

CANBERRA Doctor

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Election win for Labor and Greens – now for health

With the dust having settled following the 15 October election and the new Labor/Greens government having been sworn in, we start to think about implementation of the many promises made in the health portfolio.



Chief Minister Andrew Barr, returned at the 2016 ACT election.

AMA (ACT) has written and congratulated Chief Minister Andrew Barr on his victory and Greens Leader, Shane Rattenbury, on his return to both the Legislative Assembly and the cabinet. In addition, we welcome the promotion of Meegan Fitzharris to the health portfolio and, given her background with the community and understanding of the broader health issues, look forward to working with her over the coming years.

A Balancing Act

With health occupying so much of the election debate, the key role for



New Health Minister, Meegan Fitzharris.

AMA (ACT) now becomes ensuring that promises are delivered and that the medical profession plays a key role in ensuring that the major promise – the redevelopment of Canberra Hospital – proceeds smoothly. Getting the balance right between efficiency and service provision is a key element.

In congratulating ACT Labor on being returned, the AMA (ACT) identified several areas that we will be focussing on over the life of the new government:

- access to primary care including after-hours care,
- reducing the pressure on emergency departments and
- improving the efficiency of both Canberra Hospital and Calvary Public Hospital.

Importantly, we will also keep a sharp focus on public health issues and ensure that government policy is based on the best available evidence. This is particularly so in regard to alcohol-fuelled violence.

SPIRE Centre

The ACT ALP's major election commitment was to build a new Surgi-

cal Procedures, Interventional Radiology and Emergency ('SPIRE') Centre and extension to the Canberra Hospital. The SPIRE Centre, slated to cost more than \$650m, is expected to be completed by 2022.

In addition, the newly elected government has made commitments to increase the capacity of the Centenary Hospital for Women and Children – a much needed improvement.

The election has provided ACT Labor with a strong mandate to govern and pursue improvements in health outcomes and infrastructure; we look forward to working with Minister Fitzharris to ensure the best possible health of Canberra's citizens.

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- Acknowledged by Hepatitis Australia in the evaluation for treatment of liver disease including cirrhosis



Medical Musings

WITH PRESIDENT, PROFESSOR STEVE ROBSON

The ACT Legislative Assembly election is over, and the Barr Government has been returned. The election campaign was notable for the prominence given to health policy and initiatives. All major parties recognised the importance to health to the community, and big ticket announcements came thick and fast during the campaign. At times it was difficult to keep up with them, and with the requirements of embargo that usually accompanied announcements the CEO Peter Somerville and I sometimes found ourselves talking and preparing responses at midnight, ready for release the following morning.

There is no doubt that Canberra has lagged behind other capital cities in health infrastructure for some time. Large hospital projects rarely go according to plan, and public disasters like those of the new Royal Adelaide Hospital and Perth's Fiona Stanley Hospitals always receive wide press coverage. The Centenary Hospital for Women and Children is a local example – plagued by cost blowouts and built too small for the demand it generated. The important thing is that big health infrastructure projects need to be designed and driven in partnership with the clinicians who use them. The Barr Government's announcement of the "SPIRE Centre" at Canberra Hospital was big on promise but light on detail, and we intend to keep the pressure up to make sure that Canberrans' money is well spent.

Urgent upgrades are needed at Calvary Hospital to serve the people on the north side, and lots of other initiatives and projects announced

in the heat of the election campaign need to be honoured and managed to maximise benefits. There were disappointments too, with little or no consideration given to Canberra's hardworking general practitioners. I penned an opinion piece for the *Canberra Times* calling for an incoming Government to step up to the plate and provide the same levels of financial support to our established general practices that is planned for walk-in centres and other models that promote bulk-billing. Unfortunately this seemed to fall on deaf ears, but we will be reminding the incoming Government about the critical importance of good general practice to the Canberra community.

The best way to deal with overcrowding of our public hospitals is to keep people out of hospitals in the first place. This is one of the strengths of good general practice, and prevention should be priority number one for Governments at every level. I intend to meet with the



AMA (ACT) President Professor Steve Robson with one-punch attack victim Matt Pridham and his mother Liz. Keeping pressure on politicians to do the responsible thing will be a continuing priority.

incoming Health Minister to press the point and push for a credible response to prevention.

An area of particular disappointment has been the response of all political parties to legislative change for responsible alcohol use.

There is overwhelming community support for this, and clear evidence from New South Wales that responsible alcohol laws are good for community health. Unfortunately, politicians of all stripes seem to have a craven weakness when it comes to leadership in this area. At

our face to face meetings with political leaders, meetings attended jointly with representatives of FARE and other interested clinicians, the responses have been, to say the least, underwhelming.

Continued page 14...

Franklin Ginninderra Forde Holt Ngunnawal M'kellar Harrison
 Palmerston Scullin Aranda Kaleen Flynn Latham
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Pathology deal: an attack on general practice



The AMA, through President, Dr Michael Gannon, has made a direct plea to Health Minister Sussan Ley, to scrap government plans to change rental rules for pathology collection centres in general practice and other medical facilities.

During the course of the federal election campaign the Federal Government announced a deal with Pathology Australia to impose tighter rules on collection centre rental arrangements in exchange for the pathology companies dropping their high-profile campaign against the government's bulk billing policies.

Drop the Deal

Dr Gannon said the AMA is demanding the government immediately drop its deal with Pathology Australia which was reached without any proper consultation with General Practice groups

"The government wants to implement a blunt cap on the rents paid by pathology companies for pathology collection centre space in general practices and other medical suites." Dr Gannon said.

"While the AMA totally supports efforts to stamp out rental or other arrangements that might seek to influence the referral patterns of GPs and other specialists, the government's proposed changes go too far.

"The changes are being reported as saving pathology companies around \$150 million a year, with most of this money being taken out of General Practice.

"GPs see this policy as an attack on small business while delivering a windfall gain to two major public companies.

Consult Please

Prior to the announcement, the federal Government had assured stakeholders that it would tackle



inappropriate rental arrangements by developing a compliance strategy designed to improve transparency and increase enforcement activities under the existing regulatory framework.

The AMA strongly supported this approach. Pathology companies have made commercial decisions that place a high value on co-located collection centre space driv-

en largely by competition between pathology companies for market share.

Past advice from the Department of Health assured the AMA that there is no evidence of unusual growth in pathology requests.

Dr Gannon said there was no justification for a new policy that would dramatically impact on general practices across the country - in

many cases threatening their viability

"We are willing to work with the government to come up with a suite of policy changes to address this, but it will require the government to rethink its current policy, consult with general practice and adopt a more balanced approach consistent with discussions that were held prior to the surprise election announcement." Dr Gannon said.

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'Art In, Butt Out' won by Canberra High student

Canberra High School Year 8 student, Louisa Langston has taken out the ninth annual 'Art In, Butt Out' competition with Health Minister, Simon Corbell, in one of his last official events, presenting the winning entry.

'Art In, Butt Out' is an initiative of the AMA (ACT) and its Tobacco Task Force, that asks local Year 8 students to put their design and marketing skills to the test and come up with an advertisement that will help reduce the number of young people who smoke.

"This year we had entries from students and schools across Canberra, including Canberra High School, St Clare's College, Amaroo High School and Brindabella Christian School," AMA (ACT) President Elect Dr Antonio Di Dio revealed.

"All the entries were of an exceptionally high quality and I'd like to commend all the budding art, design and marketing stars who submitted a design and got involved with 'Art In, Butt Out' this year."

"Louisa's winning entry had all the elements we were looking for and I believe the artwork clearly sends a message that will help influence teenagers to think twice about taking up smoking or convince them to quit," Dr Di Dio said.

"Louisa's design will be displayed on Canberra Milk bottles



Health Minister Simon Corbell with winner of 'Art In, Butt Out' 2016, Louisa Langston and AMA (ACT) President Elect, Dr Antonio Di Dio.



Bernadette Urack (ACT Cancer Council), Joan Bartlett CEO (ACT Cancer Council), Tony Stubbs (Heart Foundation), Alan Shroot (Canberra ASH), Dr Antonio Di Dio (AMA ACT President Elect).

for four weeks, which means it will potentially be seen by tens of thousands of people."

"'Art In, Butt Out' encourages young people to think about their health and well-being and to support peer-to-peer education about the harmfulness of smoking and tobacco products," Dr Di Dio added.

"The 'Art In, Butt Out' competition can help in the fight against smoking because the public health messages being created are designed by teenagers for teenagers. These students know what motivates their friends and how to most effectively convince them to make the smart choice."

"Finally we'd like to thank former Health Minister Simon Corbell

and ACT Health, the ACT Education Directorate and Canberra Milk for their continuing support and making 'Art In, Butt Out' possible," Dr Di Dio said.

The AMA (ACT)'s Tobacco Task Force includes: Cancer Council ACT, Diabetes Australia ACT, ACT Heart Foundation ACT, Canberra ASH and Winnunga Nimmyjah AHS.

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Health Minister Simon Corbell with year 8 students.



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2016 Safe Hours Audit: time to get involved

Few occupations are as susceptible to the dangers posed by fatigue as those in the medical profession, yet unsafe and over-long hours, particularly in public hospitals, have long been seen as acceptable.



Dr John Zorbas, Chair AMA Council of Doctors in Training.

These hours lead to fatigue, which in turn can impair judgment and work performance. This can affect the quality of patient care and the well-being of doctors.

Other industries such as pilots and truck drivers have very stringent fatigue management guidelines. Serious medical errors increase

with frequent long shifts, and extended shifts have a similar effect to working under the influence of alcohol.

Safe Hours Audits 2000 to 2011

The last audit was conducted in 2011 showing that 53 per cent of Australian hospital doctors were working hours that put them at high risk or significant risk of fatigue – with reports of continuous unbroken shifts of up to 43 hours. The risks of fatigue have increased since the first AMA Safe Hours Audit in 2000. In 2006, 62 per cent of respondents fell into the significant risk and higher risk categories while in 2001, this figure was 78 per cent. The longest period of continuous work in the 2011 survey was 43 hours, and the longest working week was 120 hours. Doctors working in the higher risk category worked on average 78 hours per week.



Canberra-based DITs, Dr Elisse Warren and Dr Nushin Ahmed.

The 2016 Safe Hours Audit will collect data to assess whether there have been measurable improvements in rostering so that the risks of fatigue for doctors is being properly addressed.

The results of the on-line survey will be published in a nation-wide safe hours report that will be released early year. These will be compared to the results of previous safe hours reports published by the AMA to

assess whether there has been a move towards safer working hours for junior and salaried doctors.

National Code of Practice

Safe hours for doctors does not

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- burnout
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- personal issues
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necessarily mean fewer hours, but it does mean that employers need to ensure that rosters are designed to minimise the risks of fatigue. The *AMA 2011 Safe Hours Audit* revealed that many doctors worked a similar number of hours, but often had very different risk ratings.

If doctors have adequate breaks and opportunities for uninterrupted sleep - the risks of fatigue can be greatly reduced.

General practice

GP registrars can participate in this audit and there will be a special section in the final report devoted to this group.

The 2011 report provided data (small sample size) showing that the risks of fatigue for GP registrars working in community settings were lower than most hospital-based doctors. Sixty two percent of respondents were classified as being at a lower risk of fatigue, which compared favourably to 47 per cent of hospital doctors.

It would appear that the lower risks of fatigue for GP registrars was a product of different rostering arrangements in community set-

tings, with the survey data showing that they did not appear to face the same extremes that were encountered when working in the hospital system.

The *Beyond Blue National Mental Health Survey of Doctors and Medical Students* survey revealed that long working hours, a need to balance competing work and personal demands, and a stressful work environment contributed to the high general and specific levels of distress, and high levels of burnout reported by both doctors and students in the survey.

Sleep deprivation is also cited as one of the main contributors to burnout and poor mental health in other studies. The survey recommended increasing resources and the size of the workforce, and limiting excessive work hours as strategies to reduce the burden on overworked doctors and to address stressful working environments.

The 2016 Safe Hours Audit is available on line: safehours.ama.com.au



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Non AMA members can only access some of the content in the AMA's specialty training pathways guide. Join the AMA for access to the full guide, professional development opportunities, careers advice and much more!

AMA (ACT) appoints hospital organiser for DITs

The AMA (ACT) is pleased to announce that Anish Prasad has been appointed to the new position of Hospital Organiser starting from 5 December 2016. Anish will be the key link between DITs and the AMA (ACT), assisting with workplace issues and ensuring that DITs are organised and across the latest news on workplace and training issues.



Anish Prasad, AMA (ACT)'s new Hospital Organiser.

Anish graduated in Arts and Law from La Trobe University in Melbourne in 2015 and has recently commenced a Masters of Labour Law and Relations at the University of Sydney.

In the past, Anish has worked with refugees and asylum seekers in a voluntary capacity and has more recently worked as an organiser with the Finance Sector Union in Sydney. His passion is to help people have their interests and voices heard and he looks forward to bringing



his experience as a workplace organiser and workplace relations practitioner to ACT DITs and other members of AMA (ACT).

Anish will work closely with AMA (ACT)'s Manager, Workplace Relations and General Practice, Tony Chase and also with CEO, Peter Somerville.

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Dr Yeong Joe Lau is an Australian trained orthopaedic surgeon with an interest in disorders of the lower limb. He has now returned to Canberra to start practice after completing local and international fellowships in foot, ankle, knee and hip surgery.

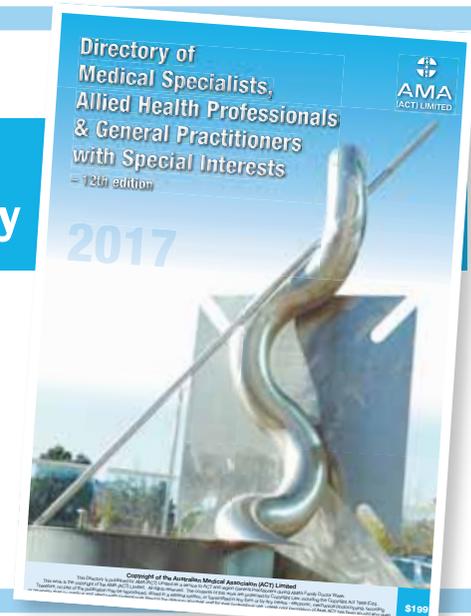
Joe operates at The Canberra Hospital, Canberra Private Hospital and National Capital Private Hospital. He consults from The Specialist Consulting Suites at Canberra Private Hospital.

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DITs: conference leave and training expenses

Members will be aware of long-standing and widespread concerns raised by Doctors-in-Training over restrictions on access to Conference Leave and Training expenses. AMA ACT has made formal representations to ACT Health (DOH) seeking clarification of the 'rules' around the access to Conference Leave and Training and Education expenses.



Conference Leave

The two areas of concern are:

- The impact of a DOH imposed requirement that staff and DITs must undertake 'mandatory training' as a pre-condition for the granting of Conference Leave, Infection control, Manual Tasks and Workplace Induction Survey.
- The introduction of a definitional limitation on the reimbursement of 'education and other expenses' which may be outside the scope of the ACTPS Medical Officer's



EBA associated with sub-clause 108 (1-3 inclusive).

The 'rules' governing these arrangements are set out in DOH Policies and can be varied from time-to-time. The AMA's view is that if DOH wishes to exercise its right to make policy changes, it may as long as the rights of its employees are not unreasonably compromised. Our view is that administrative actions such as policy changes should be exercised with caution.

The current EBA sets out (s 135.1 (a)) the circumstances where certain decisions and/or actions may be excluded from the operation of the EBA. The AMA's view however, is that not all administrative actions fall into this category.

Training Expenses

On the issue of approving training expenses for JMOs undertaking

college approved training programs, it appears that DOH have a policy not to accept that fees for the membership of colleges and examination fees however described, can be claimed pursuant to S. 108 of the EBA. Our position is that the EBA provides for the re-imbursement of "appropriate expenses" or "other education expenses" (related to duties) "up to a maximum of \$3,062" p.a. "associated with sub-clause 108.1".

These issues are being actively pursued with the DOH and members will be updated as soon as these matters are resolved.

AMA ACT Council of Doctors in Training

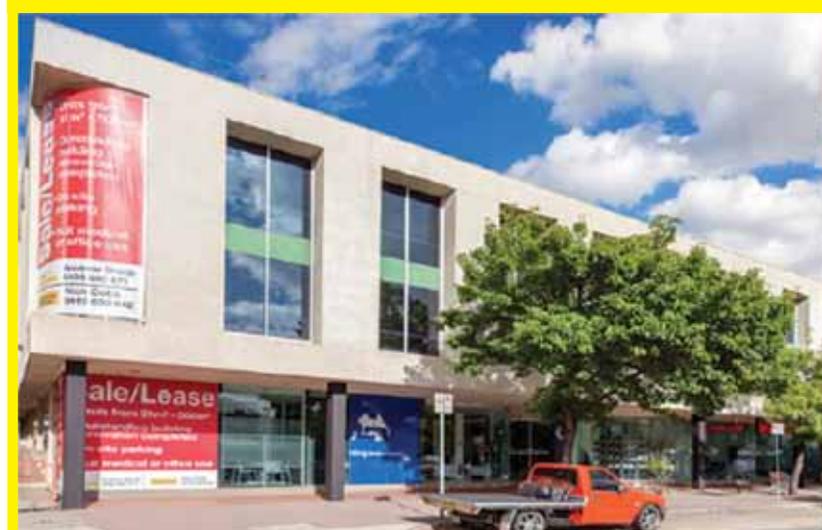
The composition of our wonderful DiT ACT Forum will be much changed next year. Both Dr Nushin Ahmed and Dr Lauren O'Rourke

are leaving us to take up interstate appointments. While they will be very hard to replace, it does mean that positions on the AMA ACT CDT are available and that the ACT reps to the national Council of Doctors in Training are available.

If you're interested in being part of the AMA ACT Council of Doctors in Training please let us know by emailing industrial@ama-act.com.au

ACT DITs at the 2016 AMA Leadership Dinner

Finally, please remember, next year is a critical year for ACT DITs because we will be heading for a new round of enterprise bargaining. Our current EBA expires on 30 June 2017 with negotiations expected to commence early in 2017.



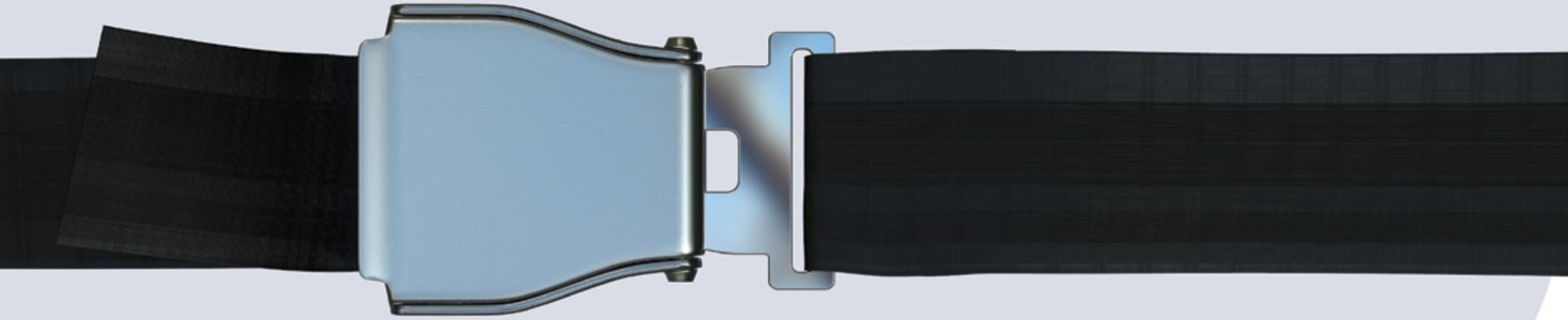

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How to approach sorting 5 concurrent problems in the hand?

BY DR CHRISTOPHER ROBERTS, MB BS, FRACS, FAORTHA

Case example: "Doctor I have a problem with my hand"

A 67 year old man complains of pain in his hand, upon questioning there are a number of complaints, the hand is sore, it aches, it feels stiff and weak. "I can't do up buttons, and I keep dropping things." On further questioning there are more symptoms, "it goes numb at night, and my ring finger gets stuck." He states "I remember breaking my scaphoid many years ago."

His wrist movement is limited and there is a swelling on the dorso-radial aspect, his thumb is quite arthritic with limited CMC movement associated with crepitus, his sensation is normal but there is a degree of wasting of the thenar eminence. There is also thickening around the A1 pulley of his ring finger and it locks into flexion.

This is the dilemma with wrist and hand problems. There are often 3 or more problems going on at the same time.

After appropriate clinical examination, maybe some Xrays and a NCS, we get the diagnosis.

His symptoms are a combination of:

- Wrist Joint arthritis, SNAC (Scaphoid Non Union Associated Collapse);
- Base of thumb or CMC joint arthritis;
- Carpal Tunnel Syndrome;
- Trigger Finger; and
- Dupuytren's Disease.

What to do ?

This is the hard bit. Sit down with the patient and go through each of his symptoms and try to attribute which pathology is causing symptoms.

- Wrist Joint arthritis SNAC – wrist pain, dorso radial, weakness.
- Base of thumb or CMC joint arthritis – pain, dropping objects, some of the wasting of the thenar eminence.
- Carpal Tunnel Syndrome – numbness at night, some pain, also mainly at night.
- Trigger finger – locking of the finger into flexion.
- Dupuytren's disease – Some tenderness in the palm.

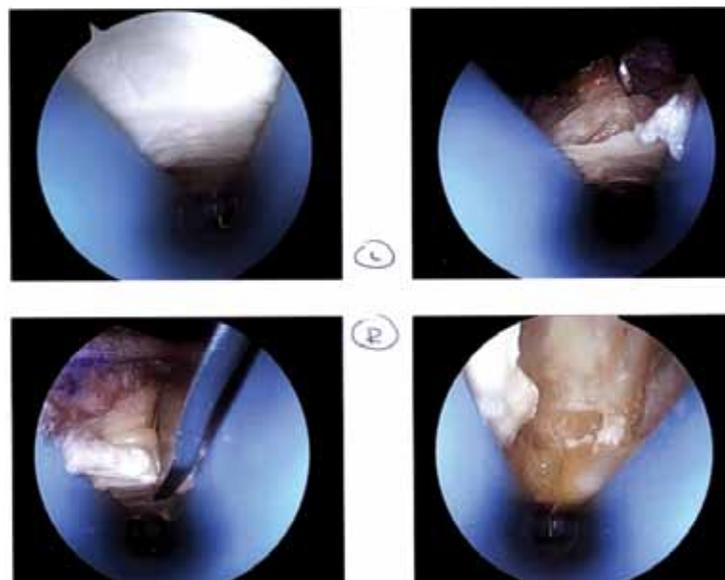


Often I will suggest a Diagnostic Ultrasound Guided Steroid injection, which can help the patient work out what symptoms are attributed to that particular area. Then there are the treatment options; conservative (rest, splint, NSAID), injections, or surgery.

Should the patient elect surgery, how much do they want done? It is a relatively small procedure to have the Carpal Tunnel decompressed endoscopically,

and possibly release the Trigger Finger. A more complex procedure would be dealing with base of the thumb arthritis performing a Trapeziectomy LRTI on its own. These patients generally do very well, but it takes about 4 months to get over the operation. To cure his wrist arthritis the options would be a Partial or Total Wrist fusion, or even a Wrist Replacement.

In some instances we can operate on multiple areas at the same time, however when post-operative treatment is different we may recommend limiting the surgery to one or more problems at a time.



MEMBERSHIP RENEWAL

Important information for AMA ACT members

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Did you miss out on the AMA ACT's Healthy Practice Workshop?

We were fortunate to get Cathy Baynie the immediate past President of the NSW/ACT Australia, Harry McCay from Avant Law and Medical Defence & Services, and Tony Chase, AMA (ACT)'s Workplace Relations and General Practice Manager, as presenters for our first *Healthy Practice* Workshop.

Cathy looked at Business Planning, Workforce Planning, Appointment and Billing systems and service delivery issues. Harry focussed on *Communicating with your Patients Electronically*, including privacy issues related to worker's compensation and insurance claims in the ACT. Tony provided a brief overview looking at the recent history of the *Fair Work Act 2009*, National Employment Standards, Modern Awards, Flexible Working Arrangements, Unfair Dismissal, and General Protections jurisdictions.

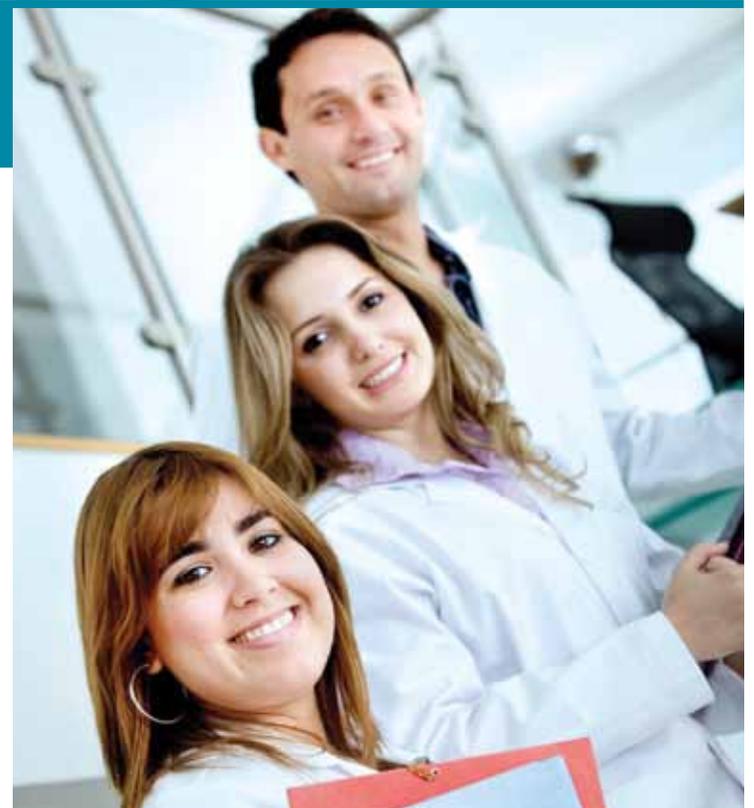
The three and a half hour Workshop was well received and provided a great networking opportunity for our GP and Specialist Principals and staff. Following the success of our first 'Healthy Practice' Workshop AMA ACT will be presenting a program of workshops for 2017. Details of the programme and subject matter will be announced in future editions of the *Canberra Doctor*.



Tony Chase, AMA (ACT)'s Manager, Workplace Relations and General Practice addresses the workshop.

On behalf of AMA ACT we wish to thank all those who attended and especially our friends at *Specialist Wealth Group* (SWG) for their

kind sponsorship. We would like to thank each of the presenters for sharing their knowledge and expertise with our members.



AMA ACT members should have received a link to the presentations for download. If you haven't received the link please call 6270 5410 or email inudtstrial@ama-act.com.au



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Workplace Relations Notes



Tony Chase, Manager, Workplace Relations and General Practice.

Increase in the Minimum Wage

The Fair Work Commission has published their decision of 31 May 2016 for the Annual Wage Review, announcing a 2.4% increase in the national minimum wage and Modern Awards.

When do I need to apply the increase?

Members need to apply the 2.4% increase for your staff by 2.4%.

The increase should be applied from the first pay period starting on or after 1 July 2016.

Who will the 2.4% apply to?

The increase will apply to those employees whose pay rates are set on either the national minimum wage, a modern award or in some cases a registered enterprise agreement.

Employers who pay staff under a Modern Award, and pay above the award minimum which ad-

equately absorbs the increases, will not need to take any action, unless the employment contract provides otherwise. It is always open to employers to pass on annual wage review increases to employees even if over-award wages are paid. This is a decision for each business. Employees not covered by an award or agreement will not require a pay increase if their current wage rate is higher than the national minimum wage. (\$672.70 per week or \$17.70 per hour)

Other increases

The high income threshold for unfair dismissal applications under the Fair Work Act 2009 has also increased from \$136,700 to \$138,900.

The meal allowance in the Health Professionals and Support Services Award 2010 and the Nurses' Award 2010 has increased. The tool allowance in the Health Professionals and Support Services Award 2010 has also increased. This allowance only applies to catering staff such as cooks.

You can contact the Workplace Relations and General Practice team on (02) 6270 5410.

Annual Leave Changes July 2016

Effective from 29 July 2016 most Modern Awards have been amended to incorporate new provisions as to annual leave.

The new provisions include;

- A right for employers to direct employees to take annual leave if an employee



has accruals exceeding eight weeks

- The ability for employees to take leave in advance with agreement from their employer (and where an employee's employment is terminated before they have accrued the leave taken in advance, the right for the employer to make an appropriate deduction from the employee's final pay and;
- The inclusion of a 'cashing' out provisions which will permit employers to agree with an award employee to

cash out accrued annual leave if they;

- Have signed a written agreement with their employer;
- Have a balance of at least 4 weeks' annual leave remaining after they have 'cashed out'
- Don't cash out more than 2 weeks' annual leave on a 12 month period.

Awards for the ACT health sector are;

Nurses' Award 2010 – (MA 0000034)

Health Professional's Award 2010 – (MA 0000027)

Clerks Award 2010 – (MA000002)

Superannuation – Super-Streaming

Members are also reminded that from 28 October 2016, you are required to make Superannuation contributions on behalf of employees via a Super-Stream compliant method. This has been in place since 30 June 2016 but the ATO has allowed small businesses to delay compliance until 28 October 2016.

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Medical Musings ...continued

...from page 2

I have spent some time with Matt Pridham, victim of a terrible one-punch attack in Canberra. Matt's and his family's lives have been turned inside out by his injuries, and the cost to the community for his acute and long term health care needs is staggering. Their lives will never be the same. Matt and his mother Liz are strong and I am in awe of their resilience and determination. However, when I am met with dismissive responses to our support for responsible legislation designed to protect young people, it is difficult not to get angry. This is one policy area where I won't rest.

PNG

Many of us have a beef with the health system, but my recent stint in Papua New Guinea reinforced for me that Australians do have access to the best health system in the world. Recently PNG hosted the Pacific Games, and a very large investment in sporting infrastructure was made. For example, right next to the Port Moresby General Hospital a huge aquatic centre was built to house the swimming and diving. Unfortunately, problems with the venue mean that it is now unusable. The cost of hosting the Games has put a severe strain on the economy of PNG, and the health budget has been cut by a staggering 40%.

The health needs of Papua New Guinea's people have always been undervalued, and the total health budget for a country of about ten million people is now about \$90 million annually. The neglect of infrastructure, equipment, and of investment in the dedicated doctors and nurses of PNG is a real eye-opener and provides us with a lesson. The prosperity of a country depends on the health of its people, and the neglect of health spending can have staggering effects on the long term economy. It would be wonderful if Australia's health professionals took a keen interest in the health systems of our near neighbours. I am sure we could not only help, but learn.



The waiting area at the Port Moresby General Hospital gynaecology clinic. Health investment is good for the economy.

Updated driver medical standards

From 1 October, Australians, their doctors and other health professionals will have better guidance on whether they are safe to drive thanks to updated medical guidelines contained in the new edition of *Assessing Fitness to Drive for commercial and private vehicle drivers*.

Assessing Fitness to Drive is a joint publication of the National Transport Commission and Austroads, and includes standards for private and commercial drivers of heavy vehicles, light vehicles and motor bikes.

The new edition gives health professionals the best available in-

formation to help them discuss driving with their patients and assess their patients' ability to drive safely.

Assessing Fitness to Drive can be accessed at www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive

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Antibiotic Awareness Week and hand washing

Hand hygiene was in the spotlight as a way of preventing the spread of infection during Antibiotic Awareness Week from 14-20 November 2016.

Simple soap and water is best

NPS MedicineWise medical adviser Dr Jeannie Yoo says that regular hand washing using soap and water is a simple action to help stop the spread of bacterial infections.

"For adults and children moving about in the community, washing with simple soap and water is the best way to reduce the number of germs on hands, in most situations," says Dr Yoo.

"Although the soap and water doesn't kill them, washing your

hands using the correct technique for at least 30 seconds physically removes the majority of bacteria and other germs from your skin."

If soap and water are not available, the next best option is an alcohol-based sanitiser that contains at least 60% alcohol.

Antibacterial soap has disadvantages as well as being ineffective

Antibacterial hand soaps have become commonly available in recent years but emerging evidence now shows that antibac-

terial chemicals can affect the balance of bacteria in your gut, and also may make bacteria more resistant to some antibiotics.

Resistance to common antibacterial ingredients such as triclosan and triclocarban—and cross-resistance to antimicrobials have been consistently demonstrated in laboratory settings.

"There is little evidence that the addition of antibacterials to over-the-counter soaps and other types of cleaners wards

off infection better than regular neutral soap," says Dr Yoo.

"Although antibacterial hand soaps contain low concentrations of ingredients that can kill bacteria, they are only effective when used during long washes of over 30 seconds, multiple times a day, and for days at a time. But we know that most

people only wash their hands for a few seconds.

"By going overboard and trying to establish a sterile environment we may actually be increasing the population of bacteria that are highly resistant to antibacterials and, possibly, to antibiotics.

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