limit rising temperatures to below 2˚C by reducing greenhouse gas emissions.

Fiji presided over the Bonn conference and was also the beneficiary of an initiative launched by WHO and the UN climate secretariat aiming to triple international financial support for action on climate-related health issues in the developing small island nations.

CHRIS JOHNSON

EU driving e-health

Estonia, which is coming to the end of its presidency of the Council of the European Union, has recently sought to bring together EU countries that would be willing to launch a project concerning the cross-border movement of healthcare data.

The Digital Health Society, initiated by the Estonian Presidency of the Council of the European Union and ECHAlliance, have assembled an e-Health Declaration that includes more than 100 European organisations' proposals for developing e-health in Europe.

> "The remaining member states should implement strategies and policies for the creation of electronic health records across their country in order to stimulate the innovation for health and exchanges data with other EU countries."

The Declaration describes the bottlenecks that hamper the development of e-health, such as the lack of people's trust in e-services in Europe, the lack of interoperability between different information systems, the lack of a clear legal framework, inadequate training of health-care professionals. Proposing solutions for overcoming these obstacles, the document emphasizes the need for unified approaches to the development of data exchange infrastructure, raising people's awareness of the use of e-health solutions and implementing the European Union Data Protection Regulation in a way that it does not create unnecessary obstacles to the free flow of data between member states.

At the recent e-health conference held in Estonia, European Commissioner for Health and Food Safety Vytenis Andriukaitis called for a strong partnership within the EU to move towards simplified public e-services and formalities.

This would make interactions between citizens and public administrations easier.

"Let us all work together with governments, health professionals, businesses, and researchers, but above all with the patients to

make digital health in Europe a reality," he said.

Central to the EU's agenda on digital innovation in healthcare is: the right of citizens to access, manage and control their health data electronically in a convenient and secure manner; to better use health data, in particular for research and innovation purpose; and the better use of health data, in particular for research and innovation purposes.

Clemens Martin Auer, Director General of the Austrian Federal Ministry of Health and Women's Affairs, said that using the opportunities of information technology in healthcare, or e-health, is one of the most important innovative drivers in the healthcare sector: "Especially for organizing the continuous care in the fragmented world of healthcare services."

The EU acknowledges that at that level, although health competence remains the responsibility of each member state, there is a goal for a common understanding to be formed into an agreement that fixes common components and common infrastructure that enables the free flow of health data.

A number of European member states have already designed their healthcare system in order to digitalise data. The remaining member states should implement strategies and policies for the creation of electronic health records across their country in order to stimulate the innovation for health and exchanges data with other EU countries.

MEREDITH HORNE

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.