

# CANBERRA Doctor

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## Health Minister Resigns

In late June, Health Minister Meegan Fitzharris announced her resignation from both the ACT Ministry and the Legislative Assembly. On 1 July she stood down as Health Minister and on 5 July departed the Legislative Assembly. First elected as the member for Yerrabi in 2015, by the end of 2016 Meegan Fitzharris was Health Minister in a re-elected Barr Labor Government.



Meegan Fitzharris: surprise resignation (Photo: Canberra Times).

The resignation came as a surprise to both politicians and the public at large with no hint of Ms Fitzharris' intention emerging before the announcement was made. In taking the decision to resign, Ms Fitzharris indicated that she wanted to spend more time with her young family and could not commit to a further four-year term following the October 2020 ACT election.

### Tributes for Former Minister

Chief Minister Andrew Barr was fulsome in his praise for the outgoing Minister, saying that while he had tried to talk her out of quitting, he fully respected and understood her decision, "I support it, I support her and I always will." he said.

Mr Barr said, she left a legacy of important work such as light rail and long-term decisions across portfolios that she had led.

It was an extremely heavy workload and Minister Fitzharris had many calls on her time both in and out of the Legislative Assembly

Opposition leader, Alastair Coe also praised Ms Fitzharris, "During her time in the Assembly, in addition to being a local mem-

ber, she has presided over construction of the light rail project and many changes in the health system,"

"Her workload, particularly in the health portfolio, was extremely challenging yet she was always professional and committed to her duties."

The ACT Greens acting leader, Caroline Le Couteur, released a statement in which she said that Ms Fitzharris's leadership had "been invaluable in improving Canberra's health system."

### Heavy Workload

During her time as Health Minister, Ms Fitzharris also had the Transport portfolio including responsibility for the construction and commissioning of the light rail project. There's no doubt that this heavy workload and dual responsibilities took some focus

away from the health portfolio. It was an extremely heavy workload and Minister Fitzharris had many calls on her time both in and out of the Legislative Assembly.

The new Minister for Health, Rachel Stephen-Smith, comes into the portfolio without the burden of Transport and, given the con-

tinuing difficulties in the ACT public hospital system, will hopefully be able to bring the Government's focus back to Health.

Further information about the new Minister is on page 11 of this edition of the *Canberra Doctor*.

*Continued page 10...*



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# President's Notes

WITH PRESIDENT, DR ANTONIO DI DIO

## Your Family Doctor and You: Partnering for Health

Hello all and thanks again for your continued work in medicine for Canberra. Sometimes this job seems to be all about hospitals and the ACT public hospital system, and it's easy to forget that every single day, most of the doctors in this and every town, are in general practice. As are most medical premises, and the vast majority of patient encounters. And, to my relentlessly jaundiced GP's eye, so is the toughest work, the most generalised presentations, the sharpest required focus, and the greatest fulfilment and reward.

Having a Federal AMA president being a GP in Tony Bartone, I know that at the national level we have a real understanding of the issues that beset us daily. The demand grows, the patients themselves ask for more complexity at each encounter, other professionals and agencies seek out the parts of our work that they can easily do without seeking the tough parts, and cost pressures never abate.

Thanks to extraordinary work from our Federal counterparts, we

fought off the co-payment a couple of years ago, then got a commitment to end the rebate freeze, then had our input listened to in the MBS review debate, and now earlier this month had the first rebate increase of significance for years.

More importantly, the Federal AMA has successfully lobbied to have indexation into these rebates for our patients, and I'm proud to have seen the immense efforts that AMA put into that effort start to pay off.

## GPs are value for money

Unfortunately, despite all that work and success, it is painfully obvious to those of us in general practice that the extraordinary increases in health expenditure every year in Australia are not evenly distributed – such is the complexity of the system that it would be foolish to attempt it – but the payment made to general practitioners being frozen for much of the last decade demonstrates eloquently just how much value for money the army of GPs in Australia are to the system.

I'm proud to be part of that group, although my partners, Saffron and Purls, would happily point out that

my tendency to chat a bit ( I call it "talking", they call it "ranting, pontificating, and in the case of the Brumbies or Dragons, uncontrollably sobbing") makes me less efficient than some others, perhaps!

Saffron speaks of the need for calm where there is none, and kind words to soothe addled tempers, and she is right. I've lost count over the years the number of times I've felt I've contributed nothing, just listened to a tale of woe, which was greeted with my patient's thanks for being so helpful. And all I did was listen.

She's right, though, because when our flock are distressed and upset about all the stormy seas they're sailing ( two metaphors and the sentence ain't over yet – Mr Blain in year 8 English would be ready to strangle me by now) they need us more than ever, especially if there's nothing we can do to fix it. Sometimes knowing that someone cares is the best, not the second-best, response of all.

Purls, on the other hand, lives by the Armstrong Principle of finding diamonds in the sand, her code for feeling every breast carefully for the lump you expect not to be there. And then it's there. I've seen her save several lives this way, and cannot imagine a better way to practice.

## Diamonds and kind words

Twenty years ago, on a busy Saturday morning in Five Dock, I saw seven consecutive children with simple gastro-enteritis. Just like



Dr Antonio Di Dio: diamonds or kind words? (Photo: Jamila Toderas).

my first ever patient as an intern years earlier involved a 1 am manual disimpaction in the bowels of RPA Hospital, I knew that the universe was delivering me a message. On this occasion, the eighth gastro patient arrived, and looked and sounded exactly the same, but just felt in some way indefinably different.

Before my eyes the rash appeared, and less than forty minutes later he was intubated in nearby Concord Hospital. Not for a minute does this demonstrate any particular competence of mine, but rather the diamonds among the sand, the

reason why we are here. I got a lot of gloriously unnecessary pastries and muscular homemade grog out of that encounter, and a love of my community that I realised, perhaps for the first time, could be reciprocated in a way more than that of just satisfied customers.

Funny thing about general practice, the seven kids with gastro I saw before the meningococcal child – they were ALSO the reason I was there. One of them was ill because of staggeringly poor parenting, and that family did exceptionally well with years of love and support.

*Continued page 9...*

## ACT Dermatology welcomes Dr Rachael Anforth to its team

### DR RACHAEL ANFORTH: MEDICAL AND SURGICAL DERMATOLOGY

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### DR CATHERINE DRUMMOND: MEDICAL DERMATOLOGY

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# Capital Health Network: Support to General Practice

BY ADJ PROF GAYLENE COULTON, CAPITAL HEALTH NETWORK CHIEF EXECUTIVE

We know that general practice is the cornerstone of the primary health care system in Australia. We also know that it is faced with increasing challenges: an ageing population, increasing chronic disease, changing workforce expectations, system changes and funding constraints.

To respond to the rapid change within the Australian health care sector, our approach to supporting general practice as the Primary Health Network for the ACT has continued to evolve.

## Refreshed approach to general practice support

From August 2019 we are tailoring assistance to general practices through a range of four support packages. We want to work closely with practices to improve efficiency, sustainability and quality. Our PHN General Practice Improvement Team has extensive experience in supporting general practice and encompasses a range of clinical and health-related experience. All our expertise is available to practices at no cost.

At the core of this change is support for better utilisation of resources, improved patient health outcomes and better support for the workforce. This new approach provides practices with a more equitable allocation of our finite resources. We will be transparent in what support and how much support we can provide.

## Quality Improvement Practice Incentive Program

There are a number of triggers for changing what we have done previously. The Department of Health has announced that the Practice Incentive Program (PIP) Quality Improvement (QI) initiative is commencing in August 2019. There are two main requirements of PIP QI for practices:

- submit specified data measures to their local PHN
- undertake continuous quality improvement activities in partnership with their local PHN.

We are in a strong position at Capital Health Network (CHN) to support practices with PIP QI. Of the 85 accredited practices in the ACT, 63 practices currently have agreements to share data with us. This figure will increase as Pen CS now has the capability to be used with Medtech. We are currently testing this with one ACT practice before reaching out to other Medtech practices.

Another trigger for the introduction of the new model is the success of both the Diabetes Drive and Heart Failure Projects that



the team has delivered in partnership with general practices. These CHN-initiated projects have supported practices to implement quality improvement activities that use practice data to provide more targeted care for the relevant patient cohorts. Currently 14 practices are involved in the Diabetes Drive and 16 practices are involved in the Heart Failure Project.

## What's on offer?

To fulfil our commitment to improving quality, sustainability and patient-centred care in general practice, we have identified four support packages which are made up of targeted modules:

- Process – business improvement
- People – workforce
- Patients – chronic disease management and prevention
- Programs – links to CHN programs.

In total there are 22 modules on offer through the four support packages. The modules include some that directly target patient care, for example, improving utilisation of health assessments and improving chronic disease management. There is also direct support for practice workforce needs, including recruitment, orientation and induction support for GPs, Practice Nurses and GP registrars. In relation to business needs, the modules include, for example, valuable support in establishing a general practice, implementing a business plan or improving use of digital health in the practice. With-

in many of the modules there are continuous quality improvement activities that will be sufficient to meet the PIP QI requirements for practices to carry out continuous quality improvement activities in partnership with the PHN.

Our team will work in partnership with your practice to identify the modules that are most relevant to your needs.

## Interested in hearing more?

Please contact the ACT PHN General Practice Improvement Team on 6287 8099 or [practicedev@chn-act.org.au](mailto:practicedev@chn-act.org.au)



L-R: CHN Chief Executive Adj Prof Gaylene Coulton, AMA (ACT) President Dr Antonio Di Dio and CHN GM – Primary Care Programs Yolanda McKean.



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# AIHW: GPs doing an outstanding job

A recent major report from the Australian Institute of Health and Welfare (AIHW) has confirmed that GPs are doing an outstanding job looking after their patients' health, and that patients with a regular GP enjoy a smoother journey through the health system.

Released earlier this month, the report – Coordination of health care: experiences of information sharing between providers for patients aged 45 and over – provides further evidence of the importance of developing a relationship with a usual GP.

AMA President, Dr Tony Bartone, said that the report, which uses data from the 2016 Survey of Health Care, reinforces the theme of AMA Family Doctor Week 2019 – Your Family Doctor and You: Partnering for Health.

Dr Bartone said that 96 per cent of surveyed patients with a usual GP reported that their health care needs were known by their GP and that their test, X-ray, or scan results were always available.

## GPs vital

"The report stresses the vital role of family doctors in helping their

patients navigate the health system," Dr Bartone said.

"When patients have to go to other specialists, the emergency department at the hospital, or to allied health care providers, the GP ensures that patient information is shared and records are kept.

"The report shows that patients with a usual GP are three times more likely to have the information from their most recent specialist visit and twice as likely to have their information following a visit to the emergency department than patients without a usual GP.

"This backs Productivity Commission data from earlier this year that found that 91.8 per cent of patients said their GP always or often listened to them, 94.1 per cent said that the GP always or often showed them respect, and 90.7 per cent said the GP always spent enough time with them.

"Clearly, Australia's GPs are doing a fantastic job.

"Our dedicated GPs have continued to provide exceptional care despite the impact of the Medicare patient rebate freeze and the rising cost of running their businesses.

"It is crucial that more research like this is conducted and released. The AMA has been calling for more research funding to examine the current pressures in primary care and general practice."

## Beware of encroaching

Dr Bartone said more research is also needed to examine the impact of other health professions encroaching on the scope of practice of family doctors.

"We are increasingly seeing efforts by pharmacies, for example, to provide 'health checks' and prescribe medicines in pharmacies – often with the support of governments looking to make budget savings," Dr Bartone said.

"These moves will only fragment the care that Australians receive and sacrifice quality care under the guise of convenience and accessibility.



"The recently-launched Bupa-Terry White Chemist deal, which is asking Bupa members to pay for health checks at the pharmacy, is one example that flies in the face of all the available evidence, which supports better health outcomes when patients partner with their usual GP.

"Every time a patient is lured into a 'health check', vaccination, or other medical-related service provided in a pharmacy, it is a missed opportunity for the provision of quality health care from a family doctor.

"Continuity of care and sharing of information is all-important. GPs identify emerging risk factors, provide preventive advice, and check on patients' holistic wellbeing.

"The AIHW report is a timely reminder people should find a usual GP or general practice if they don't already have one.

"Family doctors provide trusted, quality health care throughout all stages of life," Dr Bartone said.



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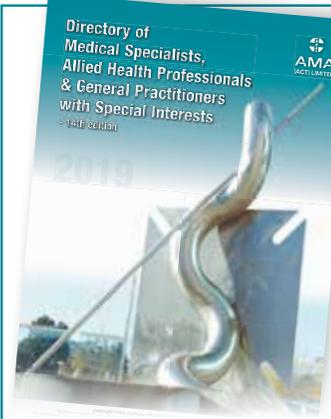
Dr Gordiev undertook Orthopaedic training in Sydney and Canberra and further specialised for 18 months at the Cleveland Clinic in the USA. She regularly attends local and overseas conferences concerned with developments in the surgical treatment of shoulder, elbow, wrist and hand disorders. Dr Gordiev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





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# A/Professor Andrew Miller awarded AMA Fellowship

The recent AMA National Conference saw Associate Professor Andrew Miller awarded a fellowship of the Australian Medical Association in recognition of his leadership and involvement with the AMA, AMA (ACT) and the Australasian College of Dermatologists.



Dr Andrew Miller first joined the AMA as an intern in 1981 and has served, and continues to serve, in a variety of elected positions and voluntary roles. Andrew is a past President of AMA (ACT) and a long-term member of the AMA's Federal Council, of which he has recently been elected as chair.

Born in Sydney, Andrew Miller completed his undergraduate medical studies at the University of New South Wales and then, after having undertaken a stint in general practice, trained in Dermatology. Andrew was granted his fellowship from the Australasian College of Dermatologists in 1992.

At various stages of his training, Associate Professor Miller had

practised in Canberra and surrounding regions and took the opportunity, on gaining his fellowship, to commence in specialist practice in Canberra in 1993.

Associate Professor Miller has recently completed his term as President of the Australasian College of Dermatologists (ACD) having previously held a series of educational and administrative positions including as a clinical supervisor, chairman of the NSW Faculty Education Sub-committee and a Director of the ACD.

## Dedication to the AMA

Associate Professor Miller was elected President of the AMA (ACT) Limited in 2012 for a two-year term. During his term he was appointed to the AMA Federal Council as the nominee of AMA (ACT) and continues to serve on Federal Council. Andrew has also served on the Health Financing and Economics Committee and the Audit and Risk Committee.

As chair of the AMA's Medical Practice Committee Andrew has been involved in a range of matters on behalf of AMA members including the review of MBS item numbers and compliance issues. His contributions to the work of the AMA have been thoughtful and consist-



A/Prof Andrew Miller AM, right, with AMA President, Dr Tony Bartone.

ent; he has willingly contributed his time, experience and expertise and, being based in Canberra, has often been called upon to assist in person with the work of the AMA.

## AMA (ACT)

Locally, Andrew has served as a director and then President of AMA (ACT) and even now, continues as Treasurer of AMA (ACT) and a lead negotiator for the VMO Committee in contract negotiations.

In summing up Andrew's achievements, AMA (ACT) President, Dr Antonio Di Dio, wrote earlier this year that,

"Andrew has been a true champion for his patients, the community, his chosen specialty of dermatology and the AMA. I'm immensely pleased

that this award has been made and, on behalf of the AMA (ACT), Board and members – congratulations and best wishes Andrew."

Associate Professor Andrew Charles Miller AM  
BSc (Med) (Hons II) 1979, MB BS (Hons II), 1981 FACD 1992  
Member – AMA Federal Council (2012-current)  
Chair – AMA Medical Practice Committee (2018-current)  
Member – AMA Health Financing & Economics Committee (2014-current)  
Member – AMA Economics & Workforce Committee (2012-2014)  
Member – AMA Group Audit & Risk Committee (2013-2014)  
Member – AMA Group Audit Committee (2012-2013)  
Member – AMA Skin Advisory Group (2005-2010)  
Member – AMA MBCC Skin Advisory Group (2005-2009)

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# Thumbs Up for Pharmacists in General Practice

A successful pilot of non-dispensing pharmacists as part of the health team in general practice has seen the concept extended to four new general practices, according to the Capital Health Network. The 'Pharmacists in General Practice' pilot was initially staged across Isabella Plains Medical Centre, YourGP@Crace and National Health Co-op and then evaluated by the University of Canberra.

The evaluation concluded that having a pharmacist on board increased the quality of prescribing, increased support to GPs, saved GPs time and reduced costs to patients.

Following the pilot, a new program has been launched by the CHN, via an EOI process, that has seen support provided to another four general practices to employ a part-time pharmacist. The successful general practices are Althea Wellness Centre, Conder Surgery, Gungahlin Medical Practice and Health Plus General Practice.

## YourGP@Crace

Following the end of the pilot funding, Isabella Plains Medical Centre and YourGP@Crace have both continued to employ a pharmacist. Dr Mel Deery, YourGP@Crace Practice Principal, said that their GPs were so committed to having the pharmacist continue that the GPs have co-invested in extending pharmacist, Katja Naunton-Boom's, employment.

"Our pharmacist Katja is a great support for questions that GPs ask and helps save us time. For example, I currently see a patient developing renal failure who is on 15 medications. Katja has worked

out which medications to adjust in order to improve outcomes for our patient," said Dr Deery.

"When a patient is getting a health assessment or care plan completed, the patient meets with the nurse, then I review their medication and then we all come together with the GP to discuss findings at a case conference with the patient. Patients appreciate this wrap-around care. I have also seen that GPs now have a better relationship with community pharmacies as I'm often a communication point between community or hospital pharmacies," said Ms Naunton-Boom.

## Isabella Plains Medical Centre

Dr Divya Sharma, Isabella Plains Medical Centre Practice Principal, has also continued to employ a pharmacist and said that she would highly recommend to other general practices to get a pharmacist on board. The evaluation report found that 100% of patients surveyed wanted a pharmacist in general practice to continue.

"Our pharmacist Brendon Wheatley has been conducting clinical audits



for patients with conditions such as diabetes, arthritis, Crohn's disease and hypertension. His assistance in this area is invaluable and his advice has resulted in improved medication management. Our patients really like seeing Brendon as he provides them with extra time, value and ultimately improved patient care," said Dr Sharma.

Capital Health Network Chief Executive Adj Prof Gaylene Coulton said that Capital Health Network's role is to advance the way health care is delivered in Canberra.

"The success of this pilot and subsequent new program is a good example of how CHN designs services that fill gaps and deliver last-

ing improvements. This demonstrates how we can use our local knowledge to co-design solutions with clinicians to meet community need, which are timely, effective and high worth."

Pharmacist Katja Naunton-Boom said she is a key part of the care team.

## Are you looking for operating time? Or consulting rooms?

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- > The Ethics Committee overseas and approves all research conducted at Barton.
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Should you be interested and for more information please contact Jessy McGowan the CEO on 02 6152 8980 or email: [jessy.mcgowan@bartonprivate.com.au](mailto:jessy.mcgowan@bartonprivate.com.au)



# Dr Martin Lavery appointed AMA Secretary-General

The Federal AMA has appointed Dr Martin Lavery as its new Secretary General. Dr Lavery has an extensive background in health advocacy and the not for profit sector. AMA President, Dr Tony Bartone, said that Dr Lavery's appointment follows an extensive search for an experienced health executive.

"The AMA Board has chosen a Chief Executive with advocacy and deep health policy experience, a background in working behind the scenes with Ministers and Departments, and a strong track record in campaigning for national health reform," Dr Bartone said.

"With a PhD in Governance, Dr Lavery has built a reputation as a strategic campaigner and a collaborative leader of Canberra-based advocacy organisations and teams.

"Dr Lavery was a campaigner for private hospitals during the Rudd Government, and a campaigner for aged care and the social determinants of health during the Gillard Government.

"In more recent times, he has led organisations advocating for remote and rural medical services, mental health services, and dental health care throughout the terms of the Abbott, Turnbull, and Morrison Governments."

Dr Lavery said he is looking forward to the opportunity ahead as the AMA responds to the issues confronting the medical profession and the health system.

## Challenges facing the AMA

"I will work closely with the President and the AMA Federal Council to promote the calibre and central importance of the medical profession within our healthcare system in the face of many challenges," Dr Lavery said.

"The nation's hospitals are strained. Private health is at the crossroads. And health prevention is inadequately funded.

"These are some of the policy issues I've worked on for the last decade. At the AMA, I'll help the AMA strategically shape its campaigns to address these challenges.

"International experience shows that the role of General Practice has expanded and excelled, particularly in coordinating chronic illness, achieving better health outcomes, and creating greater productivity, efficiencies, and value for governments with stressed health budgets.

"The AMA has critically been driving recent Departmental policy focus on general practice, recognising that it is a solution to many of our health challenges.

"Promoting organisational capability and ensuring appropriate resourcing will remain crucial in the AMA retaining its strategic leadership in health advocacy," Dr Lavery said.

## Background

Dr Lavery is currently the Chief Executive of the Royal Flying Doctor Service (RFDS) of Australia.

In that role, he secured funding for expanded RFDS services, established its Canberra staff team, and initiated the RFDS research and advocacy agenda.

Prior to joining the RFDS, Dr Lavery was the Chief Executive of Catholic Health Australia, a Canberra-based member body of public and private hospitals and aged care services.

Dr Lavery is a Federal Government-appointed Director of the National Disability Insurance Agency



Dr Martin Lavery (centre), with AMA President, Dr Tony Bartone (right) and AMA Board Chair, Dr Gino Pecoraro.

and the Australian Charities and Not-for-Profits Commission Advisory Board. He is a Director of Health Direct.

Dr Lavery is a former member of the NSW Public Service Commission, a former Chair of the NSW Heart Foundation, and a former Director of three NSW disability services charities.

A lawyer by training, Dr Lavery's PhD was in board governance of health care organisations. He also holds an honorary appointment as Adjunct Professor at the University of Western Australia's Not-for-Profit Initiative.

Dr Lavery lives with his young family in Canberra.

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## VALE

The president, Dr Antonio Di Dio, Board members and staff of AMA (ACT) extend their sincere condolences to the family, friends and colleagues of Dr Tom Faunce, Dr Roma Bedford and Dr Stephen Lloyd



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# Have you issued the required notice to your regular casual?

BY TONY CHASE, AMA (ACT) MANAGER, WORKPLACE RELATIONS AND GENERAL PRACTICE

Effective from 1 October 2018, the Fair Work Commission has incorporated a new provision into awards relating to the right of a casual employee to convert into a permanent employee either for part-time or full-time employment.



The new clause defines “regular casual employee” as one who, in the preceding 12 months worked a pattern of hours on an ongoing basis which without significant adjustment they could perform as a full-time or part-time employee under the provisions of the award.

## Issuing notice

Employers are now required to provide a copy of this new provision to their current casual employees. In some circumstances, an employee may choose to apply to the employer to convert to permanent employment. An employ-

er may decline such a request on reasonable grounds, and must provide a response within 21 days of the request being made.

Reasonable grounds for declining such a request are set out in the new clause, but for example may include where the employer has good reason to believe that the position will not be available in a twelve-month period.

This decision and a recent decision of the Full Court of the Federal Court of Australia in the matter of *WorkPac Pty Ltd v Skene* determined that long term casual employees may be entitled to receive annual leave and potentially other benefits normally available to permanent employees.

## Double dipping

Following the *WorkPac* decision, the Federal Government moved to address concerns about ‘double dipping’, and to provide some protection for employers that some casual employees may seek to receive the casual loading AND the permanent benefits such as paid annual leave, in certain circumstances. This regulatory change came into effect on 18 December



2018. The changes apply to former, existing and new casual employees.

The new regulation allows employers to claim that the employee’s casual loading payments should be offset when working out entitlements owing to the employee for the relevant NES entitlements.

This applies where all the following criteria are met:

- An employee is employed by their employer on a casual basis
- The employee is paid a casual loading that is closely identifiable as being an

amount paid to compensate the person in lieu of entitlement that casual employees are not entitled to under NES, such as personal leave and annual leave

- Despite being classified by the employer as a casual employee, the employee was in fact a full-time or part-time employee for some or all of their employment for the purposes of the NES
- The employee has made a claim to be paid for one or more NES entitlements (that casual employees do not have) that they did not

receive for all or some of the time that they were incorrectly classified as a casual employee.

Updated Awards and the new wage rates can be accessed by AMA (ACT) members using their log-in to the web page at [ama-act.com.au](http://ama-act.com.au) and then going to the ‘Resources’ tab.

Should members have any questions on this matter or any other workplace related matter you are invited to contact Tony Chase, Manager, Workplace Relations and General Practice on 02 6270 5410 or [industrial@ama-act.com.au](mailto:industrial@ama-act.com.au)

## President’s Notes...continued

...from page 2

One of them did not have gastro at all, but the early features of coeliac disease. And yet another had a parent who needed to report the slightest symptoms to the GP, using the child in a tragic custodial battle.

My colleague is spot on in that we are there every day to find the one patient who we came to work this day or this week who absolutely needed us. The fourteenth patient of the day with fatigue being the one with leukaemia. The twelfth patient

this month with a groin hernia actually has a Hodgkin’s node sitting quietly in their inguinal region. But the privilege, the reward, the honour of this gig is in every one of the others too. Every one of them is special, every one has a reason for being there, and at the risk of both sentimentally Italian prose, every one of them needs us.

## We’re in this together

So yes, we live under siege if we choose to see it that way. The resources allocated to everything from gym shoes to walk in cen-

tres, the occasional politician who thinks that medicine starts with an ED presentation and ends with a discharge summary, the allied practitioners who look at our work and appropriate all the parts they think are easy, we can choose to be insular, concerned and anxious. But I say no.

We have a strong compassionate Federal representative group that is tireless in representing us, and even if we did not, our choice every day is between seeing what we can find distressing and seeing what

we love. In “The Doors of Perception”, Aldous Huxley spoke some of the most beautifully crafted drivel of the century, presaging William S Burroughs and others who just cut to the drug addled chase of nonsense philosophy, and yet Huxley did identify to my young eyes that what you choose to look at determines only part of what you see – it’s also how you look at something – your attitudes, your prejudices, your capacity for love and kindness and forgiveness – that creates what you perceive.

If I find a group of professionals as kind and decent as all the GP’s I know I will be the most pleasantly surprised of people – I am so proud to be a GP, and look with thanks to the tirelessly patient friends I work with, and the mostly friendly patients we care for, for as long as we all muddle along together. Yes it can be tough, but if remember that we are all in this together, and how important this work is, I for one will always be grateful for this shared privilege.

# Health Minister Resigns

## ...continued

...from page 1

### Mixed Legacy

On announcing her resignation, Minister Fitzharris received considerable praise from both her political allies and foes alike, as well as many in the health sector. Having held the Health portfolio from October 2016 until July 2019, Meegan Fitzharris oversaw a range of significant events and dealt with a series of challenges over that time.

Despite those challenges, Ms Fitzharris has been accessible and collaborative, she has listened and taken a genuine interest in the concerns of consumers and the people working in ACT healthcare. She has listened to the concerns raised by AMA (ACT) with interest and has been available to discuss matters as they arose.

But ultimately, Ms Fitzharris was not able to bring the health system performance into line with expectations of the commu-

nity and health sector staff. Of course, she is not alone in finding these challenges difficult but the ACT Government, if anything,

From the beginning Ms Fitzharris was hampered by the campaign promise to build the 'SPIRE' Centre; a promise that seemingly emerged overnight during the 2016 campaign

made the situation worse by the heavy workload that was given to her and the policy biases away

from health and towards transport and the light rail.

### Difficulties started early

From the beginning Ms Fitzharris was hampered by the campaign promise to build the 'SPIRE' Centre; a promise that seemingly emerged overnight during the 2016 campaign. With the Canberra Liberals having adopted the earlier ACT Labor plan to build a new tower block at Canberra Hospital, ACT Labor sprung a mid-campaign surprise by promising to build a new Surgical Procedures, Interventional Radiology and Emergency Centre.

Consequently, the promise to build the 'SPIRE' Centre has seen a continuously unfolding series of challenges with changes to the proposed location, facilities, delays in the start of construction and delays in the proposed opening date. As recently as the last few days, a further delay in the start date for construction of



Chief Minister Andrew Barr: staying on.

the 'SPIRE' Centre has been announced that will see it put back to early 2021.

While the campaign announcement included a commitment to have the SPIRE Centre in opera-

tion 'around 2022', the start date is now to be 'sometime' in 2023-24.

### Waiting times and Accreditation

While SPIRE has presented unique difficulties, it's the range of other

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#### JMO Health:

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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/>

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# New Health Minister: Rachel Stephen-Smith

issues that have been a consistent reminder of the difficult lot Meegan Fitzharris has faced.

Surgical waiting times and emergency department waiting times have consistently underperformed almost every other Australian jurisdiction over the past three years and have been stubbornly resistant to improvement.

In addition, the serious issues identified in the preliminary accreditation survey of ACT Health in early 2018 provided a further example of the difficulties that faced the then Health Minister. While it was good news that accreditation was ultimately achieved, along the way the then Director-General departed and ACT Health was split in two. It remains unclear whether the 'split' will have any significantly beneficial effect on the ACT healthcare system.

## Culture Review

Finally, last year saw Ms Fitzharris set up a wide-ranging review

of workplace culture in the ACT public healthcare system. To her credit, the then-Minister committed to release the Review's report and recommendations in full and followed through on that promise in March of this year.

The Review findings were wide-ranging and identified a series of problems within the hospital system and particularly in regard to how the various parts of the health system relate to each other. Ms Fitzharris had made a start of the implementing the Review recommendations but it will fall to the new Health Minister to undertake the bulk of the work.

## New Ministers

In the ministerial re-shuffle that followed, Rachel Stephen-Smith has been allocated the health portfolio while Chris Steel takes over as the Transport Minister.

Ms Rachel Stephen-Smith has been appointed as ACT Health Minister to replace Meegan Fitzharris. Ms Stephen Smith trained as an economist at the Australian National University before working for the Productivity Commissions, the Consumer Health Forum and the Department of Prime Minister and Cabinet.

From 2005 to 2009, Ms Stephen-Smith was Chief of Staff and Principal Adviser to Senator Kim Carr and again held that position between 2014 and 2016. In between those appointments, she worked for the Department of Innovation, Industry, Science and Research including a stint at the Australian Embassy in Washington DC.

In 2016, Ms Stephen Smith was elected to ACT Legislative Assembly representing the electorate of Kurrajong and was im-

mediately appointed to cabinet. Her initial appointments were as Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Disability, Minister for Children, Youth and Families, Minister for Employment and Workplace Safety, Minister for Community Services and Social Inclusion and Minister for Multicultural Affairs.

Ms Stephen-Smith was appointed Health Minister with effect from late June.



New ACT Health Minister, Rachel Stephen-Smith (Photo: Jamila Toderas)

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# New MBS guidelines for diagnostic imaging referrals

Medicare has refreshed its guidelines for doctors on how to request an MBS-eligible diagnostic imaging service for their patient.

As well as detailing mandatory requirements, the guidelines also include advice on the level of clinical detail required, the importance of ensuring clinical relevance, and issues to consider when assessing the benefits and/or risks to patients.

The guidelines refer requesters to the Royal Australian and New Zealand College of Radiologists (RANZCR) *Education Modules for Appropriate Imaging Referrals* which contain decision support tools for selected clinical scenarios, and to consumer-focused information which may be useful for their patients, such as RANZCR's Inside Radiology website.

The guidelines are contained in the Explanatory Notes of the Medicare Benefits Schedule and are available online here: <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=IN.0.1&qt=noteID&criteria=IN%2E0%2E1>



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# Medical Board launches Medical Training Survey: rate your medical training

Australia's doctors in training will soon have the chance to tell medical educators, employers, governments and regulators what they think about medical training in Australia.

The Medical Training Survey (MTS) – set to run from 1 August to 30 September 2019 – will ask Australia's 30,000+ doctors in training about the quality of their training and identify issues that could impact on patient safety, including environment and culture, unacceptable behaviours and the quality of supervision.

The MTS will be anonymous, confidential and accessible online. Survey results will be used to improve medical training in Australia and be reported publicly, while protecting individual privacy.

'We want every doctor in training in Australia to do the survey, so we get a clear picture of what is going well and how the training provided now can be improved,' said Medical Board Chair, Dr Anne Tonkin.

'The survey will be good for trainees in the short term and good for patient safety in the longer term, as we strengthen the training of doctors who provide medical care to us all,' Dr Tonkin said.

It has been a team effort to develop the MTS, with doctors in

training, specialist colleges, employers, educators, the AMA and the AMC, working closely with health practitioner regulators to develop the MTS.

The survey is funded and coordinated by the Medical Board of Australia and AHPRA, and administered at arms' length by an independent survey provider, EY Sweeney, which will analyse the information and develop reports.

The Board and AHPRA will not receive any information that identifies individuals. Results will not be published when there are fewer than 10 participants.

The survey will be open to all doctors in training in Australia. This includes interns, hospital medical officers, resident medical officers, non-accredited trainees, postgraduate trainees, principal house officers, registrars, specialist trainees and international medical graduates. Career medical officers who intend to undertake further postgraduate training in medicine can also participate.

While some specialist colleges and jurisdictions already survey



their trainees, the MTS will bring together the views of trainees from every medical discipline and every state and territory. The questions in the MTS draw on topics and issues covered in existing surveys.

'For the first time in Australia, the MTS will start to build a comprehensive, national picture of the strengths and weaknesses of medical training across states and territories, medical disciplines and stages of training. We

will have a clear and comparative baseline for continuing improvements,' Dr Tonkin said.

More information can be found at <https://www.medicalboard.gov.au/registration/medical-training-survey.aspx>

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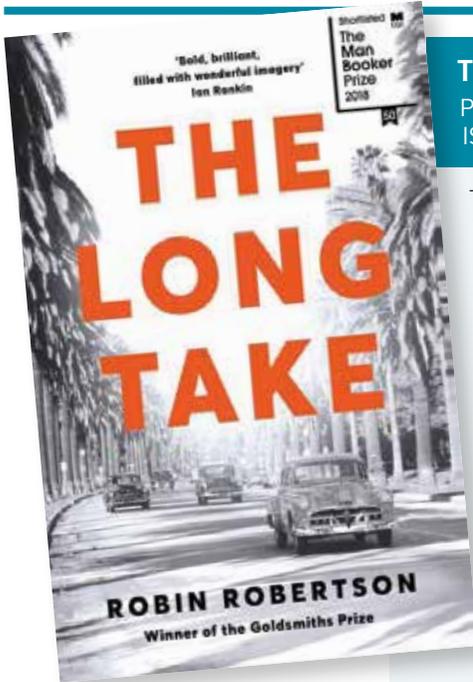
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# Mini book reviews:

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## The Long Take: Robin Robertson

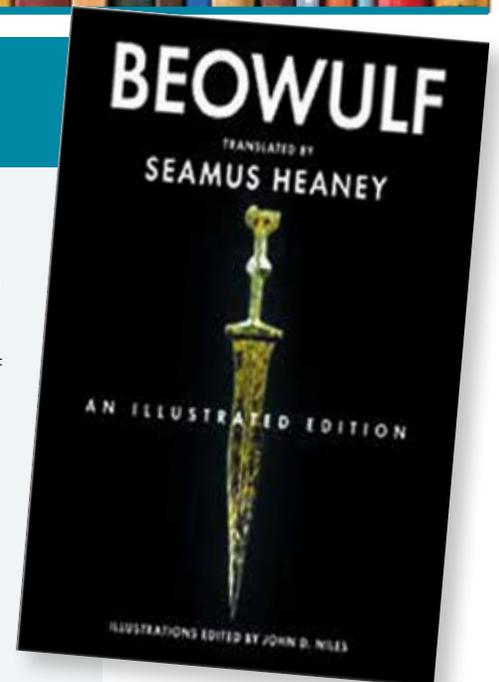
Pan MacMillan 2018,  
ISBN 978-1509846887

This is a haunting dirge that follows a Canadian veteran of World War Two suffering from Post-traumatic stress disorder through late 1940s to early 1950s New York, Los Angeles, San Francisco and LA again. A daring combination of blank verse and crafted prose, the novel adumbrates with tones of loss, grief, longing and the harrowing of war, set against the chiaroscuro of post-war America – echoing the long take in a film noir. Robertson, a distinguished poet, has also translated the plays “Medea” and “Bacchae” by Euripides and “The Long Take” has as tragic gravity as those ancient tales of pathos.

## Beowulf: Seamus Heaney

WW Norton 2007,  
ISBN 9780393330106

This evocatively illustrated edition of Heaney’s magisterial translation adds vision to the lyric, complementary to Heaney’s own bardic reading (audiobook) of the epic poem. Lively, immersive and deftly carved; the poem sounds a skaldic sonorous spell of the heroism of Beowulf in his early battles with Grendel and Grendel’s mother and his doom-laden final battle as an aged king with the dragon. The explanatory notes succinctly assist the reader in understanding the context of the poem as well as the selection of the illustrations.



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**Dr Anandhi Rangaswamy**  
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Dr. Anandhi Rangaswamy is a Pain Specialist and Anaesthetist. She completed her Pain Fellowship and Anaesthetic Fellowship from Nepean Hospital Sydney and then went on to do Paediatric Pain Fellowship from Westmead Children's Hospital Sydney.

Dr. Rangaswamy believes in a whole person's approach to pain management. She works with a multidisciplinary team to get the best outcome for her patients. Her area of interest includes Back pain, Neuropathic pain, CRPS, Pelvic pain, Paediatric and Adolescent pain management. She also offers evidence based interventional pain management to her patients where appropriate.

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