

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

President visits NT

Special report p5-10



AMA

ISSUE 30.06 APRIL 30 2018

INSIDE

- 3** Mandatory reporting
- 4** Medicare levy
- 11** Aged care
- 12** Diagnostic imaging
- 14** Anzac women
- 17** Cost of incapacity

A U S T R A L I A N
Medicine

Managing Editor: John Flannery
Editor: Chris Johnson
Contributors: Maria Hawthorne
Graphic Design: Streamline Creative, Canberra

Advertising enquiries

Streamline Creative
Tel: (02) 6260 5100

Australian Medicine is the national news publication of the Australian Medical Association Limited. (ACN 008426793)

42 Macquarie St, Barton ACT 2600
Telephone: (02) 6270 5400
Facsimile: (02) 6270 5499
Web: www.ama.com.au
Email: ausmed@ama.com.au

Australian Medicine welcomes diversity of opinion on national health issues. For this reason, published articles reflect the views of the authors and do not represent the official policy of the AMA unless stated. Contributions may be edited for clarity and length.

Acceptance of advertising material is at the absolute discretion of the Editor and does not imply endorsement by the magazine or the AMA.

All material in *Australian Medicine* remains the copyright of the AMA or the author and may not be reproduced without permission. The material in *Australian Medicine* is for general information and guidance only and is not intended as advice. No warranty is made as to the accuracy or currency of the information. The AMA, its servants and agents will not be liable for any claim, loss or damage arising out of reliance on the information in *Australian Medicine*.

AMA LEADERSHIP TEAM



President
Dr Michael Gannon



Vice President
Dr Tony Bartone

In this issue

SPECIAL REPORT:

AMA President visits NT Aboriginal communities 5-10

National News 3-4, 11-14

Opinion 15

Health on the Hill 16

Research 17-18

World News 18-20

Member services 21

Cover pic: AMA President Dr Michael Gannon meets with the Pintupi Homelands Health Service Board.

AMA cautiously welcomes moves on mandatory reporting

Australia's Health Ministers have made moves towards removing barriers that discourage doctors from seeking help from other doctors about their own mental health.

Federal, State and Territory Health Ministers met in Sydney on April 13 to discuss a range of national health issues, with mandatory reporting high on the agenda.

AMA President Dr Michael Gannon addressed the COAG Health Council during the Ministers' mandatory reporting deliberations.

He subsequently said the meeting's outcome showed that the Ministers had acknowledged the AMA's concerns and, with ongoing goodwill, discussion and consultation, could arrive at much better laws than currently exist.

Dr Gannon said the AMA cautiously welcomed the agreed strategy for mandatory reporting laws that emerged from the meeting.

"It is clear that all the Health Ministers are committed to removing barriers from doctors seeking help from other doctors about their mental health or stress-related conditions," Dr Gannon said directly after the meeting.

"There are concerns about some of the wording in today's communiqué, including in regard to the 'future misconduct' of health professionals.

"It is unreasonable and unworkable to expect treating doctors to predict the future behaviour of any patients, including their colleagues.

"But I am sure we can work through this with the Ministers in the drafting of the legislation.

"The AMA looks forward to working with the COAG Health Council in getting the wording right in the legislation to ensure that doctors get access to the care and support they need.

"The positive signals in today's communiqué give us some confidence that acceptable nationally consistent mandatory reporting laws are within reach."

Federal Health Minister Greg Hunt said caring for the mental health of registered health professionals was an important area of agreement reached in the meeting.

"Until now, there have been significant unintended barriers to doctors and nurses seeking the appropriate mental health treatment because of mandatory reporting requirements," Mr Hunt said.

"What has been agreed is a system that will both protect patients, but critically, remove barriers to doctors and nurses receiving and accessing the mental health treatment that they want.

"Removing barriers whilst protecting patients with important provisions, to ensure that there is not practice which is detrimental to those patients.

"But it's critical. It has been developed in conjunction with the medical professionals and the final legislation will be developed in consultation with the States and Territories and medical professionals.

"But at the end of the day, the clear message is the barriers to doctors and nurses accessing mental health are going to be removed. And that's critical to accessing mental health treatment."

The mandatory reporting section of the COAG Health Council communiqué reads:

"Today Ministers agreed unanimously to take steps to protect patients and strengthen the law to remove barriers for registered health professionals to seek appropriate treatment for impairments including mental health.

"Ministers agreed to a nationally consistent approach to mandatory reporting which will be drafted and proposes exemptions from the reporting of notifiable conduct by treating practitioners (noting Western Australia's current arrangements are retained) and subject to other jurisdictional formal approval in certain circumstances.

"The legislation will include strong protection for patients and will remove barriers for registered health professionals to seek appropriate treatment. The legislation will specifically include a requirement to report past, present and the risk of future sexual misconduct and a requirement to report current and the risk of future instances of intoxication at work and practice outside of accepted standards.

"Western Australia endorsed continuance of its current approach that has been operational in WA since 2010 for treating health practitioners. Health practitioners in a treating relationship based on the reasonable belief can make a voluntary notification as part of their ethical obligations in relation to any type of misconduct."

CHRIS JOHNSON

Government drops Medicare levy rise ahead of Federal Budget



The Government has scrapped its plans to increase the Medicare levy 0.5 per cent, despite having earlier said it needed the extra money it would raise in order to fully fund the National Disability Insurance Scheme.

Following last year's budget, legislation was introduced in August for the levy hike, with the Government insisting it was needed in order to fund a \$57 billion NDIS shortfall.

But on April 26 this year, just 12 days before handing down the Federal Budget in May, Treasurer Scott Morrison announced a reversal and explained the reasoning behind the decision.

He said the Australian economy was in a better than anticipated position.

"Our economy is finally shaking off the dulling effects of the downturn in the mining investment boom," Mr Morrison told a business conference.

He suggested the Government was now confident that more revenue from economic growth will fund the NDIS and pay for the assistance scheme 440,000 disabled Australians are depending on.

The move adds to rising speculation that the budget is going to be kind to taxpayers and therefore an election primer.

"Over the last 15 months or so we have seen the economy improving," Mr Morrison told Network Nine.

"Over the early part of this year and the latter part of last year we started to see the tax collections that were coming from companies doing better, come into the coffers, we could have greater confidence about revenues into the future.

"As this continued to confirm as we prepared the budget, it's clear we no longer have to do this. I'm pleased as punch we don't have to do it and pleased as punch for people with disabilities."

The Opposition has claimed a win, saying the Government was only dropping the levy hike due to pressure from Labor.

But it will now scrap plans of its own to impose the increase on Australians earning more than \$87,000.

Shadow Treasurer Chris Bowen said it was Labor's refusal to support the Government's intended rise that has killed it.

"I welcome the fact that finally Malcolm Turnbull and Scott Morrison are dropping this tax increase on Australians," Mr Bowen said.

"They never should have proposed it in the first place.

"The Government now having dropped the Medicare levy increase, of course we no longer need to proceed with that effort of compromise for those above \$87,000.

"It was simply the Labor Party proposing to meet the Government in the middle."

AMA President Dr Michael Gannon said he didn't care where the money came from, but wants to see bipartisan political support for the NDIS funding model.

"Australians with a disability don't deserve to be political footballs," Dr Gannon said.

"Australians with a disability are deserving of this ambitious scheme, but if it's not fully funded, then there's concerns about its future.

"We want this ambitious, fabulous program fully funded and reliably funded. It's not our job to tell Governments how to fund it, but what we will say is Australian families need that certainty."

CHRIS JOHNSON

AMA President visits NT Aboriginal communities



Dr Michael Gannon and Shadow Indigenous Health Minister Warren Snowdon fly to remote communities in the Northern Territory.

Three days in the Top End left AMA President Dr Michael Gannon in no doubt as to the scale of the health burden facing Aboriginal Australians, and the difficulty in attracting and retaining medical staff in remote communities.

Dr Gannon and Shadow Indigenous Health Minister Warren Snowdon flew to the remote communities of Kintore and Utopia, and visited health facilities in Alice Springs to get firsthand insights into the successes and challenges of Aboriginal health services.

Whether it was the tiny town of Kintore, or the regional city of Alice Springs, the same themes recurred – dialysis is expensive, Aboriginal patients need culturally sensitive care, and keeping a medical workforce requires innovative strategies and incentives.

And without adequate housing, even the best health care will struggle to keep people healthy.

“When we talk about disease processes like trachoma, a bacterial infection that’s basically unseen in metropolitan Australia, or rheumatic heart disease – rates of RHD in the Northern Territory are 55 times that of the Australian average – these are diseases of poverty, of poor housing and poor hygiene,” Dr Gannon said.

“And we shouldn’t be surprised that these most simple, basic bacterial infections exist when you can’t provide the most basic housing amenities like water – to have a shower, to wash

your hands, to clean your hands before you prepare food. We shouldn’t be surprised that these disease processes exist. They shouldn’t exist in the 21st century.

“But concepts of social determinants of health, that a clean water supply and a reliable power supply and a regular supply of fresh foodstuffs is how you prevent disease processes that end up costing the taxpayer many tens of thousands of dollars, they are messages that we need to get to people in power who often live very remote from the conditions we are talking about.”

Aboriginal and Torres Strait Islanders are almost four times as likely to die with chronic kidney disease as a cause of death than non-Indigenous Australians, and about nine in 10 Indigenous Australians with signs of chronic kidney disease are not aware that they have it.

The Alice Springs Hospital has the largest haemodialysis facility in the southern hemisphere, yet it depends on patients failing to show up for appointments to keep running.

By contrast, the Purple House outpatient dialysis centres in Alice Springs and Kintore have 100 per cent attendance rates, but do not attract any Medicare funding as there is no Medicare Benefits Schedule item number for outpatient dialysis.

A medical retrieval to airlift a pregnant woman from a remote community can cost as much as \$70,000, yet there is no funding for a woman’s family to accompany her to the city unless



AMA President visits NT Aboriginal communities

... from page 5

it is her first pregnancy, meaning that women often return to country before giving birth.

Remote communities often have people travelling across State borders, from Queensland, Western Australia and South Australia, yet rigid guidelines mean that a nurse with Queensland or WA accreditation cannot deliver a vaccination in the Northern Territory.

And it can be hard in particular to keep nurses in very remote communities for longer than a year.

"It's very difficult to deliver services to small, remote communities, but quite simply as a nation, we need to," Dr Gannon said.

"Keeping people on country for treatment, rather than forcing patients and their extended families to come into Alice where accommodation might be difficult or expensive, is another example of something that requires a bit of thought and

substantial investment to start things up, but they are cost-effective programs.

"It's another example of what the AMA can do. We are the organisation that has the ear, perhaps not as often as we'd like, but we have the ear of the people who make decisions in this country.

"I meet regularly with Minister for Indigenous Health, Ken Wyatt. I meet regularly with Minister for Health, Greg Hunt. We speak to the Opposition. We speak to the Health Department in Canberra.

"That's one of the things that we can do. We can talk to the people on the ground, we can talk to doctors, nurses, other health staff on the ground, and we can take those messages to Darwin, to Canberra, where those decisions are made, and ultimately where the money comes from."

MARIA HAWTHORNE

Tall tales but roo



Purple House CEO Sarah Brown and Dr Gannon.

It's Monday afternoon, and the newly opened palliative care unit at Alice Springs Hospital gets a call. A patient will be coming in within days from Utopia, a remote region in the Northern Territory. And all that matters to him is that he can cook kangaroo tail.

Hospital Manager, Naomi Heinrich, explains how the unit copes.

"Obviously, we can't use the hospital kitchen," she says. "So we've found a space next to the neighbour's fence" - she winks - "and we've set up a barbecue."

Roo tail, and its importance both nutritionally and culturally, features heavily in the Northern Territory. As does the emphasis on providing culturally safe and appropriate health care for the Aboriginal population.

At the Urapuntja Health Clinic in Utopia, 350km north-east of Alice, the Women's Shed has roo tail recipes on its walls. The

women and girls - from the 16 outstations spread over 3,500 square kilometres - learn new ways to make use of the budget-friendly lean protein, high in iron and low in fat.

"We do some really good stuff with kangaroo tails," acting CEO Amanda Hand says.

No-one involved with cooking roo tail pretends it's not confronting for the uninitiated.

"It has a very strong smell, and you end up covered in burnt hairs. It's not pretty," Purple House CEO Sarah Brown says.

Aboriginal dialysis patients from across the Territory visit Purple House in Alice Springs six days a week. And almost every day, American tourists visit. For \$10, they get a tour, a history of Purple House, and an insight into life in Central Australia. And, sometimes, a perhaps dodgy account of marsupial life.

"Sometimes, we have people here cooking damper, and sometimes cooking kangaroo tail," Ms Brown says.

"The first couple of times, we had tourists asking how long it took for the tails to grow back. We were a bit surprised at first, and just said: 'They don't grow back.' The Americans said, 'But how do they balance without their tails?' They were so shocked when we said the kangaroos were dead.

"Now, we just say, they grow back after two to three weeks."

MARIA HAWTHORNE

From Utopia to the fields of France – flu protection



Warren Snowdon MP gets his flu shot from Dr Adam Brownhill.

It was a long way to go for a flu shot, but Member for Lingiari and Shadow Minister for Indigenous Health, the Hon Warren Snowdon MP, had his vaccination when he visited the Urapuntja Health Service in remote Utopia.

Utopia is a region of approximately 5,000 sq km of land, 270km north-west of Alice Springs. It is home to about 2,000 Aboriginal people living in and around 16 outstations.

The Urapuntja Health Service was established in 1977 and is one of Australia's longest-running Aboriginal Community Controlled Health Services.

With Mr Snowdon heading off to France for Anzac Day commemorations in his capacity as Shadow Assistant Minister for the Centenary of Anzac just days after he and AMA President Dr Michael Gannon visited Utopia, it was a good chance for Dr Adam Brownhill to ensure the MP was protected against any European flu strains.

MARIA HAWTHORNE

Old and new meet in remote community

Home to the Western Desert art movement and name-checked by Midnight Oil*, the remote Northern Territory community of Kintore is simultaneously among the oldest and newest Aboriginal communities in the land.

Kintore, 350km west of Alice Springs and 30km from the Western Australian border, was first discovered by westerners in 1963. Until then, the Pintupi people were living an undisturbed traditional life on country they knew as Walungurru.

They were forcibly resettled to Papunya for assimilation. It didn't work.

"We had a lot of problems. Pintupi people went from here, and they all went to Papunya, and started falling into bad ways – alcohol, everything," Monica Robinson, the chair of the Pintupi Homelands Health Service Aboriginal Corporation board, said.

"They walked into Papunya healthy and strong, with no problems at all. As soon as they went to Papunya, they started getting sickness, drinking, causing a lot of fights and all that, kids not learning, and that's why people realised that it was not right.

"The older people said that we need to go back to our own country, take the young ones so that we can go back and live in our own country."

The Pintupi did that in 1981, founding the community of Walungurru/Kintore. Today, it is home to approximately 450 residents, predominantly Pintupi speakers, with small populations of Luritja and Warlpiri people.

"We were called nomads, we used to move around a lot until the 1960s and 70s," Ms Robinson said.

"But this is our settle-down country. When we came back to Kintore in the 1980s, there was just humpies and spinifex here, no houses, no anything."

Today, Kintore has an airstrip, a health clinic, a dialysis unit, a school, a police station, a swimming pool, and an art gallery.

At first, the clinic operated out of a caravan, and relied on a two-way radio to contact Papunya for help or supplies. The telephone was installed in 1994.



Old and new meet in remote community

... from page 7



Meeting with the Pintupi Homelands Health Service Board.

The clinic has four doctors, nurses, and visiting endocrinologists, cardiologists, podiatrists, obstetrician/gynaecologists, dieticians and dentists.

"This clinic belongs to all the people around Kintore. They own it. This is an independent clinic," Ms Robinson said.

"Kintore is a small place but it grows. We plant the seed, we water the seed, and it grows."

In the 1990s, the people of Kintore and the nearby Western Desert communities of Kiwirrkurra and Mt Liebig became concerned about family members being forced to move away from community to receive treatment for end stage renal failure.

Realising the need for a local dialysis treatment centre, local artists created four collaborative paintings, which were sold at auction for more than \$1 million in 2004 to set up the service.

Kintore, a town with only 52 houses, currently has more than 80 residents with various stages of kidney disease, and 14 residents on dialysis. The dialysis unit, run by Purple House, has three dialysis chairs.

About 110 people have diabetes. Eight children are in the process of being diagnosed with Fetal Alcohol Spectrum Disorder (FASD).

AMA President Dr Michael Gannon said the AMA is interested in what it can do to help doctors do the work needed in remote

clinics and communities, and in preventing people becoming sick in the first place.

"It's great that we've got dialysis chairs out here on country where you live, but what we'd love to see is less people getting kidney disease, so that means less diabetes, less high blood pressure, less rheumatic fever – having less of the things that make people's kidneys get sick," he told the board.

"We spend a lot of time as doctors thinking about, not just in places like Kintore, but in the big cities like Sydney and Melbourne and Darwin, ways to stop people getting sick in the first place.

"We like to think about good healthy food, good tucker, lots of water, healthy pregnancies and looking after kids when they're young, making sure they're healthy, and they're the things that we spend a lot of time talking about."

Dr Gannon visited Kintore on April 16, with the Member for Lingiari and Shadow Minister for Indigenous Health, the Hon Warren Snowdon MP.

*Midnight Oil song sang about Kintore in the 1987 song *Beds Are Burning*: "Four wheels scare the cockatoos/From Kintore east to Yuendumu".

MARIA HAWTHORNE

Traditional Aboriginal healing and western medicine meet with Ngangkari project



A hospital upgrade usually focuses on new equipment and revamped wards. But the \$32 million upgrade of the Alice Springs Hospital, due for completion this year, included an unusual and culturally significant part of traditional Aboriginal healing.

A Ngangkari – an Anangu traditional healer – recently went through the entire hospital looking for lost spirits.

Ngangkari have received special tools and training from their grandparents, and attribute many illnesses and emotional states to harmful elements in the Anangu spiritual world.

The Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council employs 10 Ngangkari to work in communities in the region, and in hospitals, nursing homes, hostels, health services, and jails in regional centres.

"The hospital has been very supportive," project manager Angela Lynch said.

"The goal is to make people better – the way you go about it doesn't matter.

"Healing is a very strong part of Aboriginal tradition, and when the Ngangkari can explain better what they do, there will be more acceptance by western medical professionals.

"The younger doctors in particular are really interested in what the Ngangkari do, which has come about through people having a really good understanding of what traditional healing can offer.

"People are frightened to be in hospital, they are worried about having an operation – the Ngangkari can calm them. Ngangkari are peacemakers."

AMA President Dr Michael Gannon, who visited the NPYWC during his April visit to the Northern Territory, said that traditional healing and western medicine were not necessarily exclusive.

"As doctors, we spend a lot of time warning people against non-medical treatments, but we also acknowledge the importance



Traditional Aboriginal healing and western medicine meet with Ngangkari project

... from page 9

of spirituality and, although I don't personally like the word, wellness.

"The concept of wellness has been hijacked to a degree. Wellness isn't something that you buy in a bottle.

"Concepts of healing and wellness aren't foreign to medicine, but so much of what we do is focused on intervention and science.

"Medicine needs to look at traditional healing methods sometimes, rather than reach for the script."

The Ngangkari look for ways to complement and work with western medicine, rather than present themselves as the alternative, Ms Lynch said.

"A lot of the Ngangkari have chronic illnesses themselves, and they have enormous faith in western medicine to fix things they can't, like dialysis, and the effects of petrol sniffing," she said.

"They tell their patients that there are two paths, and you also need to go to the doctor. You need to stop smoking. Smoking marijuana and drinking alcohol are not good for your spirit."

NPYWC chief executive officer Andrea Mason said that the level of trauma in Aboriginal communities was only now being recognised.

Family and domestic violence is a major factor in trauma, whether the person experiences it or witnesses it, she said.

"Psychological unwellness is a big factor in chronic disease," Ms Mason said.

"Does one trigger the other, or do these factors work together?"

"The rolling-in of the rhythm of western culture – going to school or work every day, driving not walking – this rhythm is a sandpaper to the Aboriginal culture.

"Once we begin treating the causes of trauma, the next step is saturation – to counter the level of trauma with the level of healing resources, and wrap people in healing."

Ms Lynch said that one of the problems was the lack of a word for "depression" in Pitjantjatara.

"People don't ask for help, and there is no help to give for suicide," she said.

"We have started a new project to try to address this, with Ngangkari sitting down with families and psychiatrists in clinics to develop an understanding that incorporates both traditional and western views."

The project has turned into an app, "Kulila!", available for both iPhones and Androids, which translates different words for feelings from Pitjantjatara to English, and vice versa. Words like "kawa-kawa", which means muddle-headed or mixed up, of "kulintja kurra", meaning troubled mind.

It can be used in intensive care units and other medical settings to get some depth and understanding of how people are feeling.

"We also use mood cards to help people identify what's going on in their lives," Ms Lynch said.

"We've come to understand that a lot of behaviour is the result of trauma – seeing domestic violence, car accidents, etc."

The Women's Council has also put together a storybook for children, available from the Centre's gift shop, which tells the lives of two children, Tjulpu and Walpa, whose lives take different paths based on early trauma.

The book was illustrated by a doctor at Alice Springs Hospital, and it is also being turned into a digital story.

The Centre also provides colouring books, and not just for children.

"When I first came to a meeting here, I saw that there were notepads and coloured pens on the tables in front of the women," Ms Mason said.

"As the meeting went on, they all started to doodle. The more intense or confronting the conversation got, the more intense the doodling became. It's a calming mechanism, so we've incorporated it into our regular activities."

You can learn more about the activities of the NPYWC at <https://www.npywc.org.au/>.

MARIA HAWTHORNE

Quality aged care system a basic human right

Australia's ageing population is likely to have more chronic and complex medical conditions than generations that have gone before it, yet people will live longer and will require a high quality aged care system.

The AMA has made this and many other points in its newly released *Position Statement on Resourcing Aged Care*.

Not only does the Position Statement highlight the difficulties and demands that will be placed on the system, but it also calls for better resourcing to ensure the elderly and frail are well cared for.

In releasing the Position Statement, AMA Vice President Dr Tony Bartone pointed to how the document outlines the workforce and funding required to achieve a high quality, efficient aged care system that enables equitable access to health care for older people.

"The aged care system, now and into the future, must be adequately resourced so that older Australians are able to access the same level and quality of medical care as other people," he said.

"They should not receive lesser care or attention just because they are old.

"Care for older people in the best and most appropriate environment is a basic human right."

Dr Bartone said the elderly will require an increasing amount of medical support due to significant growth in the prevalence of medical disorders and associated increase in life expectancy.

He added that while the AMA welcomes the Government's recent decision to establish an Aged Care Quality and Safety Commission, it was only the beginning of what needed to be done.

"This Commission is consistent with the AMA's call for an independent Aged Care Commissioner, which was a major recommendation of our submission to the Carnell-Paterson aged care review, and is a core part of our Position Statement," Dr Bartone said.

"The Commission is a good start, but much more needs to be achieved to ensure older Australians receive the care they need and deserve in their later years.

"The AMA also welcomes the Government's decision to make it compulsory for aged care providers to provide influenza vaccination programs for all their staff.

"This further underlines the need for facilities to be properly resourced so that residents have ready access to vital medical and nursing care."

AMA members have reported cases where nurses are being replaced by junior personal care attendants, and some residential aged care facilities do not have any nurses on staff after hours.

Dr Bartone said it was unacceptable that some residents, who have high care needs, cannot access nursing care after hours without being transferred to a hospital Emergency Department.

"We need more nurses employed full time in aged care," he said.

"We need to provide greater incentives for doctors to attend aged care facilities on a more regular basis to meet demand and ensure quality medical care for older people.

"And we need to introduce enforceable standards that require facilities to provide clinically-equipped doctor treatment rooms that are readily available for use by doctors and nurses, with access to patient files, in existing and future residential aged care facilities.

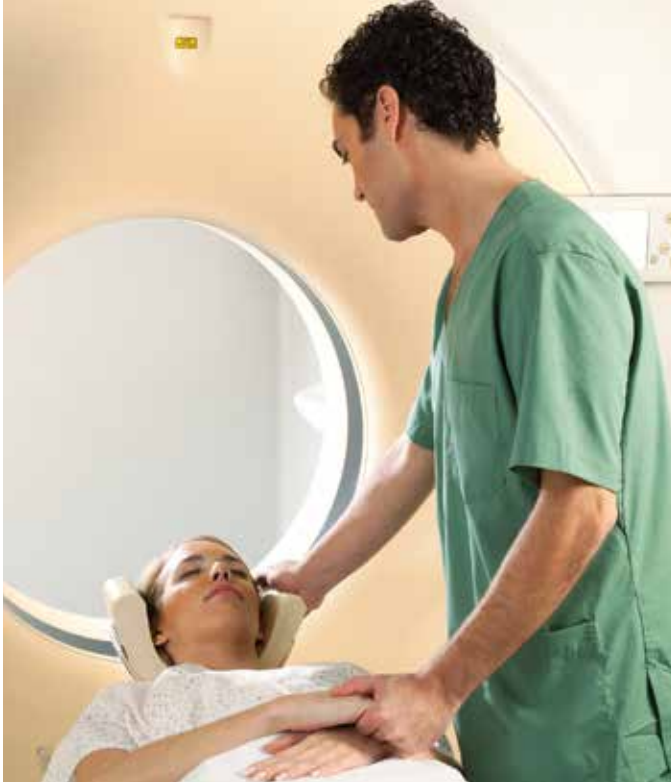
"Medical care, including provision of clinical facilities and a full-time, well-trained nursing workforce, must be at the heart of all future policy and planning for aged care in this country."

Key recommendations of the Position Statement include more support and Government funding for ongoing access to health care at home; improved access for older people in residential aged care facilities (RACFs) to doctors through enhanced Medical Benefits Schedule (MBS) funding; and improved accreditation standards to include a satisfactory registered nurse to resident ratio in RACFs.

The *AMA Position Statement on Resourcing Aged Care* can be found at: <https://ama.com.au/position-statement/aged-care-resourcing-2018>

CHRIS JOHNSON

First ever all-encompassing policy on diagnostic imaging



The AMA has released its first-ever comprehensive, overarching diagnostic imaging policy.

It brings together in one document all of the AMA's existing policies on diagnostic imaging issues.

The *AMA Position Statement on Diagnostic Imaging 2018* highlights an ongoing commitment to supporting doctors who provide diagnostic imaging services.

It also repeats the AMA's support for doctors who refer their patients for diagnosis, monitoring, and specialist treatment.

Launching the document in April, AMA President Dr Michael Gannon said diagnostic imaging plays a critical role in 21st century health care, yet it is often undervalued.

"It underpins and guides much of what we do in medicine," Dr Gannon said.

"It is integral to diagnosis and screening, formulating treatment plans and monitoring responses, performing minimally invasive procedures, and interventional procedures.

"Investment in high quality diagnostic imaging services ultimately saves taxpayers from higher downstream costs in the acute care sector.

"It also greatly improves the patient's health care experiences and outcomes."

The AMA has long called on the Federal Government to provide realistic reimbursements to patients through Medicare so that diagnostic imaging services remain affordable to people who need them.

Many people delay or are deterred from accessing diagnostic services because of high upfront costs, which ultimately leads to even higher downstream costs.

The Position Statement also highlights the clinical and ethical importance of people living in regional, rural, and remote areas having access to comprehensive, local diagnostic services.

The Senate Community Affairs Committee report on diagnostic imaging equipment access, which was released in March, also highlights the financial pressure on patients who need to travel for these specialist services.

The *AMA Position Statement on Diagnostic Imaging 2018* also supports:

- Radiologists being able to determine the most clinically appropriate service for the diagnosis of a patient's condition;
- the importance of Radiologists supervising services provided in radiology practices;
- ongoing research to underpin evidence-based practice, and education to implement this practice;
- the current national accreditation scheme, which ensures all providers, practices, and sites offering diagnostic imaging services meet high standards of safety and quality; and
- funding through the existing fee-for-service model, which should be sufficient to cover the individual service as well as quality-related activities.

The *AMA Position Statement on Diagnostic Imaging 2018* can be found at: <https://ama.com.au/position-statement/diagnostic-imaging-2018>

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.

Women remembered on Anzac Day



Assoc Professor Susan Neuhaus

Senior member of the AMA, and retired colonel, Associate Professor Susan Neuhaus became the first woman to deliver the Anzac Day dawn service address at the Australian War Memorial in Canberra.

She used the occasion to highlight the often overlooked role of women in the armed services and in particular the Australian Defence Force.

Colonel Neuhaus, a surgeon, spoke of the sacrifices many Australian women made during armed conflicts as far as the Boer War.

And she shared the horrific story of 22 nurses executed by the Japanese in WWII after being ordered into the sea.

"When their ship, the Vyner Brooke, was torpedoed in the Banka Strait, they swam through the night to the shore," she said.

"There, on Monday the 16th of February 1942, shortly after 10am, they were lined up along the beach, still in their uniforms, a red cross emblazoned into their left sleeve and at bayonet point they were ordered into the sea.

"They were under no illusion as to their fate.

"In those last moments before the machine guns opened fire, Matron Irene Drummond turned to her nurses with words of comfort and of courage and her words speak for a nation: 'Chins up, girls. I'm proud of you, and I love you all'."

Colonel Neuhaus added that she had: "No faded photographs of men or women in uniform on my mantelpiece and don't know of any family members who served on the beaches of Gallipoli, on the muddy fields of the Somme or indeed the jungles of south-east Asia.

"And yet," she said, "like all of us, I benefit from what they have done."

CHRIS JOHNSON

TGA survey to help analyse adverse events

The Therapeutic Goods Administration is undertaking an online survey to seek information about health professionals' experiences and attitudes towards key issues related to medicines and their use.

It is particularly concerned about those issues related to identifying, managing and reporting adverse events.

Analysis of adverse event reports is an important way the TGA monitors the safety of medicines and vaccines used in Australia.

TGA management notes that health professionals play an important role in ensuring the safe use of medicine, particularly by reporting

adverse events they see in clinical practice for new medicines.

It is encouraging as many doctors and other health professionals as possible to participate in the survey.

Responses will help the TGA improve the way it collects and uses adverse event reports.

All responses are anonymous and this survey does not collect any personally identifying information.

The survey is available on this link (https://healthau.au1.qualtrics.com/SE/?SID=SV_9Ljd59b1DWIhkxv&Q_JFE=0) and is estimated to take about 10 minutes to complete.

New AMA conflict of interest guidelines released

The AMA has recently released guidelines to assist doctors with appropriately identifying and managing actual and potential conflicts of interest in the practice of medicine.

These guidelines are new and are intended to enable doctors to uphold public trust and confidence in the profession through the proper management of conflicts of interest in medicine. They address the topic of potential conflicts of interest, outlining that

while there is nothing inherently wrong with having a conflict, it is important that doctors are able to recognise and respond to them appropriately.

The guidelines are detailed here and can also be viewed at: <https://ama.com.au/position-statement/guidelines-doctors-managing-conflicts-interest-medicine-2018>



Doctors and medical students – ten reasons why you need a GP

BY DR ROGER SEXTON

So you think you are going OK, do you? Feeling fine mostly but perhaps a little tired at times. Some stress, but nothing unusual or too unmanageable and no significant physical problems.

You probably haven't needed to see a doctor about anything for some time. You may have managed to get by with some medication samples from work or prescribed by one of your politely compliant but quietly reluctant colleagues.

The convenience of being able to bypass all of those annoying steps that our patients have to undertake to see a doctor is surely one of the great benefits of membership of the medical profession!

It is one of the biggest risks, too.

The choices available to doctors seeking medical care for themselves include the formal option of a consultation with their doctor in the correct clinical setting. They may opt for informal care from a colleague in the corridor or self-medication and self-investigation. Thirdly, a doctor may use a combination of both. This 'blended' care option is in my experience very widely practised by doctors who prefer this to avoid the inconvenience of a formal appointment, the potential for illness disclosure, the erosion of privacy and having to endure the 'waiting room experience'.

Doctors also suffer their fair share of common conditions including infections, acute physical and mental conditions and injuries to name a few. Doctors can be unaware of age-appropriate health screening tests and can present late in an illness, due to incorrect self-diagnosis or wanting to avoid 'trivial' illness presentations.

GPs are centrally placed to assist the health of the medical profession. They are a precious resource and the following list reminds us of the value of all doctors and students having their own GP of choice.

Selection of the right GP for you can take time and it is important to be as helpful to your GP as possible and if you practise blended care, tell them.

1. Your GP is your independent advocate in the health system. GPs spend all their time going in to bat for their patients and are very good at it.
2. Your GP has a different set of referral networks to you and can decide who is most appropriate to see you for further specialised care. It is more than likely that your own informal network of professional friends from medical school really do not want to see you.
3. Your GP is a very broadly trained generalist and understands the broader impact of work, relationships and lifestyle on the mental and physical health of the individual.
4. GPs focus on preventive medicine including immunisation and age-appropriate health screening. This is underdone among doctors in particular.
5. GPs have recall systems and high levels of computerisation which assist with caring for patients and reducing prescribing errors.
6. GPs are confidential and understand the importance of confidential advice to the medical profession.
7. Your GP maintains your complete medical record and can coordinate clinical handover when you are travelling or moving interstate.
8. Your GP is interested in you as a person and understands what it takes to be a sustainable and successful medical professional.
9. Your GP looks at you holistically and independently. They will see things you will not.
10. Your GP will help you live longer. There is good evidence for the benefits to longevity from having a GP.

You will live longer if you have your own GP because prevention really is better.

Dr Roger Sexton is the Medical Director at Doctors' Health South Australia and a Director of Doctors' Health Services Pty Ltd (DrHS), a subsidiary of the AMA. DrHS is funded by the Medical Board of Australia. Find out more at www.drS4drs.com.au



Health on the Hill

POLITICAL NEWS FROM THE NATION'S CAPITAL

AMA rebuffs Deputy PM's call for more regional medical schools

The AMA has again stressed to the Federal Government that establishing more regional medical schools is not the answer to attracting doctors to rural Australia.

It follows Deputy Prime Minister and Nationals Leader Michael McCormack's comments (while serving as the Acting Prime Minister) that a new regional medical school would help address the doctor shortage in the bush.

He urged his parliamentary colleagues, and especially those in the Nationals Party, to continue fighting for more regional doctors and medical schools.

"I am a big believer in rural medical schools, which will address the maldistribution of doctors," Mr McCormack said during an address to the National Press Club in April.

"As the Nationals leader, I believe medical schools should happen."

But AMA Vice President Dr Tony Bartone said the message didn't seem to be getting through to the Government that regional medical schools were not the answer.

"This is not the way you try and get good-quality doctors into rural and regional Australia," Dr Bartone said.

"We continue to pour out doctors, but we don't have a sustainable, robust training solution to allow them to develop their capabilities.

"It's those postgraduate training positions which are the bottlenecks, the major barrier."

Dr Bartone said accepting more medical students from rural backgrounds and then giving those graduates rural training places was the key to the issue.

"You need to have students from a rural background, trained in a rural background and given the opportunity to develop their career in a rural background," he said.

"The ball is firmly in the Government's court and it is not a question of simply shifting a gear and hoping that if we produce

enough medical students eventually some will sift through to rural and regional."

CHRIS JOHNSON

Government orders nursing homes to offer staff flu shots

Aged-care homes must offer their staff a flu vaccination this year, following orders from the Federal Government.

Aged Care Minister Ken Wyatt announced the new immunisation policy late in April, in the lead-up to what is expected to be another dangerous flu season this winter.

Last year, more than 1000 people, mostly aged over 65, died from influenza-related complications.

In announcing the new move, Mr Wyatt said only 91 of 2600 aged-care facilities provided the acceptable level of vaccination rates last year.

He said the Government has had to step in with stricter rules in order to try and prevent a repeat in nursing home flu deaths this year.

Workers in aged-care facilities can't be forced to be vaccinated, but it will be compulsory for their employers to offer the shots.

"What right does a senior, frail Australian have to be protected from someone who chooses not to (get vaccinated) and then ends up with a virulent flu that then causes their death?" Mr Wyatt said.

"There will be some individuals who will take a stand but, then again, that is up to the provider to make a decision in respect to that individual. They can move staff to other locations."

The Government's stipulation is that a vaccination rate of 95 per cent is needed among nursing home staff, but very few maintain that level.

The Minister also asked family and friends visiting nursing homes to get flu shots as well.

CHRIS JOHNSON



Research

Mapping the cost of health-related work incapacity



Comcare CEO Jennifer Taylor launching the Collaborative Partnership to Improve Work Participation.

A Federal Government statutory authority is releasing new research that estimates the scale and cost of health-related work incapacity in Australia. And it looks at opportunities to improve the situation.

Comcare, the Government's compensation insurer and work health and safety regulator, late last year established an innovative public-private initiative known as the Collaborative Partnership to Improve Work Participation.

It is focused on aligning the various sectors of Australia's work disability system to deliver better outcomes for people with temporary or permanent physical or mental health conditions.

The Partnership includes the Australasian Faculty of Occupational and Environmental Medicine (AFOEM), the Departments of Social Services and Jobs and Small Business, the ACTU, the Insurance Council of Australia, insurer EML and experts Lucy Brogden, Chair of the National Mental Health

Commission, and consulting Professor Niki Ellis.

AFOEM is leading work to strengthen the role of GPs in improving return to work outcomes for injured and ill workers – including helping GPs prescribe work as part of recovery.

Through a range of projects, the Partnership is working across sectors including workers' compensation, life insurance, superannuation, disability support and employment services to improve disability employment and return to work rates for people experiencing work incapacity through illness and injury.

It is also the first time all the major compensation and benefit systems have been examined together to identify the flow of people through them, how the systems interact, and where they can be improved to deliver better health and productivity outcomes.

The Partnership commissioned Monash University to undertake the research. The resulting report *The Cross Sector Project Mapping Australian Systems of Income Support for People with Health-Related Work Incapacity* is now being released.

The study considered data and services across the systems that support people to work – workers' compensation, disability support, veterans' compensation, superannuation, life insurance and motor accident compensation.

Among other things, the study found that 786,000 Australians who were unable to work due to ill health, injury or disability received some form of income support in 2015-16.

Also, about \$18 billion was spent on some form of income support in that year.

This research sheds new light on how many Australians have health conditions that impact their ability to work, and the cost for employers, Government and insurers. The numbers include 155,000 people in workers' compensation and 469,000 people in social security.

Researchers also produced a conceptual map of Australia's income support systems, showing the volumes of people, the types of income support they receive and how they might move through the various systems.

"These findings mark the first step in establishing an evidence base in a critical area of public health and social policy,"





Research

... from page 17

Comcare CEO Jennifer Taylor said.

“It gives us a basis for improving Australia’s service delivery model for supporting people with work-related injury or disability in their return to work.

“Australia’s benefit and compensation systems are siloed and operate with little reference to each other. There’s growing recognition that what happens in one system impacts others, and the costs often just shift between the systems.

“Considering the sectors as a whole rather than as independent systems will lead to a better understanding of how they operate in relation to each other, how they connect and where gaps or tensions exist.

“It’s clear that taking a cross-system view and a collaborative approach gives us a platform to design and trial new service offerings. We have significant opportunities to improve health and productivity for a very large number of working age Australians.”

Monash University’s Insurance Work and Health Group, led by Professor Alex Collie, was asked to develop a high-level system map of the current Australian service delivery model for supporting people with a work-related injury or disability in their return to work. The project also analysed and mapped system-related data and data gaps.

The project scope included investigating five categories of services: return to work services; healthcare and treatment; job finding or employment services; functional support services; and case management services.

The Monash team mapped 10 major systems of income support in Australia: employer provided entitlements; workers’ compensation (short tail and long tail schemes); motor vehicle accident compensation (lump sum and statutory benefits); life insurance (income protection and total and permanent disability schemes); defence and veterans’ compensation and pensions; superannuation; and social security.

The report estimated the number of people accessing income support and associated costs from each of the systems during 2015-16 and identified opportunities for improvements in the various systems.

Potential improvements include information and data sharing to

provide greater understanding of the systems of income support; and better aligning service models – particularly through reforming GP certification and work capacity assessment – to reduce overlap and improve service delivery.

The Collaborative Partnership is considering these recommendations and working towards addressing the opportunities for change. Members are already examining ways to improve data sharing between the various compensation and benefit systems to get a better understanding of how they interact and how they can work together more effectively.

CHRIS JOHNSON

The *Cross Sector Project report* can be found on the *Partnership’s website*: <http://www.comcare.gov.au/collaborativepartnership>

Doctors invited to subscribe to new Olive Wellness Institute

A new online resource promoting the health attributes of extra virgin olive oil has been launched to coincide with the latest international findings of the benefits of a Mediterranean diet.

The world-first Olive Wellness Institute aims to build awareness of olive products through the gathering, sharing and promotion of credible, evidence-based information pertaining to their nutrition, and health and wellness benefits.

The Institute, which is sponsored by olive company Boundary Blend Limited, is asking doctors to subscribe to its free online research source.

Professor Catherine Itsiopoulos, Head of the School of Allied Health at La Trobe University, chairs the Olive Wellness Institute’s (OWI) advisory panel.

“Given the abundant misinformation on the health benefits of foods, ingredients and supplements, a collaborative organisation like the OWI will offer healthcare professionals, scientists, academics and members of the general public, invaluable access to evidence-based information about extra virgin olive oil (EVOO) and other olive products,” she said.

“I have been researching the impact of the Mediterranean diet



Research

for more than 20 years, and EVOO forms the basis of the dietary advice I provide to patients with heart disease, diabetes and other chronic diseases.”

Prof Itsiopoulos is currently conducting a trial which aims to demonstrate the positive effects of the Mediterranean diet on patients with coronary heart disease.

A new research review, published last month in the *Journals of Gerontology* and titled *The Health Benefits of the Mediterranean Diet: Metabolic and Molecular Mechanisms*, highlights the anti-inflammatory and antioxidant properties of phytochemicals found in EVOO.

Conducted by US and Italian geriatric and nutritional research scientists, the review discusses the role played by EVOO and the Mediterranean diet in trying to reduce the risk of stroke, Type 2 diabetes, peripheral artery disease and breast cancer.

Subscription to the olive wellness community is free via the OWI website: www.olivewellnessinstitute.org.

Subscribers can access:

- Regularly updated news and articles relating to olive nutrition, health and wellness.
- An easily searchable and comprehensive olive science database featuring prominent recent research findings.
- An expert library listing designed to facilitate queries and research collaboration.
- A list of relevant olive events worldwide.

New subscribers can also download a free olive health and wellness e-book, containing comprehensive information about the history and science behind olive products.

CHRIS JOHNSON

Sugar tax works before it starts in UK

Britain's sugar tax has only just begun yet it is already being hailed as a huge success.

It was considered a success before it even started on April 6.

The reason?

Soon after the legislation was passed, but before the tax actually kicked in, the UK's largest soft drink makers began significantly reducing the amount of sugar they put in their drinks.

The graduated levy was announced in Britain's 2016 budget but it wouldn't kick in until two years later, and it applied only to soft drinks.

There is no tax for drinks containing five grams or less of sugar per 100 millilitres, a medium rate for those containing between five and eight grams, and quite high for drinks with more than eight grams of sugar per 100 millilitres.

As a revenue raising initiative, the tax is failing. By the time it began, Britain's treasury more than halved its estimate of what the tax would raise.

That's because drink makers have massively revisited their recipes in order to avoid the tax.

As a health initiative, the sugar tax is a runaway success.

Coca-Cola started making Fanta and Sprite about half as sweet. Tesco did the same for its whole range of drinks. Ribena and Lucozade are now far less sweet. San Pellegrino in the UK make their sodas with 40 per cent less sugar these days. Other soft drink makers have followed. And what's more, fast food restaurant outlets are avoiding the tax by removing self-serve full-sugar soda fountains.

George Osborne was Britain's Chancellor of the Exchequer (Treasurer) who created the tax.

He stood down from Parliament last year, but he recently tweeted: "Our Sugar Tax is even more effective than hoped. That means less sugar and better health. Progressive policy in action."

CHRIS JOHNSON

Scanning on top of the world

Radiographic imaging equipment has been delivered to the top of the world – almost.

Kunde hospital is located 24.6 kilometres from Mount Everest Base Camp and a Carestream Vita Flex CR System was recently delivered and installed there by Capital Enterprises.

The equipment provides imaging services to 8,000 local residents as well as mountaineers, sherpas and others who support those who attempt to climb Mount Everest.

The imaging system was transported by plane to Lukla, Nepal. The Lukla airport (officially called the Tenzing-Hillary Airport) is regarded by many as the world’s deadliest airport due to its high elevation and unforgiving terrain.

From there, porters carried the x-ray equipment on their backs for 30 kilometres to the hospital, which is staffed and operated by local physicians and nurses.

The system is used by medical staff to capture digital x-ray images of shoulders and extremities that have been broken or sprained.

It is also for the head and neck area to diagnose sprains or concussions; as well as chest exams that may indicate a patient has pneumonia, altitude sickness, or evidence of a heart attack or other serious medical conditions.

These imaging studies are essential to diagnosing diseases and injuries to climbers, sherpas and other workers at base camp.



“The images are available in minutes and physicians decide if a patient can be treated at the hospital or must be transported to Kathmandu... by helicopter or airplane,” said Carestream’s Charlie Hicks.

Kathmandu is 136 kilometres from Kunde Hospital. The Kunde hospital, which was founded by Sir Edmund Hillary in 1966, is 3,840 metres above sea level.

.....
CHRIS JOHNSON

Doctors and nurses not happy in Zimbabwe

Doctors and nurses are involved in a drawn out and ugly industrial dispute in Zimbabwe, resulting in more than 16,000 nurses being sacked by the African nation’s new Government.

The nurses were striking over pay and conditions. Junior doctors had only just finished their month-long walk-out over the same issues.

But as the Government tries to hush up the dispute while it heads into its first elections since the ousting of Robert Mugabe, reports have leaked that the striking nurses were

sacked on mass.

Vice President Constantino Chiwenga subsequently confirmed the sackings, accusing the nurses of staging a politically motivated strike. While he said they would be replaced, the nurses’ union has described the Government’s move as a stunt and is considering its response.

Doctors there are now also considering their next move.

.....
CHRIS JOHNSON

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 online resource for AMA members. The AMA list of Medical Services and Fees provides an important reference for those in medical practice to assist in determining their fees.



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 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.