

CANBERRA Doctor

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AMA (ACT): Innovation, funding key to health in the ACT

The Health, Ageing and Community Services Standing Committee of the ACT Legislative Assembly is inquiring into the future sustainability of health funding in the ACT. The AMA (ACT)'s submission to the inquiry has called for additional funding for health innovation and public hospitals.

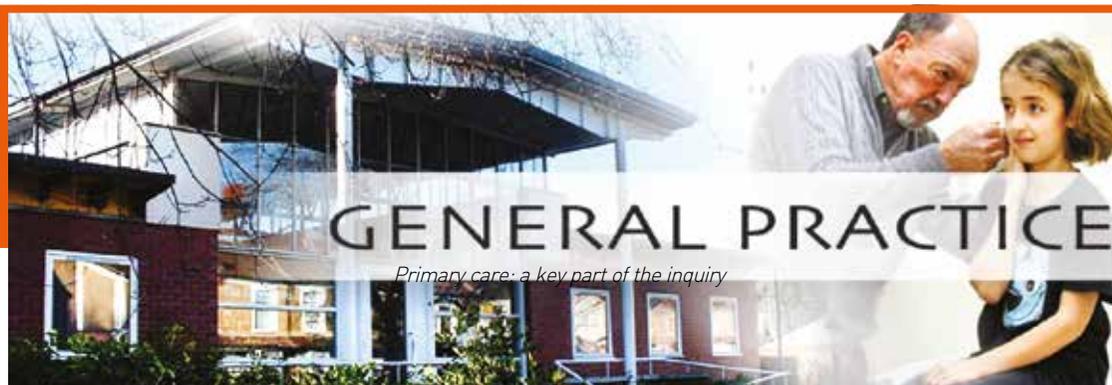
The Committee has set itself a significant task, given the nature and sources of health funding, but it's an important one with discussions for the next round of healthcare agreements already underway. Most recently, the February meeting of the Council of Australian Governments (COAG) has seen the jostling between the Federal Government and the States and Territories result in a split with Western Australia and New South Wales splitting off in an attempt to gain some further Federal funding.

Locally, Chief Minister, Andrew Barr responded by saying, "the Commonwealth's offer on health-care was not a good enough deal

for Canberrans. We negotiated hard and will continue to do so, but the fact remains the Commonwealth still owes Canberrans \$40m in health funding from previous years. Plus any future funding agreement should help fund health infrastructure in Canberra which is used to benefit patients in New South Wales."

Health Funding Inquiry

It's in this context, the Health, Ageing and Community Services Committee is looking into sustainable health funding in the ACT. The Committee has a broad remit to consider the various sources of health funding – Federal, ACT, private health in-



Primary care: a key part of the inquiry

surance, co-payments and other sources as well as looking at innovation in health care delivery.

Despite the fact that many of the funding sources lie outside the control or influence of the ACT, the broad scope of the terms of reference give ample opportunity to examine these funding issues together with a raft of others.

Public Hospitals

On the evidence available to the AMA (ACT), Australia's public hos-

pitals are facing a funding shortfall that is eroding their capacity to provide essential services. The additional Commonwealth funding agreed in April 2016 of \$2.9 billion over three years was welcome, but inadequate to fill the gap. The original National Health Reform Agreement would have delivered \$7.9 billion in additional public hospital funding to June 2020 compared to funding by CPI indexation and population growth (as announced in the 2014-15 Budget).

This is a point the AMA (ACT) has made strongly in our submission.

Sustainability

The AMA has consistently argued that Australia does not have a health spending crisis. The Government's own health expenditure figures (2014-15) show total health expenditure in Australia has seen three years of modest, sustainable growth, with 2.8 per cent growth in 2014-15, 3.2 per cent growth in 2013-14, and 1.1 per cent in 2012-13.

Continued page 4...

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Medical Musings

WITH PRESIDENT, PROFESSOR STEVE ROBSON

Summer is drawing to a close, and the holiday break feels now like a memory. Most of us have been back at work for quite some time now, caring for Canberra's patients, and looking forward to a busy and productive new year. I hope that all of you had the opportunity for some rest and time off over the holiday season.

Codeine changes

From the start of this month the TGA has up-scheduled medications containing codeine, meaning that products containing codeine now can only be obtained on prescription. I think we are all aware that codeine is not a particularly good choice as an analgesic, certainly not for chronic pain conditions. The AMA and all of the Medical Colleges supported the TGA's actions in upscheduling codeine – the only major group to oppose the changes was the Pharmacy Guild. It seems that the transition is going well, and improving care for many patients.

Caring for each other

A major focus of the very substantial updated of the World Medical Association Declaration of Geneva is the need for us to attend to our own health if we are to provide the highest standards of care to our patients. Although other changes were made to the Declaration, such as the need to share medical knowledge and to respect our students, it was the importance of looking after our own health that captured the media attention. This is a welcome change, and the interest in junior doctor welfare and wellbeing attests to the importance of this principle.

Many of you will have followed the tragic case of Dr Bawa-Garba in the UK NHS. I won't recount the awful details again, as they have received wide publicity. Suffice to say the Dr Bawa-Garba was working in a truly appalling situation, and as a result of many factors, a poor six year old child in her care died. The resultant sanctions – being arrested and charged with manslaughter, and losing her medical registration – shocked doctors around the world. So wide was the condemnation of these actions that the UK Health Minister has ordered an independent inquiry.

As part of the Council of Presidents of Medical Colleges, I was able to discuss the case of Dr Bawa-Garba directly with Dr Joanna Flynn, Chair of the Medical Board of Australia. She tried to be reassuring that such events were unlikely in Australia. However, we would have said the same in the UK as well. It will be interesting to hear the results of the independent inquiry. In the meantime, it is important that we redouble our efforts to support our doctors-in-training during these uncertain times.

Gun violence and our children

Like our whole community and, indeed, most of the world I was

revolted by yet another senseless massacre with 17 killed at a school in Florida in the United States. Just as shocking is the resolute nature of American politics that holds gun ownership sacred. Our experience of changes to gun ownership laws in Australia in the wake of the tragic Port Arthur shootings over 20 years ago has been nothing but positive. Internationally, we are held up as an exemplar in this regard.

I attended a meeting in the United States a year ago, and was bemused to hear commentators on the TV News there saying that Australians had been 'stripped of our weapons' by our Government, and that America risked the same fate. It is difficult for an Australian to come to grips with the mindset that the 'solution' to the gun violence epidemic is actually more guns. Incredible and unbelievable... and deadly.

Vale Dennis Wilson

I was absolutely shocked to hear that my friend and colleague Professor Dennis Wilson had passed away a couple of weeks ago. My consulting rooms were a couple of doors up from Dennis' rooms for the last 15 years, and Dennis and I shared many



patients. He was an incredible doctor and had a huge influence on endocrinology practice, not only in Canberra but at a national level. Those who knew Dennis realised that he could be very direct: he once caught me sneaking a Mars Bar as a quick late lunch on a busy day, and rebuked me soundly. When I offered that I planned to 'walk it off later,' Dennis matter-of-factly

told me I would have to 'walk to Yass' to rid myself of the calories. I will dearly miss him.

Sustainability of Health Funding in the ACT

AMA (ACT) has made a submission to the standing committee on Health, Ageing, Community and Social Services. More information is available in this edition of Canberra Doctor.

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AMA (ACT) welcomes GP Grant Fund

Prof Steve Robson, AMA (ACT) President has welcomed the ACT Government's announcement of grants for general practices in the Tuggeranong and Molonglo areas.

"The ACT Government's announcement fulfils an election commitment to encourage new or expanded general practices in the Tuggeranong and Molonglo areas. The AMA (ACT) welcomes the grants program and the goal of giving Canberra's south-side residents better access to affordable, connected and quality primary healthcare." Prof Robson said.

In the 2017-18 budget, the ACT Government committed \$1.05 million to establish a grant scheme to support the expansion of general

practice bulk billing in Canberra's south.

Quality and Innovation

The Bulk Billing General Practices Grant Fund encourages the expansion or establishment of new general practices with a demonstrated commitment to bulk billing in Tuggeranong and/or Molonglo.

"While the stated purpose of the Bulk Billing General Practices Grant Fund is to encourage the establishment of new or expanded



Prof Steve Robson,
AMA (ACT) President

general practices with a demonstrated commitment to bulk billing, particularly for vulnerable

population groups, I'm pleased that the criteria for the grants also encourages proposals that reference prevention, co-ordinated care and integration with other community services and support groups." Prof Robson added.

"Canberra's hard working GPs need to know that the ACT Government encourages innovation and quality in primary healthcare and it's not simply about the rate of bulk billing. Affordability is an important component of primary healthcare but so is encouraging innovation and quality care," Prof Robson said

"In this instance, I think the ACT Government has got the balance

about right and acknowledge the consultative process Minister Fitzharris undertook to develop the grants guidelines involving the Capital Health Network, consumers, the AMA (ACT) and other stakeholders."

Further details

You can apply for funding if you are expanding or establishing a general practice in Tuggeranong and/or Molonglo. This could include an application to fund capital works.

For further information about the grant, including eligibility and assessment criteria and how to apply, visit: www.health.act.gov.au/bulkbillinggrant.

Dr Rashmi Sharma appointed to ACT consultation panel

Dr Rashmi Sharma OAM has been appointed to a new Advisory Group tasked with helping to plan for a healthy Canberra. The new Territory-wide Health Services Framework Advisory Group is made up of 11 health experts and community sector members and draws on the experience of a broad range of organisations from the Canberra community.

In announcing the appointments, Health Minister Meegan Fitzharris said, "The Advisory Group will be an important forum for health stakeholders, community organisations and consumers to provide advice on the framework. This will help create the vision we have for

innovative and accessible health services here in Canberra."

"The Group will also bring expertise, skills and advice on stakeholder perspectives and engagement as this important health services planning work progresses."

The group will meet regularly over the next 12 to 18 months.

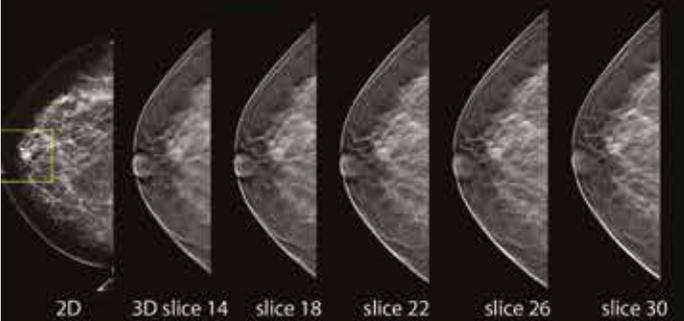
More information can be found here: <http://health.act.gov.au/about-us/territory-wide-health-services/territory-wide-health-services-advisory-group>



Dr Rashmi Sharma OAM



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AMA (ACT): Innovation...continued

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For the last three years, growth has been well below the long-term average annual growth of 4.6 per cent over the last decade. While increasing at these modest, sustainable rates, health spending has also faced pressures from an ageing population with increasing levels of chronic disease and the costs of new technologies in health care.

The Commonwealth Government's total health expenditure continues to reduce as a percentage of the total Commonwealth Budget. In the 2014-15 Commonwealth Budget, health was 16.13 per cent of the total, down from 18.09 per cent in 2006-07. It reduced to 15.97 per cent in the 2015-16 Budget, and reduced further to 15.85 per cent of the total Commonwealth Budget in 2016-17.

In the ACT, health funding as a percentage of the overall budget has been staying about constant: 2014/15 30.9%, 2015/16 30.9%, 2016/17 30.6%, 2017/18 30.3%. While actual dollar amounts have increased significantly from \$1.39bn in 2014/15 to \$1.6bn in 2017/18.

On the basis of these figures, total health spending is not 'out of control'. The health sector is doing more than its share to ensure health expenditure is sustainable.

Innovation

Innovation in health care delivery has been a constant whether that be in clinical practice or the manner in which healthcare services are organized and delivered. The AMA (ACT) has, over a period of time, identified several initiatives and policy changes that our submission recommended be implemented in the ACT.



Chris Steel MLA, Committee Chair



ACT Health Minister, Meegan Fitzharris

The broad areas covered were primary care, public health and the health workforce and specifically dealt with:

- After hours primary care
- Review and triaging of GP referrals
- Alcohol fuelled violence
- Workforce incentives
- Psychiatric workforce and public mental health services
- Area of need policy

A further thought on funding

There is a general expectation in the Australian community that health care should be 'free' at the point of service provision. Most Australians oppose paying to see a doctor.

This appears to be based upon the argument that an individual's outlay for healthcare is not discretionary. However, the data suggests that Australians do spend significant amounts of money on discretionary health items, and this expenditure is growing.

Approximately a third of what individuals spend on health – to the tune of \$9.3 billion – goes on vitamins, supplements, over-the-counter painkillers and other unsubsidised drugs. It is more than the combined sum spent on dental care and hospitals. Australians spend \$3.5 billion on complementary medicines and therapies each year – around 13% of individuals' total health expenditure. A considerable pro-

portion of this expenditure is for unproven treatment.

It is clear that Australians are prepared to purchase some products, but it is not clear why they are not prepared to contribute to the purchasing of high quality health care. The health system would be financially stronger if some of this discretionary expenditure was spent on proven treatments.

The AMA (ACT) submission will be published on the Legislative Assembly Committees website at www.parliament.act.gov.au/in-committees under the Standing Committee on Health, Ageing and Community Services.

The Committee will subsequently hold public hearings.

DR OMAR GAILANI
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JMO Health:
<http://www.jmohealth.org.au/>
 Partly funded by DHAS and a range of other organisations.

Doctors Health Advisory Service
<http://dhas.org.au/resources/resources-for-junior-medical-officers.html>

On the DHAS website itself.

AMSA students and young doctors:
<http://mentalhealth.amsa.org.au/about-the-campaign/>
<http://mentalhealth.amsa.org.au/keeping-your-grass-greener/>

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Vale A/Prof Dennis Wilson

BY DR AARON SIMPSON

It is with much sadness I inform you that Dennis Wilson – Clinical Director of Endocrinology, The Canberra Hospital 1990-2016, passed away in the early hours of Monday 29th January, after an 18 month illness. His passing was peaceful, surrounded by family.

Dennis graduated Medicine at Queen's University, Belfast in 1972. He completed his training as an endocrinologist (MRCP – UK) at the Royal Victoria Hospital in 1979. He completed an MD at Queen's that same year and moved to Melbourne as a Clinical Fellow at the Medical Research Centre, Prince Henry's Hospital. He became a Fellow of the Royal Australian College of Physicians in 1983.

Dennis was appointed staff endocrinologist at the Woden Valley Hospital, Canberra, in 1980. He became Clinical Director of Endocrinology from 1990, continuing in that role until becoming unwell in 2016. From 1983, he was involved in diabetes research (pancreatic islet), as a Visiting Fellow at the John Curtin School of Medical Research at ANU. Dennis was awarded academic title of Clinical Associate Professor in Medicine, University of Sydney 1995 – 2006 and Associate Professor in Medicine, ANU in 2002.

Professionally, Dennis will best be remembered for his contribution to patient care as a clinical endocrinologist in Canberra and the surrounding region of NSW. As Director of Endocrinology, his greatest legacy is a long list of endocrinology

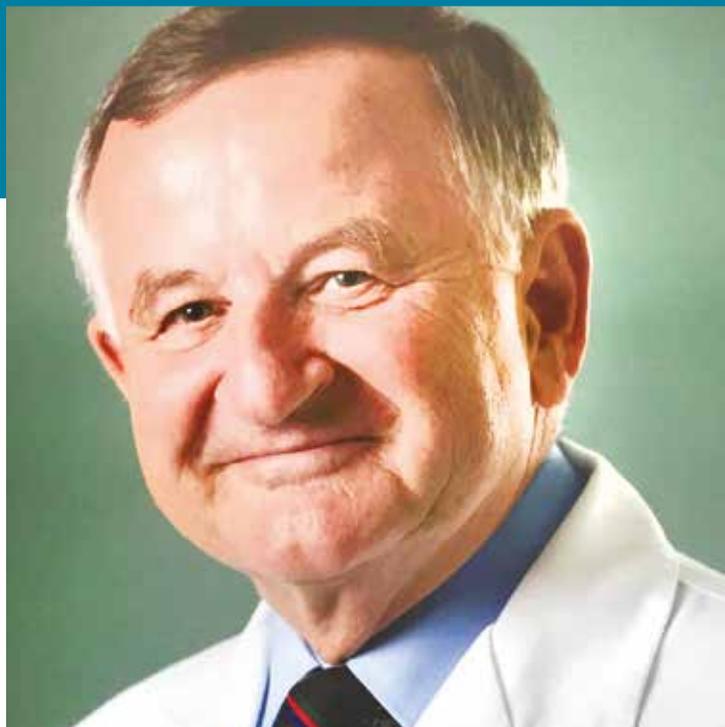
trainees he supervised, now consultant endocrinologists, including five who now work as consultant endocrinologists in Canberra.

He highly valued the nursing and allied health staff working within the service. He contributed in so many other ways, including as President of the Australasian Diabetes in Pregnancy Society 1990-94, Chairman, Royal Australian College of Physicians (ACT Branch) 1990-94, Senior Vice President Diabetes Australia (ACT) 1982-89 and Chairman of the Medical Staff Committee, Woden Valley Hospital 1992-96.

Colleague and friend

Dennis will be sadly missed, as a colleague and friend. Those who knew him will miss his very sharp wit, the odd Irish tale, his kindness and generosity, which enriched the lives of those he worked with.

We extend our thoughts and condolences to A/Prof Wilson's three children Helen, Sharon and Michael and to Dennis' partner Kirsti. A condolence book has been opened in the Diabetes and Endocrinology Unit (outpatients at TCH) for staff to record their personal condolences.



“Those who knew him will miss his very sharp wit, the odd Irish tale, his kindness and generosity, which enriched the lives of those he worked with.”

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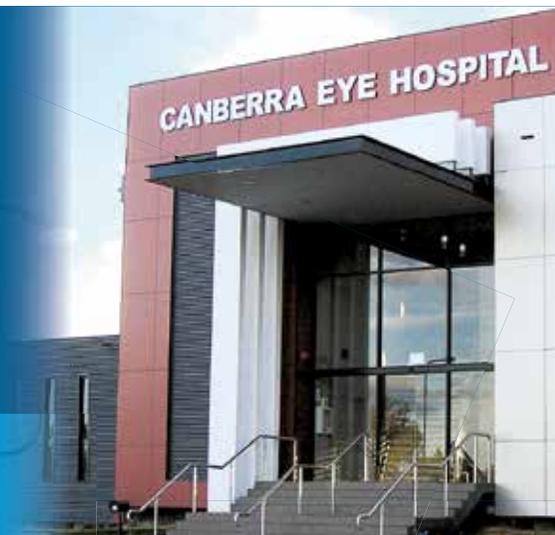
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DR IAIN DUNLOP

DR GAGAN KHANNAH

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DR SALIM OKERA

The fallacy of a progressive transition: Dr Tuck Meng Su OAM responds

Dear Editor

I am writing in reply to the article entitled "The fallacy of a progressive transition" which was written by Mr Ryan Ocsan and published in the December 2017 edition of the *Canberra Doctor*. As a general practitioner who works with a large number of transgender patients, I feel that I needed to write to clarify some of the issues raised by Mr Ocsan.

Mr Ocsan starts by referring to a report that a 4 year old Australian child had been allowed to undergo gender reassignment. I hadn't heard of the case that Mr Ocsan alluded to and it appears that it refers to a report in The Daily Telegraph on 1st September 2016 where the deputy secretary of school operations of the Education Department in NSW, Mr Gregory Prior, had said at a state government budget estimates hearing that delved into the Safe Schools program, that a school had used Safe Schools resources to help teachers assist a four-year-old child who was going through a gender transition.

No other information was provided about this child. With regard to this particular child, I think that it is premature to assume on the information provided that the child is

actually receiving medications for the purpose of gender transition. There is no medical indication to provide either puberty-suppressing medication or gender-specific hormones to a 4-year-old child. I think it is much more likely that the child had undergone a social transition and the school is accessing resources to help their staff provide assistance to this child and this child's family.

Changed legal landscape

Since Mr Ocsan's article was submitted, there has been a change in the legal landscape in Australia with regards to the treatment of transgender children and adolescents. Previously, adolescents under 18 years of age could get access to puberty-suppressing medication with the support of their family and their medical team but access to gender-specific hor-

mones required the consent of the Family Court and that the person was Gillick-competent.

In a case brought by a young transgender man from Canberra to the Family Court, the Full Bench of the Family Court ruled in November 2017 that access to hormonal treatment for gender transition would no longer automatically require Family Court authorisation. Medical professionals in Australia and their legal advisors are still working through the implications of the Family Court decision but it is likely that this will result in more adolescents receiving access to treatment with gender-specific hormones before they turn 18.

Australian Standards

In my experience, all transgenders who present to a medical



professional for gender transition have a thorough history taken as well as baseline pathology tests. Often, they will also be

referred to a psychiatrist or a clinical psychologist experienced in the assessment and management of gender dysphoria. This is particularly the case with transgender children and adolescents.

The Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents was released by the team working at the Royal Children's Hospital in Melbourne in September 2017 and this will be the document guiding most of us working in this area. With regards to the treatment of children and adolescents in this document, one of the criteria is that a diagnosis of gender dysphoria is made by a psychiatrist or clinical psychologist with expertise in child and adolescent development, psychopathology and experience working with children and adolescents with gender dysphoria.

Fertility preservation counselling by one of the health workers in the team is another criteria for the treatment of children and adolescents. The treating team need to agree that treatment is in the best interests of the child and to obtain consent from the child's legal guardians. Treat-

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Dr Gordiev undertook Orthopaedic training in Sydney and Canberra and further specialised for 18 months at the Cleveland Clinic in the USA. She regularly attends local and overseas conferences concerned with developments in the surgical treatment of shoulder, elbow, wrist and hand disorders. Dr Gordiev participates in the teaching of Orthopaedic registrars through the AOA training program.

Dr Gordiev seeks to ensure that her patients are well informed about all treatment options available to them and to offer a high standard of operative treatment and aftercare. Please visit her website or call her practice for advice or more information.



Phone 02 6260 5249
www.katherinegordiev.com.au
Suite 7 National Capital Private Hospital, Garran 2605

ment of transgender children and adolescents is therefore not a decision made by one health professional alone but by a team of experienced health professionals working together with the child and the child's family to achieve the best outcome for the child.

Inaction not an option

For most transgender children and adolescents, inaction is often not an option. There are very high rates of mental health problems in transgender children and adolescents including depression, anxiety, post-traumatic stress disorder, personality disorders and eating disorders. Distressingly, there are also very high rates of suicidal ideation and self-harm and some studies indicate that nearly half of transgender young people have attempted suicide. There is increasing evidence that gender-affirming care can significantly improve mental health and well-being.

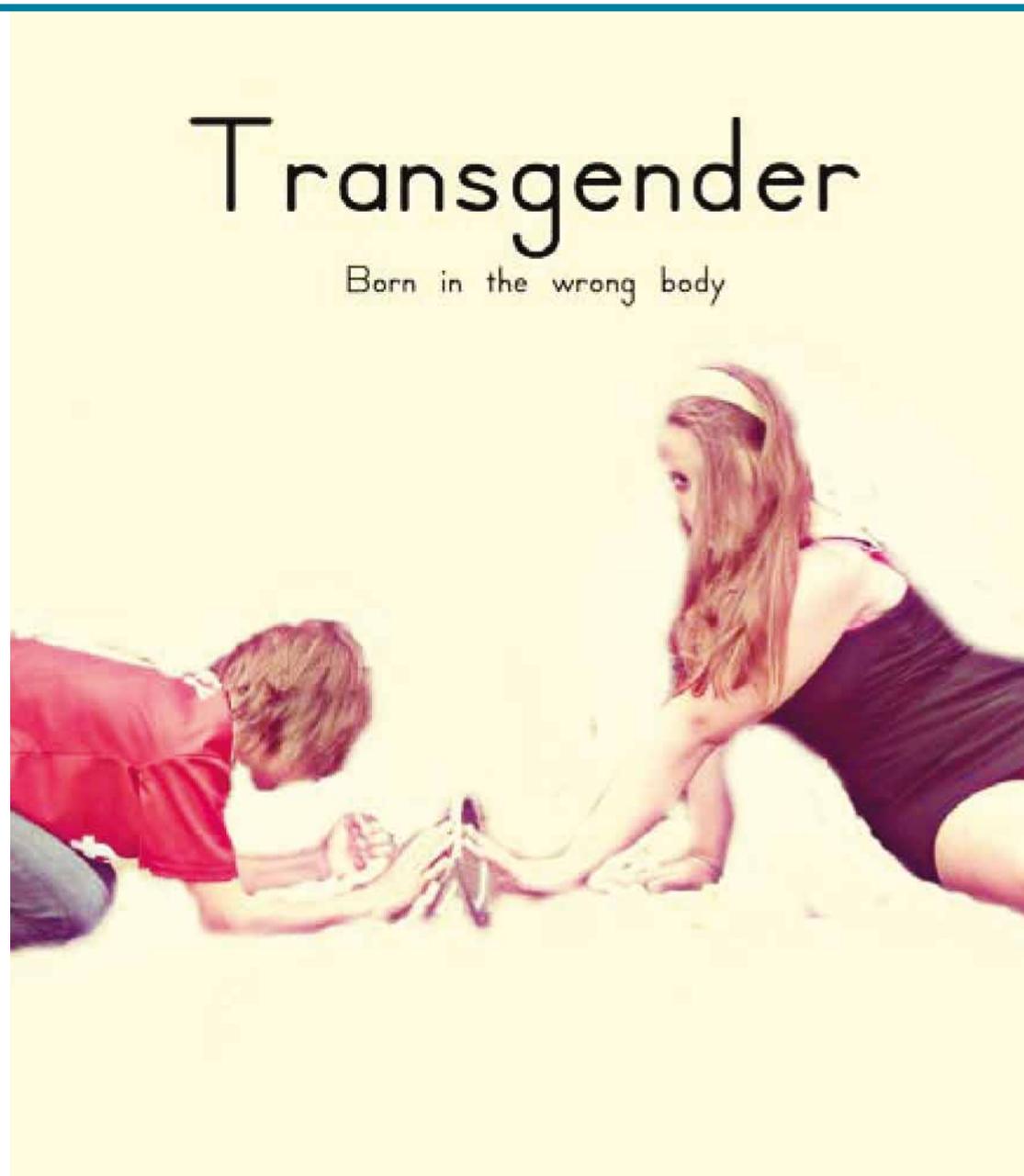
I agree with Mr Ocsan that a significant part of the well-being of our transgender children and adolescents is related to societal attitudes to gender and sexual diversity. A healthier society for our gender and sexuality diverse young people is one where their gender identities and sexual preferences are accepted and supported and they are allowed to make their own individual choices about their lives. The key

word here for me is people making individual choices so people can embark on their own journey to a destination of their choice. For many transgender children and adolescents, this means allowing them to make the decision to affirm their gender and getting the support of their family and health professionals.

ACT experience

In the ACT, the main issue for our transgender children and adolescents is the lack of resources. Crucially, we don't have any psychiatrists or clinical psychologists working in the publicly-funded services who can provide the assessment of gender dysphoria for a young person to access treatment, let alone provide continuing support through their transition. Young people and their families are forced to access practitioners in the private system or to make long journeys to Sydney or Melbourne.

Surgical treatment, except for bilateral mastectomies, is not available at all, in the public or private sphere. I and other health practitioners working with the transgender population in Canberra, hope to work with the ACT government, to try to address some of these deficiencies. Hopefully, we can work towards better outcomes for our transgender children and adolescents.



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AMA (ACT) Prize for Student Leadership Awarded to Ian McConnell-Whalan

The ANU Medical Ball, held at the National Arboretum, took place on Friday 15 December 2017.

The 2017 AMA (ACT) Prize for Student Leadership was awarded to Ian McConnell – Whalan and presented by Prof Steve Robson, AMA (ACT) President.

Congratulations Ian, a well-deserved award for four years of outstanding leadership.



Graduates gathered outside the National Arboretum.



Professor Jane Dahlstrom, Interim Dean College of Health and Medicine delivers the key-note address.



Ian McConnell-Whalan receives his prize from Prof Steve Robson.



Prof Imogen Mitchell, Dean, ANU Medical School.

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Salaried doctors bargaining: it's de ja vu all over again!

BY TONY CHASE, MANAGER, WORKPLACE RELATIONS AND GENERAL PRACTICE

Readers of the *Canberra Doctor* will be aware that bargaining for the new Territory-wide Medical Practitioners Enterprise Agreement (MPEA) continues to suffer from what economists call a "very long lead time". In short, progress has been slow – to say the least.

Preliminary discussions on the successor to the current enterprise agreement actually commenced in 2016, and formal bargaining has been underway since November 2016.

Apart from periodic wage adjustments and some 'tinkering at the edges', the MPEA has remained largely unchanged for several iterations since enterprise bargaining commenced back in the mid-1990s. Many of the key industrial issues remain "on the agenda" today having previously been slated for *review and reform* in previous versions of the MPEA.

I will leave it to you to decide how and why this failed reform agenda has become so much of a feature of the public health industrial health landscape in the ACT, suffice to say that the record is not good in the face of the best intentions set out in successive agreements.

Oncall/recall

In recognition of the importance of the on-call arrangements across the public hospital system, the members of the current bargaining group have again committed to undertake a review of the on-call/recall across the Territory public hospital system to determine whether the current on-call/recall provisions are fit for purpose.

This review, based on a projected collection of workplace data is expected to look at possible changes to the on-call, recall, onerous hours, recall and time-off-in-lieu arrangements. The data will provide an evidentiary basis for the review as it is necessary to look at time worked by Doctors for a short period to establish current workloads to inform the current negotiations. This proposal has been endorsed by ACT Health, ASMOF, the AMA (ACT) and Employee Bargaining Representatives.

Pay

In the meantime, the ACT Government has issued what it describes as an "improved pay offer" with the Government saying that this offer

is consistent with its pre-election commitment to "maintain wages in line with CPI."

On Friday 14 February 2018 Territory Government announced a revised pay offer in the following terms:

- 2% from the first full pay period in October 2017;
- 0.5% from the first full pay period in June 2018;
- 1.25% every six months from the first full pay period in December 2018 to the first full pay period in June 2021; and
- Agreement expiry date of 31 October 2021 (Four (4) year term).

CPI currently stands at 2.2% in the ACT.

Superannuation

The Government has agreed to improve its earlier offer on superannuation contributions for staff on the Superannuation Contribution Guarantee rate as follows:

- 0.25% on 1 July 2017
- 0.25% on July 2018; and
- 0.25% on July 2019

This contribution increase if agreed, will result in rate of 11.25% for affected staff by 1 July 2019. The Government has committed to continue the "3 for 1" offer which provides for the Government contribution a further 1% for eligible staff that make a personal contribution of 3% or more. A further proposal is to pay superannuation contributions for staff on the unpaid portion of the first 12 months' of parental leave which includes birth leave (formerly maternity leave), bonding leave, primary care giver leave, adoption leave and permanent care leave.

Rostering

In supporting its proposed rostering changes, the Government is arguing that its proposals are necessary to enable the Territory public sector to meet its services obligations. As members are aware, new rosters and shift work changes

can only be introduced after a ballot of affected staff and only then, if the majority of staff agree. The Government is proposing that the new agreement retains the staff ballot process, but introduces the ability for new rostering and/or shift work arrangements to be introduced, even if the majority support is not provided.

Consultation

The Government has registered its concerns that most changes proposed in the ACT public sector workplace, can only be implemented after a lengthy consultative process. The Government is arguing that this consultative obligation has constrained management and consequently the current proposal seeks to limit the obligation to consult. The proposal seeks to place the onus on potentially affected staff to raise concerns and to relieve management of the obligation to consult in the first instance.

What's next?

In summary the unresolved issues include:

- The quantum of the pay increases offered;
- The proposed commencement date of the new round of agreements of 1 October 2017;
- The proposed term of the agreement of 4 years.
- Ongoing and long-running disagreement over the proposed changes to the consultation obligations;
- This changed consultation arrangement as proposed would effectively remove the 'union' and/or employee veto on roster changes

Meetings with ACT Health are now scheduled for every second Friday. The AMA has received undertakings from ACT Health that separate 'out of session' meetings with Clinical Services Management will be commencing shortly to address the range of issues being pursued by the AMA (ACT) on behalf of its Doctors in Training members.



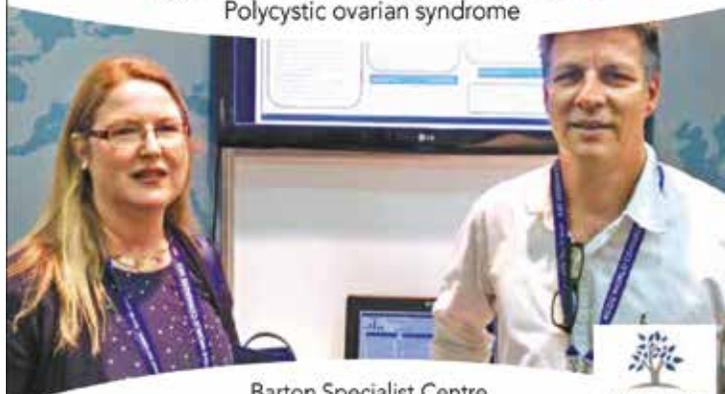
JUNIOR DOCTORS DEMAND LESS MONEY AND MORE WORK



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AMA Career Advice: Specialty Training Pathways Guide

Some of the most popular pages AMA Career website are those that deal with the Specialty Training Pathways Guide. The next few months will see the Guide updated so that users can be confident that the information is current and consolidated all in the one place.

Don't leave it to chance: AMA Career Advice is there for you

AMA members get a special, enhanced access to the site allowing them to get detailed information on the range of training option and programs available nationally.

While non-members can view the overview part of the site, for full access please go to <https://ama.com.au/join-ama> and join the AMA to get full access.

Visit the page and have a play around. You can compare up to four specialty options at any given time – very useful when wanting to consider all that is involved in taking on specialty training: from cost and time commitments needed etc.

Careers website update

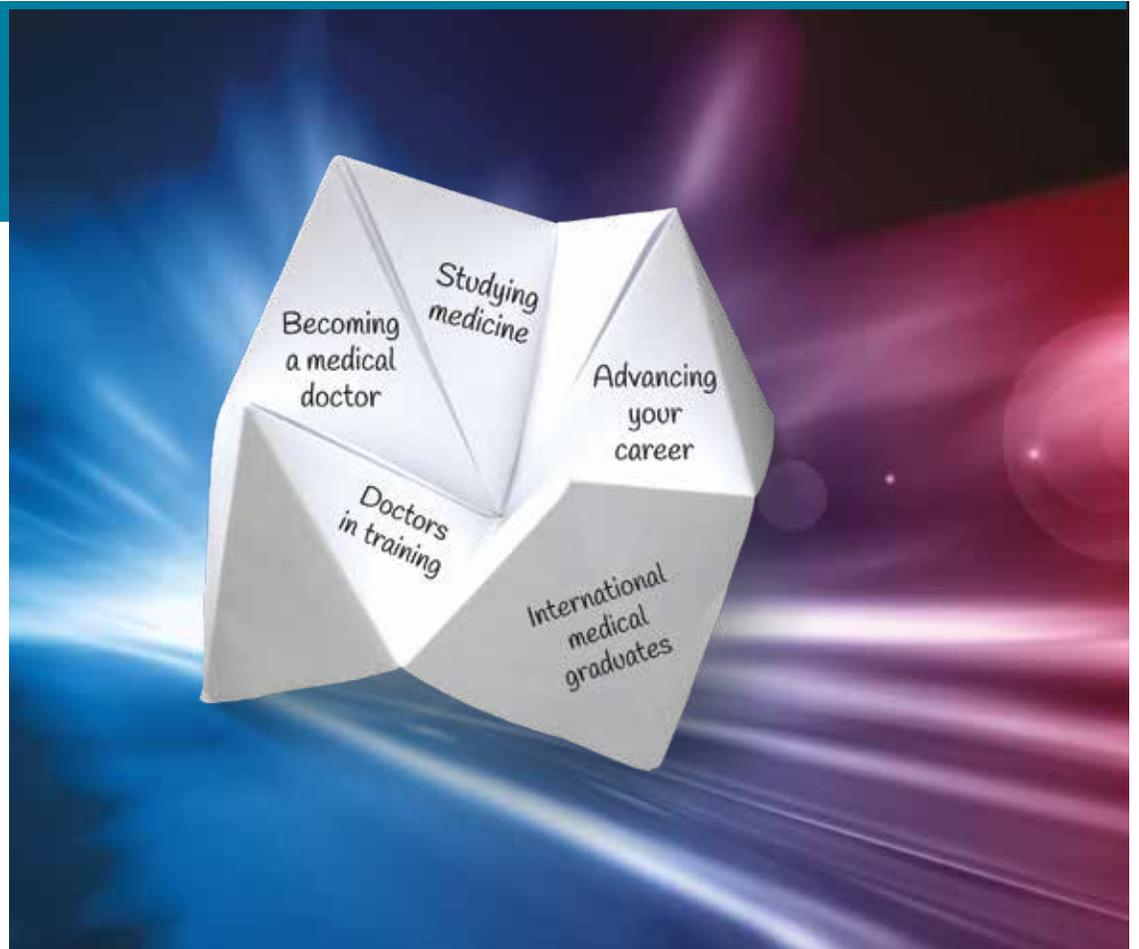
The whole website with its rich information resource is being updated and will be ready in March. A new look is under development and additional pages will be added with a general update of all the pages currently available.

The website's "Becoming a doctor" is the most visited page with thousands of page views monthly. It is primarily for those who are contemplating medicine as a career and attracts school leavers, their parents and other interested persons. The other pages attract a high level of interest as well.

New pages to be added this year will include one for those exploring rural and/or remote medical practice and for our Indigenous medical students and graduates.

CV help

As well as the web resource, you can access resources to help you build your CV, (with a template), and to prepare for and perform at interview. Members can get a no-cost comprehensive review of their CV with the objective being getting you to interview. After that, the Service will assist on a one-to-one basis with getting ready for interview.



Remember too, that the AMA Career Adviser, Christine Brill, is available to discuss these issues with you. Contact her via email: careers@ama.com.au or by phone 6270 5483 or on her mobile 0407 123 670. Any conversation with Christine is confidential.

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0413 876 821



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For new memberships download the application from the Members' Only section of the AMA ACT website: www.ama-act.com.au

For further information or an application form please contact the AMA ACT secretariat on 6270 5410 or download the application from the Members' Only section of the AMA ACT website: www.ama-act.com.au

Child and adolescent mental health service to operate 7 days

Mental Health Minister, Shane Rattenbury has announced that the Child and Adolescent Mental Health Service Consultation and Liaison Service at Canberra Hospital will expand to provide services 7 days per week.

"The service can now provide specialist mental health assessments on weekends to young people aged 5 – 18 years who are already admitted to the paediatric ward or who present to the emergency department," Minister Rattenbury said.

"Children and adolescents were previously seen within the adult mental health service on weekends. This extension of service hours will ensure assessments are conducted by a CAMHS clinician, are child focused and enable appropriate services and referrals regardless of what day young people are admitted.

"CAMHS clinicians also work closely with families and carers to provide information and advice to help them support young family members and people in their care.

"Expanding the liaison service will deliver better mental health out-



Mental Health Minister, Shane Rattenbury

comes for young Canberrans and their families. We know that working with young people and their families at the earliest possible opportunity can make a significant difference to their overall mental health.



"Supporting the mental health of young people in our community is a priority for this government. We are enhancing our systems to provide effective services when and where they are needed most."

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The Medical Benevolent Association of NSW (MBANSW)

Provides a free and confidential support service to Canberra doctors in need and their family. Financial assistance and counselling support are available to colleagues who have fallen on hard times through illness or untimely death. Support is also available to medical practitioners who may be experiencing difficulties at work or in their personal relationships.

The MBANSW is funded by your donations; please allow us to continue to provide support and assistance to your colleagues in need by making a donation to the Medical Benevolent Association Annual Appeal. Donations can be made visiting our website www.mbansw.org.au

BY DOCTORS FOR DOCTORS

www.mbansw.org.au

If you are concerned about your own situation or that of a colleague, please contact the MBANSW Social Worker, Meredith McVey on (02) 9987 0504.



A seminar by ACT Audit of Surgical Mortality

To operate or not and end of life care

Commencing 6.30pm | Wednesday, 14 March 2018

ANU Medical School Auditorium,
Building 4, Level 2 Canberra Hospital

Time	Speaker	Title	Provisional Subject Matter/Title
18:15-18:45	Registration and refreshments served		
18:45-18:50		Facilitator	Introduction
18:50- 19:10	Dr Amanda Walker	Clinical Advisor: Commission of safety and quality in health care	Essential elements of safe and high quality end of life care
18:15 – 18:35	Dr Simon Robertson	Senior specialist, Deputy Director of intensive care, Lead paediatric anaesthetist	Decision making in areas of uncertainty. Short term decisions and medium term outcomes.
19:40 – 20:00	Dr Sivakumar Gananadha	Associate Professor of surgery, General surgeon	Managing the deteriorating patient in an operative setting
20:05 – 20:25	Dr Karen Detering	Medical Director: Advance care planning Australia	Challenges in advance care planning in an operative setting. End of life decisions and the law
20:30 – 20:50	Panel of speakers		
20:55 – 21:00		Facilitator	Closing address

FREE registration

<https://to-operate-or-not.eventbrite.com.au>

For more information

Email: actasm@surgeons.org or phone 02 6285 4558

This is an approved RACS CPD activity

Stephen Bradshaw AM

MBBS FRACS

Associate Professor of Surgery ANU

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A special thank you for the many words and gestures of friendships especially in the last two months. It has been very much appreciated!

Wishing yourselves and our mutual patients, a very successful and healthy future!

Warm regards

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(Mini) Book reviews

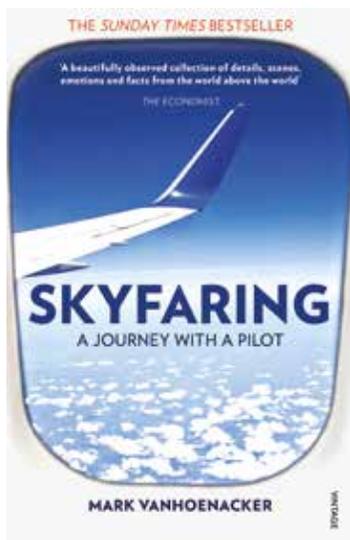
REVIEWS BY ASSOCIATE PROFESSOR JEFF LOOI, ANU MEDICAL SCHOOL



Skyfaring: A journey with a pilot

Mark Vanhoenacker, Vintage, 2016, ISBN: 9780099589853

Living and working across the vastness of Australia, many of us travel by air either for work or family. Mark Vanhoenacker, an airline pilot, vividly depicts the challenging and quotidian in the life of a pilot. As he notes in his potted authors biography, Vanhoenacker inspired by being a passenger looking out of windows as a management consultant, commenced private flight training in 2001 and is now a First Officer flying 747 aircraft for British Airways. From that strange feeling of downtime he has on ground with friends and family; to the transience of flight crew that may not meet each other for months or years, and to the lightness of eluding the sunset; Vanhoenacker is lyric in his depictions and communicates a profound sense of

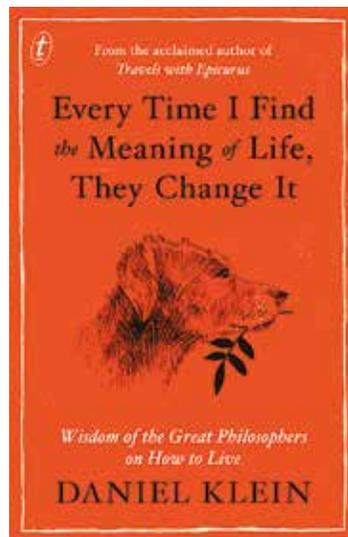


wonder of life above the clouds. This truly evocative and emotively magical memoir-cum-reflection will likely spark again in the reader's mind each time you lift off in an airplane.

Everytime I find out the meaning of life: they change it

Daniel Klein, Oneworld Publications, 2012, ISBN: 978-1780747859

Daniel Klein takes the reader through a tour of philosopher's aphorisms and observations that he collected in a notebook up into his thirties, and reflects on them some 40 years later, in the con-

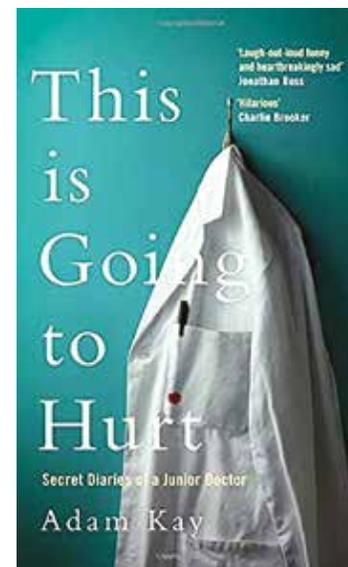


text of his life journey and changes in world view. This is a compassionate series of reflections on ancient and more modern philosophy, with an emphasis on the role of philosophy in inspiring ideals for a meaningful life. There is sufficient background material to chase down the various philosophers if the reader wishes to explore further, and a useful glossary of various philosophical movements. While not as in depth as Alain de Botton's earlier popular philosophy exegeses (e.g. the Consolations of Philosophy), Klein covers more ground, in considerable sardonic humour, to help the reader navigate the murky woods of a philosophy for life.

This is going to hurt: Secret Diaries of a Junior Doctor

Adam Kay, Picador, 2017, ISBN: 978-1509858613

This memoir, by retired medical practitioner, Adam Kay, is laced with sardonic reflections and mordant humour. It describes the real travails of Kay's obstetrics and gynaecology junior doctor training, in a manner analogous



to the chilling, but fictional Bodies penned by erstwhile doctor, Jed Mercurio. That this book seems harrowing for the public, and arguably more so for physicians, is an indictment of the unceasing, uncompromising and ultimately unsatisfiable duties of doctors in resource-constrained health services such as the NHS. Kay lets on at the beginning that he has left medicine: how and why are as mysterious as Orpheus's journey into the Underworld.

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2018 Directory of Medical Specialists, Directory of Allied Health Professionals and Directory of GPs with Special Interests

... a publication of the AMA ACT



The fifth edition of the directory of **Allied Health Professionals** and **GPs with Special Interests** will be published as a service to ACT general practitioners and distributed with the 13th edition of the **Directory of Medical Specialists** during Family Doctor Week in July 2018.

Entries must be on the form below and returned to the address below no later than 30 April 2018.

Mail: AMA ACT, PO Box 560, CURTIN ACT 2605
 Fax: 6273 0455 Email: reception@ama-act.com.au

- Directory of Medical Specialists**
 Directory of Allied Health Professionals
 Directory of GPs with Special Interests (Select which Directory you would like to go in)

Name:
Speciality:

Services offered:
 (Please keep this brief and use only accepted abbreviations – eg: DCH, Diploma in Child Health)

Practice Details (1)

Practice Details (2)

Phone:	Phone:
Address:	Address:
Fax:	Fax:
Email:	Email:
Website:	Website:

I am/am not interested in taking a display advert to accompany my listing in the directory.

Signed: _____ Date: _____

AHPRA registration number: _____

Note: In order to be included in this directory, it is mandatory that you are a medical practitioner currently registered with the Australian Health Practitioner Regulation Authority (AHPRA) (dietitians excepted)

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Contact Phone: _____

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