CANBERRA Doctor

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Caring for colleagues

With doctorsí health front and centre, AMA ACT recently hosted the NSW and ACT Doctors Health Advisory Service at dinner and an interactive forum. The Forum was led by Prof Gary Walter, medical director of the DHAS and Sarah Foster, the DHAS medical social worker. In addition, we were joined by Meredith McVey from the Medical Benevolent Association.

The 'Caring for Colleagues' forum was designed with three purposes in mind:

- To share experiences and views on students' and doctors' health
- To workshop the complexities of caring for colleagues
- To recognise that this work is rewarding though not always straightforward

The Forum was a chance to work through various scenarios and examine the issues from both a clinical perspective and as between colleagues. Diversity of both experience and expertise was evident in that the Forum was attended by medical students, junior doctors, hospital specialists and local GPs. The range of people present helped move the discussion along and frequently opened up new areas to explore.

Prof Gary Walter, DHAS Medical Director.

In the end though, a couple of simple self-help messages came through – look after your own health and wellbeing in order that you can look after others and have your own GP. Contact details for the DHAS NSW and ACT are in this edition of Canberra Doctor.

Have your own GP

Doctors are busy professional people. If you were to ask yourself – 'what's reasonable health care monitoring for someone like me?', it's likely you'd suggest a range of health strategies that would likely include a healthy diet, enough exercise, regular holidays and an annual check-up by your GP. All sensible advice.

DHAS has found that fewer than 40% of doctors have an identifiable GP. Many who do are consulting their spouse or practice partner. Many have not consulted that doctor for years. The NSW Doctors' Mental Health Working Party, the NSW Medical Board, the AMA and the Colleges strongly recommend that we all have our own GP.

Dr Louise Stone, Canberra GP and Forum participant.

So take some good advice – find a GP you trust and let them manage your health care. Encourage your colleagues to do the same. Let another doctor use their time and objectivity to manage your family's health. This will free you to do what you do best – concentrate on the health of your patients.

Medical Benevolent Association

The Medical Benevolent Association of NSW has been operating since 1896 and is an independent, charitable organisation that provides counselling and financial assistance during crises, illness, impairment and grief in support of:

- medical practitioners and their families
- families of deceased medical practitioners
- and others as determined by MBA Council

The MBA provides confidential, supportive counselling and short term financial assistance during a crisis and recovery period with view to an eventual return to independence.

Assistance is provided at short notice by an experienced and confidential social worker and supported by an elected honorary group of 20 doctors from a wide variety of medical backgrounds. It includes financial assistance and may be ongoing for short periods.

Contact details are in this edition of Canberra Doctor.

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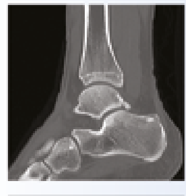

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Medical **Musings**

WITH PRESIDENT, **PROFESSOR STEVE ROBSON**

Doctors Health

The tragic reports of doctor suicide, and reports about mental health and wellbeing of doctors, bring home the fact that we have to care for ourselves as well. The AMA (ACT) recently hosted the NSW and ACT Doctors' Health Advisory Service dinner and interactive forum. I'm pleased to say that we had a cross-section of both practitioners and medical students present to really underline the importance of this issue at all stages over a career.

The evening allowed sharing of experiences of doctors and doctors-in-training health, and some of the complexities of caring for our colleagues – rewarding but not always straightforward work. The good news is that there are some simple things you can do for yourself – first and foremost of which is to have your own GP.

My thanks to the NSW and ACT DHAS for holding this important event in Canberra.

Salaried Doctor Bargaining

As many of you will know, enterprise bargaining for Canberra's salaried doctors is underway – and this is turning into a slow process. Due to some administrative glitches (putting it mildly) the ACT Government had to re-issue its bargaining notice, something that delayed the process but was important to do. A revised Government offer has been tabled, with some improvements in remuneration and superannuation.

However, negotiations continue and the resolution and agreement will be reached sometime next year.

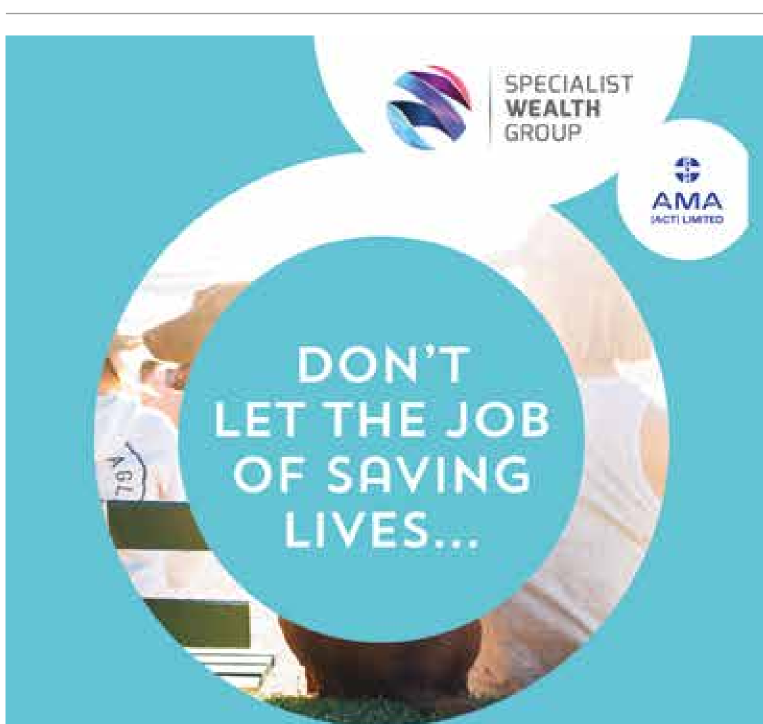
Pollie Skin Checks

The edition of Canberra Doctor also features a report on the recent Pollie Skin Checks event organised by the ACT Cancer Council and the Australasian College of Dermatologists with participation from AMA ACT. Health Minister, Meegan Fitzharris, led the way as she lined up to be checked by current ACD President and AMA ACT Treasurer, Dr Andrew Miller.

Health Minister, Meegan Fitzharris being checked by Dr Andrew Miller.

These type of events are a great opportunity to highlight important public health issues and skin cancer awareness is a prime issue for all of us in Canberra.

Finally, this edition of Canberra Doctor contains two student submissions and I'd urge you to look over these contributions. The next – and final edition – of *Canberra Doctor* for the year will feature further student opinion pieces as a means of giving our local medical students an opportunity to get their views out to a wider audience.



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Salaried Doctors bargaining – What next?

It's hard to see what could possibly happen next in the salaried doctors' enterprise bargaining. While the process itself has been slow, the bargaining interrupted when the ACT Government was forced to terminate and then restart the bargaining due to ëtechnical issuesí with the bargaining notices.

While the ACT Government acted quickly and got things back underway with minimal disruption, it was a delay we could have done without.

ACT Govt's new offer

In late November we received an updated bargaining offer from the ACT Government that included enhanced pay and superannuation. The pay offer featured:

- 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

Superannuation

The Government has agreed to improve its earlier offer on superannuation contributions for staff on the Superannuation Guarantee Contribution 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 also 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.

The Government is also proposing 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

The ACT Government's proposed rostering changes would make it easier to change rosters an "enable the Territory public sector to meet it 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 allows for new rostering and/or shift work arrangements to be introduced, even if majority support is not achieved.

Consultation

The Government has registered its concerns that most changes proposed in the ACT public sector workplace, can only be implemented after a consultative process. The Government is arguing that this consultative obligation has constrained management and the proposal seeks to limit the current 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.

The Government is also proposing a streamlining of the misconduct and disciplinary processes under the Public Sector Management Act, which it claims will ensure greater transparency and procedural fairness.

Current state of play

Meetings with ACT Health are now scheduled for every second Friday.

At the request of AMA ACT, ACT Health has agreed to establish a dedicated On-Call/Recall working party to look in greater depth at our claim on the viability of the current On-Call/Recall arrangements in the EA.

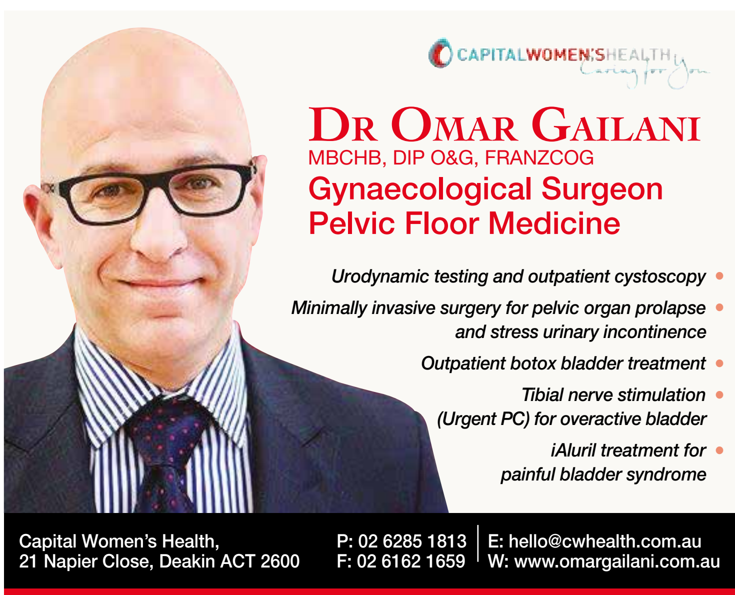
AMA ACT considers that this is one of the major items in need of reform, especially in light of the recent Federal court proceedings addressing the question of when overtime is payable. The AMA ACT has provided a Discussion Paper to ACT Health on this issue.

AMA ACT has also tabled the results of our survey on access to annual leave and circulated the results to all bargaining parties. The de-identified survey results support AMA ACT's claim with respect to the poor access to annual leave for DITs – across classifications and work sites. ACT Health and Calvary representatives undertook to consider the survey.

Hospital health check

AMA ACT has posted online a Hospital Health Check survey for all Doctor-in-Training to complete. This survey will be looking in greater depth at Rotation, Rostering and Overtime, Access to ADOs, Wellbeing, Education and Training, Morale and Culture.

This is important information for us to have as we continue negotiations over the next enterprise agreement. The survey can be accessed via our Facebook page – facebook.com/AMA-ACT-157020471319539/



Pollie skin checks

Members of the ACT Legislative Assembly were recently put in the hot seat as they had their skin checked to help emphasise the importance of self-examination and early detection in the prevention of skin cancer.

MLA Elizabeth Lee, centre, with Cancer Council CEO, Sandra Turner and Dr Andrew Miller.

Local dermatologist, President of the Australasian College of Dermatologists and AMA ACT Board member, Dr Andrew Miller, conducted the skin checks as part of the continuing local push to see more people in the ACT community getting to know their skin better and protecting against future skin damage.

The skin checks, arranged by Cancer Council ACT, led by CEO Sandra Turner, in conjunction with the AMA ACT, marked the conclusion of National Skin Cancer Action Week, and were designed to highlight the entire community to be 'skin smart'.

The participants were led by Health Minister, Meegan Fitzharris but featured MLAs from both sides of the party divide.

Latest research

Recent data has shown adults are not as sun savvy as their children and many continue to spend time in the sun without protection.

"We often see Australian parents protecting their children with rashies, hats, sunscreen and shade – while not protecting themselves well," said Dr Miller.

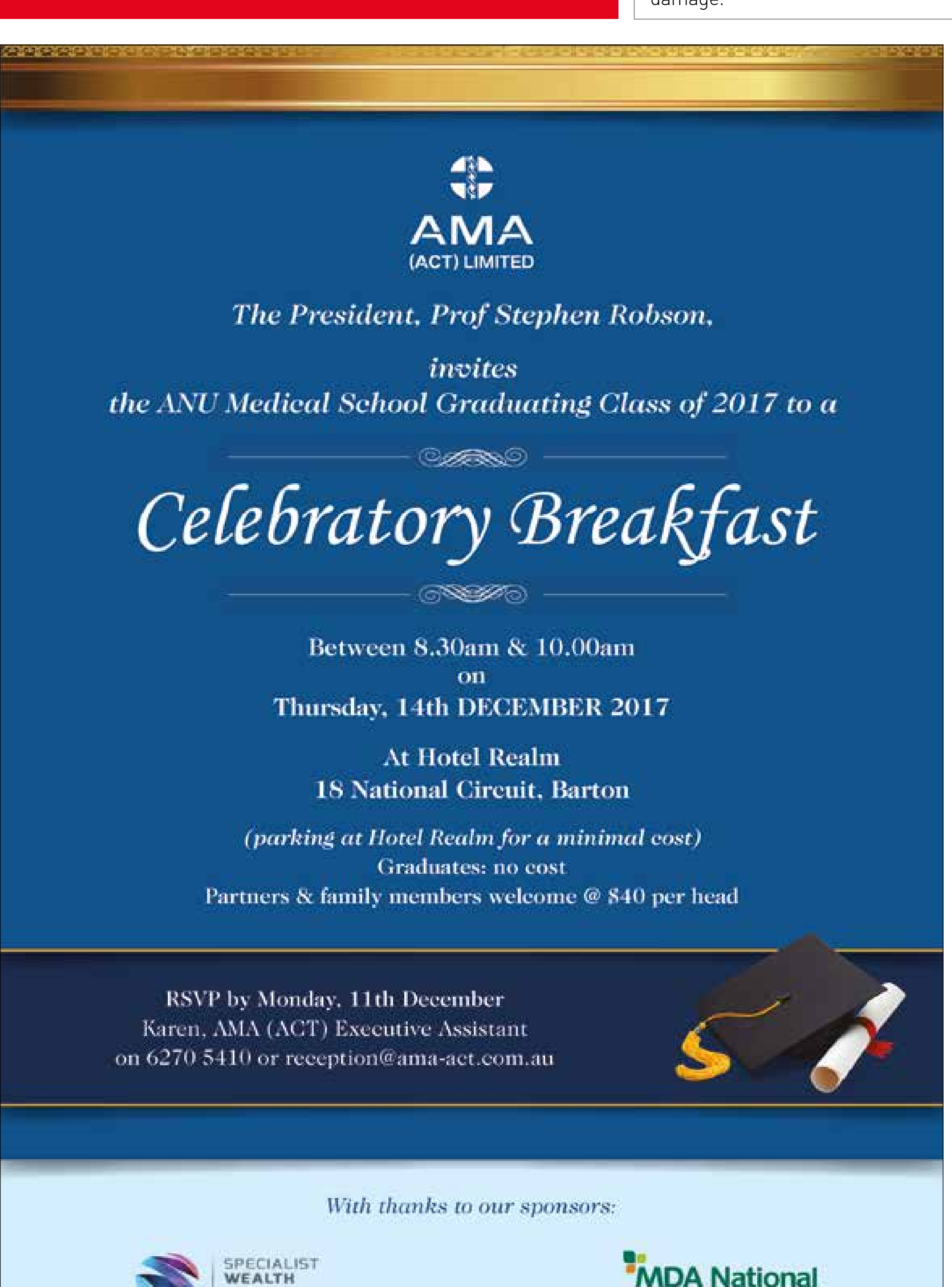
"With two thirds of adults developing skin cancer in their lifetime, it's never too late to protect your skin," he said.

Cancer Council ACT CEO, Sandra Turner, says the latest Cancer Council National Sun Survey shows adults are using more sunscreen but not wearing as much clothing for proper UV protection.

"With UV levels in the ACT above three throughout most of the day from now until the end of May, it's important to cover up; slip, slop, slap, seek shade and slide on sunglasses.

"We want to see more adults in the ACT joining their children in being SunSmart. Getting our politicians to lead by example is one way to get the message out there," said Sandra.

National Skin Cancer Action Week is an initiative of Cancer Council of Australia with the support of the Australasian College of Dermatologists.



Medicine, employment and life: The MABEL study

BY DR VENITA MUNIR, MEDICAL WRITER FOR MABEL, MELBOURNE INSTITUTE: APPLIED ECONOMIC & SOCIAL RESEARCH, THE UNIVERSITY OF MELBOURNE

It is, of course, paramount to maintain Australian doctors' health and well-being to ensure a functional national health care system. Doctors often work long hours and on-call under difficult conditions, particularly in under-resourced rural and remote areas and there is a fragility about the medical workforce in meeting the growing population's healthcare requirements.

Doctors are often stoic and feel overly responsible and are sometimes guilty of neglecting their own health needs. Medical practitioners have higher rates of mental health problems and suicide than the general population (Beyondblue 2013), yet take fewer sick days.

The MABEL Survey

Given these matters, it's important we gain systematic evidence about doctors' health over time and this is where the MABEL Survey (Medicine in Australia: Balancing Employment and Life) comes in. MABEL is perfectly placed to further research these issues, being a national longitudinal survey with a vast database.

In its tenth wave of data collection, MABEL has provided valuable evidence to government and health policy makers to address requirements for the Australian medical workforce.

While media reports suggest that most doctors report 'excellent' or 'very good' general health, in eight years of MABEL data, approximately 6% report 'fair' and 1% 'poor' general health. While it's a crude measure, such information provides a snapshot of those who may be struggling and require support, counselling or treatment.

What is clear is that we need to find more effective ways to support doctors other than telling them to toughen up and be more resilient. MABEL aims to further assess these issues through targeted questioning.

Participation in MABEL

The 10th wave of MABEL Survey has recently been sent to over 20,000 doctors in Australia who have previously responded. This is a unique chance to contribute to independent and rigorous evidence about doctors working lives and how they are affected by the health care system.

If you've participated previously, you should have already received a letter or email. If you've not previously participated and would like to, please go to www.mabel.org.au and sign up to be included.

This article used data from the MABEL longitudinal survey of doctors conducted by the University of Melbourne and Monash University (the MABEL research team). Funding for MABEL comes from the National Health and Medical Research Council (Health Services Research Grant: 2008-2011; and Centre for Research Excellence in Medical Workforce Dynamics: 2012-2017) with additional support from the Department of Health (in 2008) and Health Workforce Australia (in 2013). The MABEL research team bears no responsibility for how the data has been analysed, used or summarised in this article.

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Accessing unapproved medicines and devices for your patients – what's changed?

It's now easier for doctors to access unapproved therapeutic goods for patients who need them.

The government schemes which allow doctors to access unapproved therapeutic goods, such as medicines, biologicals and medical devices that haven't been approved in Australia, have been simplified and streamlined.

Most therapeutic goods need to be evaluated for quality, safety and efficacy by the Therapeutic Goods Administration (TGA) before they can be supplied in Australia.

However, sometimes patients can benefit from therapeutic goods that have not been approved by the TGA. For example, there may be medicines that have been approved for use in other countries but not yet in Australia, or a manufacturer may not offer a particular device in Australia.

Since 3 July, two of the programs managed by the TGA – the Special Access Scheme and the Authorised Prescriber program – have become easier for doctors to navigate.

Special access scheme

The biggest change is to the Special Access Scheme (tga.gov.au/form/special-access-scheme).

Health practitioners can now simply notify the TGA if they are planning to treat a patient with a therapeutic good which has an established history of use in a country similar to Australia. The TGA provides a list of which goods meet this criteria, along with their indications and the type of health practitioner authorised to supply them.

Separate lists for these medicines, medical devices and biologicals are available on the TGA's website (tga.gov.au) and are updated regularly.

Patients sometimes need special access

We help health professionals gain access to products that their patients need, but which have not been approved for use in Australia.

Clinical Trial Exemption (CTX) and Clinical Trial Notification (CTN) schemes

Access unapproved medicines through participation in a clinical trial

Special Access Scheme (SAS)

Import and/or supply an unapproved therapeutic good for a single patient on a case-by-case basis

Authorised Prescribers

Authorised prescribers can prescribe a specified therapeutic good (more than once) to a patient with a particular medical condition

Australian Government
Department of Health
Therapeutic Goods Administration

Health practitioners still need to apply to the TGA to access unapproved therapeutic goods that are not on the TGA's list. And health practitioners can still use the existing notification process when treating patients who are seriously ill with a terminal illness.

Detailed information about the Special Access Scheme including user guides and a frequently asked questions section are available on the TGA's website. You can also contact the TGA on 1800 020 653 and SAS@health.gov.au.

Authorised prescriber program

Changes have also been made to the Authorised Prescriber program (tga.gov.au/form/authorised-prescribers) to streamline the application process and increase the potential period of approval.

Under this program, the TGA can grant a doctor an authority to become an 'Authorised Prescriber' of a specific unapproved therapeutic good (or class of unapproved therapeutic goods) to specific patients (or classes of patients) with a particular medical condition.

Doctors now no longer need to submit to the TGA, as part of their application, the clinical justification for evaluation because the TGA will accept the approval already granted by a human research ethics committee or endorsement by a relevant specialist college.

In addition, applications to become an Authorised Prescriber of therapeutic goods which the TGA considers have an established history of use, will be eligible for a longer authorisation period. The maximum authorisation period will increase from one year to two years for medical devices and from two years to five years for medicines and biologicals.

Detailed information about the Authorised Prescriber program including application forms and guides are on the TGA's website. You can also contact the TGA on 02 6232 8101 and eps@health.gov.au.

If you want more information about accessing medicinal cannabis, the TGA website provides detailed information.

expert orthopaedics

Dr Yeong Joe Lau is an Australian trained orthopaedic surgeon with an interest in disorders of the lower limb. Joe has completed multiple local and international fellowships in foot, ankle, knee and hip surgery.

Joe consults from The Specialist Consulting Suites at Canberra Private Hospital in Deakin and also at Bruce Sports Medicine at The University of Canberra Health Hub.

The practice offers urgent appointments with minimal waiting times for consultations and for surgery. Joe operates in both North and South Canberra.

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Dr Gordiev specialises in Arthroscopy, Reconstruction, Replacement and Trauma of the Shoulder and Upper Limb and performs procedures including shoulder stabilisation, shoulder replacement, rotator cuff repair, elbow, wrist and hand surgery.

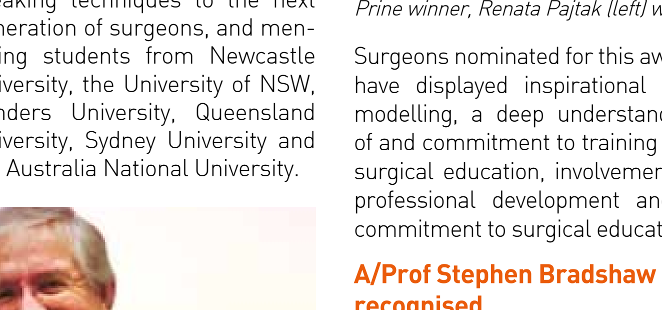
Dr Gordiev undertook her initial Orthopaedic training in Sydney and Canberra and specialised for 18 months at the Cleveland Clinic in the USA in 2003/4. She regularly attends local and overseas conferences concerned with surgical treatment of shoulder, elbow, wrist and hand disorders.

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

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

ACT surgeons recognise local excellence

Canberra medical student Renata Pajtak has won the inaugural Prof Noel Tait Medical Student prize for her essay 'Reasons to choose a career in surgery'. The prize was awarded at the Royal Australasian College of Surgeons ACT Annual Scientific Meeting held recently at the ANU Medical School.



Prine winner, Renata Pajtak (left) with Prof Tait and Convenor Rebecca Read.

The prize was introduced by the RACS ACT Committee in honour of Professor Noel Tait, former Sub Dean of the ANU Medical School, and is intended to engage medical students and encourage their development in medicine.

Professor Tait has made a significant contribution to medical education in the ACT and was involved in the establishment of the ANU Medical School.

ACT surgical educator of the year

Teaching and mentoring students across Australia throughout his career, has earned ACT surgeon Dr Philip Jeans the ACT Academy of Surgical Educators Supervisor of the Year Award.

Sydney-born Dr Jeans helped set up the Liver Transplant Unit at the Flinders Medical Centre in Adelaide and was instrumental in introducing modern laparoscopic surgery in Adelaide.

In 1992 he relocated to Canberra helping to teach these groundbreaking techniques to the next generation of surgeons, and mentoring students from Newcastle University, the University of NSW, Flinders University, Queensland University, Sydney University and the Australia National University.

A/Prof Stephen Bradshaw (left) with RACS President, John Batten.

Surgeons nominated for this award have displayed inspirational role modelling, a deep understanding of and commitment to training and surgical education, involvement in professional development and a commitment to surgical education.

A/Prof Stephen Bradshaw recognised

Vascular surgeon, teacher and Order of Australia recipient Associate Professor Stephen Bradshaw has been presented with an Outstanding Service to the Community Award by the Royal Australasian College Of Surgeons.

The award recognises Fellows who have given long and dedicated service to their local community—more often than not, unheralded—but without which the standard of surgical care in that community would have been lesser.

Director of Vascular Surgery at the Canberra Hospital, A/Prof. Bradshaw has a long list of commitments past and present which have contributed to the community and the delivery of high quality surgical service in Canberra.

A long-standing health advocate in Canberra, A/Prof. Bradshaw has taken on numerous committee roles since the early nineties. Upon accepting the award he encouraged his colleagues to do the same, in light of how rewarding the experience has been for him.

Dr Phil Jeans (left) with RACS President, John Batten.

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Should doctors be fined for failing to keep their patients healthy?

BY JESSICA HING, ANU MEDICAL STUDENT

Imagine if doctors were fined for failing to keep their patients healthy? What if you only had to pay your doctor if they successfully treated you?

A large-scale experiment in just this kind of alternate health care model has been playing out recently in the USA. Since 16 November 2015, a novel payment policy for hip and knee replacement surgery was rolled out to hospitals across the country. It's called the *Comprehensive Care for Joint Replacement Model.* Within this new policy, patients are monitored for up to 90 days following their discharge and hospitals are paid based on the outcome of the surgery. Hospitals are docked pay for what are deemed avoidable complications and are given financial rewards for good patient care. For 800 hospitals across the USA the entire experience of joint replacement surgery is now viewed as one bundled event rather than a series of independent services by surgeons, anaesthetists, nurses, and physiotherapists.

Earlier this year I heard Dr Mark O'Brien from the Cognitive Institute argue that these kind of payment models would make doctors more accountable for their mistakes and thereby improve patient care. He predicted that before long a similar system would make its way to Australia. But is this a good model? What implications for the health system could it have?

Hips and knees in Australia

Hip and knee replacements are among the most common reasons for elective hospitalisations in Australia and often require long periods of rehabilitation. In 2015 there were 44,710 hip replacements in Australia and 57,860 knee replacements. With a rapidly ageing population, this number is expected to continue rising.

Since 2003, publicly funded hip replacements increased by at least 34% and knee replacements by 75%. The cost and success of joint replacements is highly variable across the country, so much so that Dr Linda Swan, the Medibank chief medical officer, recommended patients shop around for the best service.

Joint replacement surgery means big bucks. Costs for joint replacement surgery in Australia are estimated at $1billion per year but this doesn't even include costs for postoperative complications. Infection following surgery, for example, costs a further $97 million in additional hospital stay and treatment.

Early results from the US

It's too early to tell whether the shift to the Comprehensive Care for Joint Replacement Model will be a success in reducing complications for patients. Preliminary results from the USA seem promising overall. The Cognitive Institute reported a significant decrease in the number of patients contracting infections after surgery. Since Akron General Hospital in Ohio adopted the policy, 60% of patients go home after hip and knee surgery compared to 45% before the policy change. Dr Thompson, chairman of orthopaedic surgery at Akron, said that almost all patients who had their second joint replacement after the new model was introduced say that they couldn't believe how much better their care was. Despite these positive results, some other reviews reported that while there was an improvement in hospital spending, there was no improvement in patient care.

Like the preliminary results, my feelings on the policy's possible introduction to Australia are mixed. There are certainly some great advantages to bringing a retrospective bundle pay system to Australia for joint replacement surgery.

Teamwork

The main advantage is that teamwork is highly incentivised and solutions are being found to problems in patient care at a system level. For example, there is now a clear impetus to identify and solve problems that might be occurring between teams in handover practices.

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Kevin Bozic, chairman of surgery for the University of Texas' medical school, said that the real achievement of the new policy is getting everyone involved in a patient's care to sit down and make decisions collectively. In Akron General Hospital, for example, teams were formed including pharmacists, physiotherapists, financiers, nurses and doctors, in order to come up with strategies to improve outcomes. The policy means that even if a surgeon does a brilliant job but the hospital has lax handwashing policies and the patient develops an infection, the surgery will be seen as sub-par. The hospital team is now only as strong as its weakest link. Involved in this policy is a crucial recognition of the team environment that a doctor works in and placing blame on the system rather than just the individual surgeon for poor patient outcomes. A systems level approach to improving health care makes everyone accountable for practices like hand hygiene. There is also now a strong incentive for surgeons to be invested in their patients' care beyond the operating theatre.

Local concerns

That being said, my primary concern with this policy is that it will stifle innovation. Having a payment system based on the outcome of a surgery would dissuade treating teams from trying new surgical techniques for fear of financial punishment. The freedom to attempt new surgical techniques is crucial to the development of medical knowledge and ultimately to improving future patient outcomes.

Under the new policy, hospitals may also exert a stronger pressure over practitioners not to try new techniques or take on risky patients because adverse outcomes financially impact the whole hospital. Prince of Wales Neurosurgeon Dr Charlie Teoh is famous for taking on 'risky' patients with poor prognoses despite enormous pressure from colleagues and hospital administration. I can imagine this kind of pressure would only increase if a new outcomes-based payment policy was introduced.

For the system to be fair it is crucial, as Dr Teuscher president of the American Academy of Orthopaedic Surgeons stated, that patients' expected outcomes are appropriately adjusted based on their risk factors, comorbidities and compliance. In some cases, post-surgical complications can be difficult to mitigate and leave doctors with an unreasonable pressure to be perfect.

What is more subtle, but just as concerning, is the philosophical shift this policy engenders. It is a shift away from taking good care of patients for the sake of it and rather focuses on a commercial drive behind hospitals and doctors. It is a trend towards the commercialisation of medical practice that makes me uneasy. It makes me uneasy particularly that the underlying assumption of the policy is that health practitioners will care more about their patients if there is a prospect of financial punishment or reward. What is financially efficient and best patient care may not always be the same thing and we must be wary to set our moral compasses solely by the metric of financial gain.

Equity concerns

It is possible too that this policy will cause greater disparities between hospitals. Hospitals with good patient outcomes are given financial incentives while those who have high rates of preventable postsurgical complications have financial penalties imposed. Already high-performing hospitals that earn money through this scheme could spend it on bonuses to retain staff, further training and purchasing of additional equipment. Financially disadvantaging poor-performing hospitals could thereby increase disparity and access to healthcare between different communities in Australia.

The effect of the Comprehensive Care for Joint Replacement Model in the USA should be watched carefully before we consider implementing it in Australia. There are many possible problems with the policy though there are good points to it as well. What is certain is that, if introduced, it would produce a significant shift in the way healthcare is currently conceptualised in Australia.

Doctors' health resources

Are you looking for a GP?

If you're a junior doctor or medical student and looking for a GP please contact AMA (ACT) and we will assist you to find a local GP.

Doctors' Health Resources online

AMA's Doctor Portal:

https://www.doctorportal.com.au/doctorshealth/resources/

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/

Update from Capital Health Network

BY GAYLENE COULTON, CAPITAL HEALTH NETWORK CHIEF EXECUTIVE

Our ACT PHN Practice Development Team utilises Bodenheimer's 10 Building Blocks of High Performing Primary Care as a framework for their work in enabling general practices to plan and implement a range of quality improvement initiatives, focused on providing high-quality patient-centred care.

Recent highlights include:

Practice Development Program

Our team continues to offer comprehensive assistance to general practices in the ACT. We can assist Practice Principals, GPs, Practice Nurses, Practice Managers and administrative staff in a range of areas including:

- Practice data analysis and data improvement initiatives
- eHealth initiatives
- Orientation for new GPs and nurses
- Accreditation
- Triage and reception training
- Recruitment of staff
- Practice set-up for new practices
- Promotion of and referral into ACT PHN programs e.g. mental health
- Clinical software advice
- Networking and training opportunities.

Eleven ACT practices participated in the 2016-2017 GP Leadership Program. The program included face-to-face workshops and one-on-one follow-up teleconferences, designed to support GPs to develop leadership skills, lead strategic change in their practices and deliver health benefits for their communities. Dr Siew Lo (pictured below), Florey Medical Centre, said "the GP Leadership Program was very valuable as it helped clarify leadership styles, issues and gave a clear understanding of what being a leader actually is all about".

Geriatric Rapid Acute Care Evaluation Program

The CHN and Calvary Public Hospital Bruce last month commenced the trial of a Geriatric Rapid Acute Care Evaluation (GRACE) Program aimed at providing expert, coordinated and collaborative health care to aged care residents in situ.

Many aged care residents experience significant difficulty and avoidable anxiety seeking treatment for non-life threatening, acute care needs. The GRACE pilot offers patients and their family, GPs, RACF staff and Calvary Public Hospital an alternative process that is designed to have the patient's assessment and treatment undertaken in the patient's residential setting. If a patient's condition is serious enough to warrant a hospital admission then it's coordinated between the GRACE team and the Calvary Public Hospital Emergency Department.

A 'network' of expertise is created around each patient that will provide appropriate and personalised care in the setting where they are comfortable and feel safe. The five RACF sites involved in the trial are Calvary Haydon Retirement Village, Bill McKenzie Gardens, Villagio Sant' Antonio, RFBI Canberra Masonic Village (Kalparrin Aged Care Facility) and Kangara Waters.

Dr Siew Lo from Florey Medical Centre.

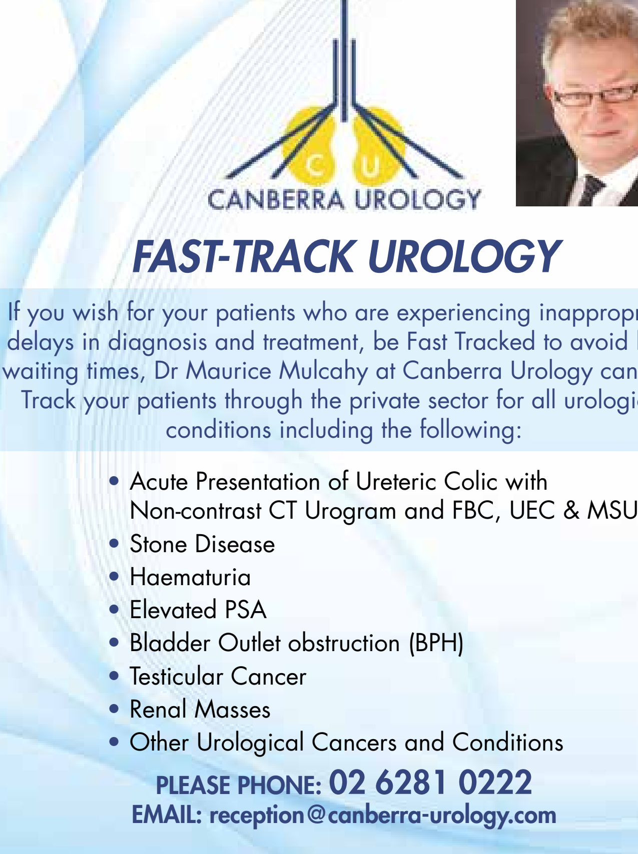
The initial hours of service are 8am – 8pm, Mon. – Fri., excluding public holidays. To contact the GRACE team, call 0439 216 143 or GRACE@calvary-act.com.au.

Pharmacist in General Practice Pilot

ACT PHN's Pharmacist in General Practice Pilot program was extended for a further 12 months earlier this year. The pilot program aims to examine the feasibility and viability of establishing a model or models to utilise Pharmacists within general practice, at the point-of-prescribing. Key results from the evaluation of the first year:

- Pharmacists in general practice supported general practice by conducting a range of activities that included medication review, de-prescribing, post hospital medicines reconciliation, communication with other pharmacists health care professionals, audits, patient education, staff education, asthma and smoke cessation
- 91% of patients surveyed wanted Pharmacists to continue to be employed in general practice
- 88% of primary health care workers (GPs, community pharmacists, nurses, receptionists, dietitians and practice managers) surveyed, stated that Pharmacists in general practice were beneficial
- On average Pharmacists saved 2 hours of GPs' time per week.

If you would like further information about these and other ACT PHN practice support initiatives, please contact us on 02 6287 8099 or reception@chnact.org.au.



AMA ACT Workshop – Workplace Safety

The latest AMA ACT Private Practice workshop was held earlier in November and dealt with Work Safety and Workers Compensation. The workshop was led by David Segrott, the Principal Consultant for Australian Health and Safety Services and AMA ACT's Tony Chase.

David has over 40 years' experience in the health and safety field, including extensive workers compensation management experience. David's presentation focused on how best to manage the increasingly complex issue of workplace safety for medical practices across the Territory and featured topics including:

- Overview of WHS Laws in the ACT
- An Outline of the Hazards and Risks for ACT Medical Practice
- Violence and Aggression in the workplace
- Bullying and Harassment and your responsibilities as an employer
- Manual Handling – Risk Management
- Working with Sharps and Sterilization – have you undertaken a risk assessment?
- Hazardous Waste – Are Your Procedures up-to-date?

David Segrott presents on Work Safety

AMA ACT's Director of Workplace Relations and General Practice, Tony Chase presented on:

- ACT Workers Compensation 1951 – A Small Business Perspective
- Employer's Duties under the legislation
- Employee Training, OH&S Policy – Issues For Medical Practice
- Workers' Compensation Claims – The Process – how to manage it.
- Workplace Bullying & Workers' Compensation in the Territory
- Real Case Studies – Some Untold Stories
- Lessons for Employers

AMA members who would like a copy of the presentations should contact AMA ACT on 6270 5410 or reception@ama-act.com.au

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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

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.

Jane Austen, Bath and the Monaro Plain

BY DR BILL COOTE

Many Canberra residents travel on the Snowy Mountains Highway across the Monaro Plain from Cooma to the coastal escarpment at Brown Mountain and on down to the Bega Valley.

What does the Monaro Plain have to do with Jane Austen and the famous English spa city of Bath?

In Georgian England the sick would travel to Bath seeking the health enhancing effects of its famous spa water. They would visit the Pump Room each day to "take the waters". A visit to Bath was as much a holiday as a treatment regimen. Two of Jane Austen's novels, Northanger Abbey and Persuasion, are built around the diversions and entertainments pursued during extended stays in Bath. The romantic aspirations, the anxieties and the disappointments of Austen's characters bubble along beneath a genteel veneer of shopping, dining and gossiping. Walks are taken in the surrounding countryside and evenings are spent at dances, concerts and card parties.

Fifteen kilometres from Cooma the Snowy Mountains Highway winds down to Rock Flat Creek. Springs Road leaves the Snowy Mountains Highway near the bridge over the creek, a signpost the only hint that there was once a remarkable natural spring nearby. Several 19th century dreamers imagined an Australian version of Bath at Rock Flat.

Modern day Bath.

Discovery

Most Australians know of Paul Strzelecki the Polish geologist who explored the Australians Alps in 1840. He was the first European to climb Australia's highest mountain, which he named Mt Kosciuszko.

Less known is another Pole, John Lhotsky. He travelled through the Monaro region, in 1834. In *'A Journey from Sydney to the Australian Alps'* Lhotsky relates that he was told of the Monaro spring while at Limestone Plains, near present day Canberra. At Cooma he sought directions to the spring and camped at Rock Flat for two days.

"The basin in which the spring is situated" he wrote "consists of a concave valley, of one mile diameter…surrounded by undulated barren hills" with the spring "coming forth at the most elevated part of the flat…" The taste of the water was "that of the most valuable mineral springs, as Seltzer and Cheltenham, to wit, a pleasant, slightly acidulous taste, prickling upon the tongue, and affording by this a very pleasant and disaltering beverage." Shepherds camping nearby told him the water was "very beneficial for the syphilic disorder, constipation of the bowels, sore eyes etc."

On his last morning at the spring Lhotsky "…..went alone to the spring, the bubbling and murmuring of which was solemn in the silence of this solitude. The rocks of marble around me, originated strange thoughts and dreams within my breast, imagination constructing an Australian Bath before my eyes….I saw long rows of buildings and hospitals, wherein numbers of sick from all adjacent countries were relieved and restored to health-I saw sumptuous roads leading over these yet lonely and melancholy downs."

Medical endorsement

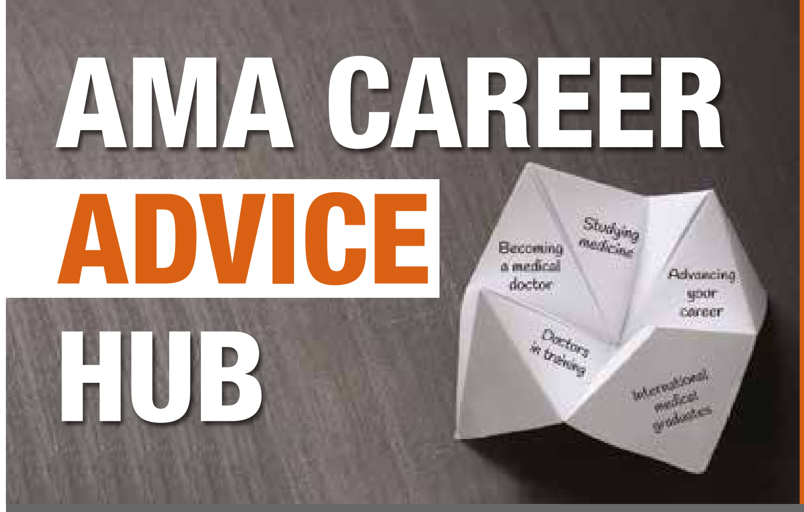
Sixty years later, in January 1891, Australia's first national medical journal the Australasian Medical Gazette published an article by its founder Ludwig Bruck titled *"The Mineral Springs of Australia"*. Bruck believed "our mineral springs should be more extensively utilised for the cure of disease…. many patients in these colonies cannot afford to undertake the protracted sea voyage to Europe for the sole purpose of regaining their health by the use of some European spa."

Flat Rock Spring c. 1910 with the 'Koomah Spa' just visible on the left.

Bruck described several Australian springs noting "the best known are all situated in Victoria" including Hepburn. In New South Wales the "…only partly developed mineral spring is the Rock Flat natural soda spring in the Monaro district". He believed the Government should take over and "make these places popular resorts for all classes".

Thoughts of Bath-in-the-south

Bruck's recommendations read like the specifications for a movie set for Northanger Abbey or Persuasion. He proposed "a well organised and thoroughly equipped sanatorium…. It should contain a large concert and ball-room, perhaps fitted up with a stage for the-



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atrical productions; also spacious and comfortable dining rooms, billiard rooms, smoking and reading rooms....good hotels, furnished rooms and houses, restaurants and cafes to suit all classes must be available....A pavilion should be erected where a band could perform during the season....Balls and concerts should be arranged... pleasant walks and drives in the neighbourhood should be kept in good order to encourage visitors to stroll about."

Both Lhotsky and Bruck were from central Europe where the traditional of a long leisurely stay at a health spa continued through the 19th century. By contrast, while water treatments did remain part of the English medical scene well into the 19th century, they evolved into rigorous, formalised regimens requiring immersions, cold showers and regular exercise. The historian Roy Porter has described "the cultural journey from the image of the Georgian spa-town sink of pleasure to the bracing, uplifting, intensely earnest regime of the Victorian water establishment."

There is no replica of Bath at Rock Flat Creek. Australians seeking recuperation and recreation do not travel to the cold, windswept Monaro Plain to "take the waters". Travellers on the Snowy Mountains Highway speed by to seek "earthly happiness" at seaside towns such as Narooma, Bermagui and Merimbula.

End note

In the early decades of the twentieth century the company E. Rowlands bottled Rock Flat spring water which it marketed as Koomah Spa mineral water. A 1915 article titled Koomah Spa states that Rowlands "bottle the water at Ballarat, Melbourne, Katoomba and Sydney" and another article that "over one hundred tons of Spa water" are sent to Sydney each year from the railway siding at Rock Flat.

Winnunga Nimmityjah Aboriginal Health and Community Service LTD (Winnunga AHCS)

Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga AHCS) is an Aboriginal community controlled service which has elected board members and a CEO. The service provides holistic care to its Aboriginal clients with all operational directives delegated by the CEO through the line management structure.

GENERAL PRACTITIONERS

– addiction medicine and mental health, Clinical Services

The GPs are situated within the Clinical Services team of Winnunga AHCS. The clinical services comprise of GPs, nurses, allied health and mental health teams along with visiting specialists. The Social Health Team addresses the social and emotional wellbeing of Aboriginal people by providing case management, counselling, advocacy and the delivery of wellbeing programs.

We are seeking 2 qualified General Practitioners to work within our busy clinical services. The roles of the GPs are to provide holistic, comprehensive health care with a focus on addiction medicine and mental health, to clients in the criminal justice system detained at the Alexander Maconochie Centre (ACT adult prison) and to provide seamless services between the Alexander Maconochie Centre and Winnunga AHCS. Fellowship with the RACGP (essential)

Accredited methadone prescriber (essential) Accredited (RACGP) level 2 mental health training (recommended) Experience working with Aboriginal clients.

Applicants must obtain a copy of the selection criteria and address all criteria.

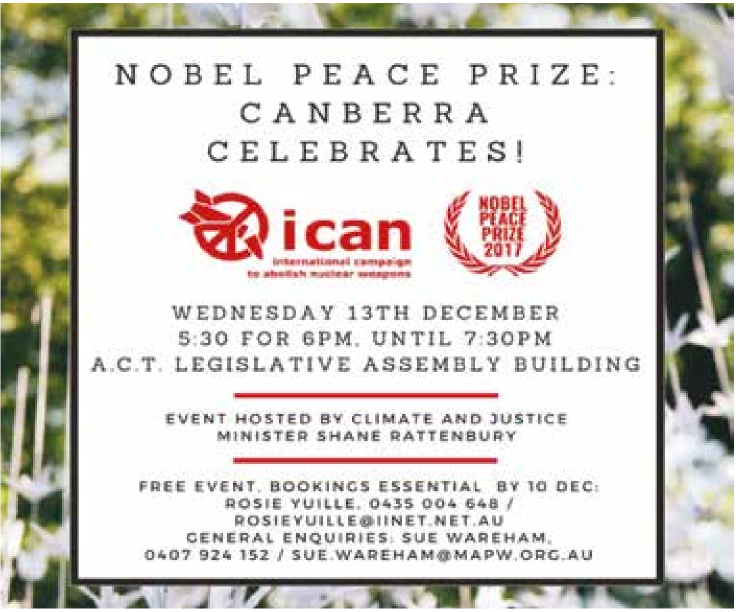
For more information and or a copy of the position description and selection criteria please contact Roseanne Longford, HR Manager on 6284 6259 or email Roseanne.Longford@winnunga.org.au

Applications should be addressed and mailed to Julie Tongs, CEO, Winnunga AHCS 63 Boolimba Cres Narrabundah ACT 2604 or by email to Roseanne.Longford@winnunga.org.au

Applications close 24th November 2017

PROFESSIONAL CLINICAL REGISTRATION:

A current professional clinical registration inclusive of a police background/Working with Vulnerable People (Background Check) Act 2011 or reciprocal requirements will be accepted.



One in five European NHS doctors plan to quit UK, survey reveals*

BY DENNIS CAMPBELL

BMA: Brexit may exacerbate problems of understaffing in the NHS.

Almost one in five of the NHS's European doctors have made plans to quit Britain, according to research that has raised fresh fears of a Brexit-induced medical brain drain.

And almost half of the health service's 12,000 medics from the European Economic Area (EEA) are considering moving abroad, the British Medical Association survey of 1,720 of them found.

The findings come amid growing evidence that Brexit may exacerbate problems of understaffing in the NHS by making both retention and recruitment of EU staff more difficult. In September NHS figures showed that more than 10,000 staff from EU countries had quit since the Brexit vote. And the number of EU nurses coming to Britain has dropped by 89% in the last year, Nursing and Midwifery Council figures released this month showed.

Survey results

In total, 45% of respondents to the BMA survey said they were thinking about leaving Britain following the result of the EU referendum in June 2016 – three percentage points more than when the BMA ran a similar poll in February – while a further 29% were unsure whether they would go.

Among those who were considering going elsewhere 39% – or 18% of the whole sample – have already made plans to leave. The 12,000 doctors from the EEA (the EU plus Iceland, Liechtenstein and Norway) represent 7.7% of the NHS's medical workforce.

Some of those leaving have been offered jobs abroad, while others are applying for posts overseas. Some have begun the process of seeking citizenship elsewhere, while others are having their qualifications validated so they can work in another country, the BMA said.

"That so many EU doctors are actively planning to leave the UK is a cause for real concern. Many have dedicated years of service to the NHS and medical research in the UK, and without them our health service would not be able to cope," said Dr Andrew Dearden, the BMA's treasurer.

Problems for the NHS?

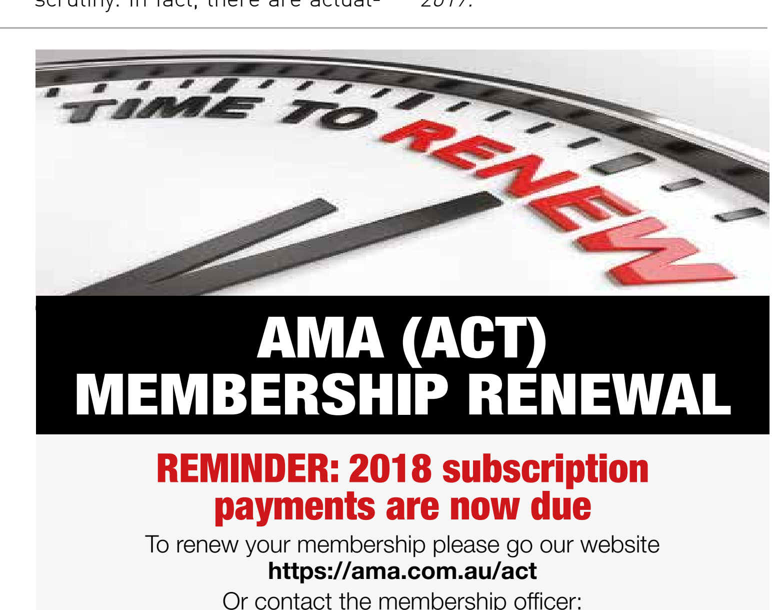
The Labour MP Darren Jones, a supporter of the pro-EU Open Britain campaign, said: "The British people were told last year that Brexit would boost the NHS by £350m a week. Now the evidence is piling up that it will break it instead.

"We all depend on the brilliant work done by doctors, nurses and other staff who come from the EU. There is no chance that we could replace their expertise if they continue to leave the UK."

But the Department of Health said that figures released last week by the General Medical Council, showing a slight year-on-year rise in 2016-17 in the number of EEA doctors joining its medical register, showed the BMA's findings were inaccurate.

"This survey does not stand up to scrutiny. In fact, there are actually more EU doctors working in the NHS since the EU referendum, more EU graduates joining the UK medical register and 3,193 more EU nationals working in the NHS overall," a spokesperson said.

** this article was first published in The Guardian on 14 November 2017.*



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CANBERRA Doctor

A News Magazine for all Doctors in the Canberra Region

ISSN 13118X25

Published by the Australian Medical Association (ACT) Limited
42 Macquarie St Barton
(PO Box 560, Curtin ACT 2605)

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Articles:
Copy is preferred by email to execofficer@ama-act.com.au in "Microsoft Word" or RTF format, (not PDF) with graphics in TIFF, EPS or JPEG format.

Next edition of Canberra Doctor – December 2017.

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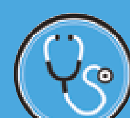

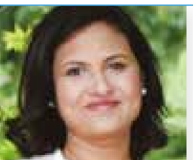

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