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AMA ACT President's letter


Dr Andrew Foote.

The Great Brumbies Robbery

A great social night was had on Saturday 30th June at Old Parliament House, with the combined Medical Ball. Fine food, music and a lively auction- in which over $20,000 was raised for charity. A Brumbies jersey was on auction - but on the following Monday it had disappeared! Was this a silent sleeper cell creating havoc in Canberra? No, we just forgot that it had been put behind a door, and security duly found it on Tuesday.

Another highlight were two songs from the Medical Student Review featuring profound lyrics such as (to the tune of "Goodbye my Lover" by James Blunt) "Goodbye my Liver, You were my Friend, You Detoxified me to the End". Many thanks to all the organisers, including Christine and Elizabeth from AMA.

Look for the photos in the next edition of "Canberra Doctor" and maybe we'll see you there next year!

Family Doctor Week

This years' theme will be GPs: Part of the Family. We will be doing a primary school visit and emphasising the importance of the Family GP, healthy eating and regular exercise and sport. General Practice continues to be the central plank of our health system, and in my opinion continues to be undervalued. Ongoing concerns are the lack of CPI price rises of the MBS, failure of item numbers to adequately compensate for the management of complex chronic diseases that require longer consultations, the failure to classify all of Canberra as an area of need, and ongoing red tape to access Practice Incentive Payments. However AMA has had some wins including extra after hours item numbers, and significant increases in Veterans Affairs remuneration.

Family Doctor Week – a cause for celebration

Katy Gallagher

It is fitting that the AMA's annual celebration of general practice is named Family Doctor Week. While known as General Practitioners, our local GPs truly are family doctors. They see our babies grow into adults, they treat us for colds and flu's, manage patients with chronic diseases, help us quit smoking, keep an eye on our mental well being and are available for that last minute appointment when a family member is ill.


Katy Gallagher

I'm lucky to have a fantastic GP (and GP Practice) for my own family who I rely on for help when the children are sick but also for advice, assistance and a good chat when time allows. I know through my own experience as a fairly frequent user of GP services, along with my responsibilities as Health Minister, that GP's in the ACT, despite dealing with ever increasing workloads and other workforce pressures always go that extra distance for their patients.

Whilst the ACT Government has a limited role in General Practice we do recognise that GP's are our key partners in our efforts to deliver the best possible health care system to the people of the ACT.

As often the first point of contact, the family doctor is uniquely placed to treat problems before they become acute, and connect patients with the broader health system. The slogan for FDW this year reflects this - "GPs Keeping Australia Healthy".

The role of Primary Health Care is a key element of the work being undertaken in planning for the future strategic direction of ACT health. The Government has been working in partnership with community and key stakeholders, particularly General Practitioners, the AMA and Division of General Practice to progress this work. We already have a Primary Health Care strategy that we are in the process of implementing but we need to ensure that this work compliments other planning work that is being done at the moment particularly around key priority areas to focus on and our city's future infrastructure needs.

Whilst the acute end of the health system will always demand more resources and increased capacity, as a government we are also trying to meet the health needs of our community within the community. This years health budget exceeds $800million per annum for the first time and whilst the new money available has been targeted towards more acute capacity, particularly in relation to elective surgery and bed capacity, we have also been able to target new money to youth health services, community based mental health services, initiatives to support chronic disease management and a new program to improve support to vulnerable families – particularly those with new babies.

In relation to chronic disease management this year's budget builds on previous budgets, with two million dollars over four years to enable the early detection of chronic diseases. This funding will support initiatives to provide early intervention for patients with newly diagnosed chronic disease, support better disease management programs for people at risk, and provide referral pathways. This will include a direct mail program, risk factor awareness and promotion of GP health checks.

As Minister for Health, I am very aware of the work that is being done right across our health system to improve and respond to the changing health needs of our community. There is more work to be done as we strive to deliver, in an environment where growth in demand and complexity of patient need continues to increase. I have been very impressed with the level of care, committment and passion that I have seen as I have met and talked with doctors in general practice and in the hospital setting over the past year. I look forward to continuing those discussions and working with you all over the next year.

Happy Family Doctor week!

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~ *Escala Shoes (City)*

Simply Wellness Day Spa (City & Belconnen)
~ The Essential Ingredient (Kingston)

*conditions apply

Guest editorial:

Dr Alex Stevenson, a doctor in training who has decided on general practice for his medical career. Alex is a member of the 'Canberra Doctor' committee and a member of the AMAs Council of Doctors in Training writes: Bread(th) and the odd glass of wine.

"I'm going to enrol in the GP training program". This statement evokes many responses among my junior colleagues, including that of sympathy. This begs the question why such a response?

I would like to think of it as a positive decision rather than a default option. There have been many factors influencing my career decision and I would like to explore them now.

Most students entering medical school don't have a firm idea about what career path they will follow. In fact most interns don't know what area they would most like to end up in. Students in their clinical years rotate through all of the major specialities and some of the subspecialities. When I was at medical school most students only spent a matter of weeks in GP placements. In fourth year I happened upon a free lunch that was not, for once, sponsored by a drug company but by the rural clinical school. I left with a full stomach and on the list to spend a year in the country in a rural general practice.

This experience changed my whole outlook on medicine.

I had the opportunity to see first hand the true role of the GP in the community, the holistic care, right from delivering babies to looking after their grandparents in the aged care facility. I saw how caring for a community was being more than a diagnostician. Of course, we mustn't forget the free cases of wine regularly received (my placement being in the Clare Valley meant this was a prominent feature).

While other students in the city were at the back of a ward-round of countless people, I had no one to fight with to get experiences. Some of my friends did not deliver a single baby in their obstetric rotation; the only thing limiting me was how many times I wanted to get up in the middle of the night.

Rather than the hierarchical structure of the hospital, the GPs in the practice became colleagues and friends. We talked, over many glasses of famous Clare Valley Riesling, about the great challenge and satisfaction of having a working knowledge of all facets of medicine.

Once I finished this year in the country I continued rotating

Dr Alex Stevenson

through the hospital for the rest of my degree and into my intern year. By and large I enjoyed these terms and learnt lots of good medicine, but when I thought about pursuing each as a career I wondered whether it would be enough for me.

This year, working part time in the emergency department, I again realised my interest in the breadth of medicine. Not knowing what type of problem will walk in the door next. Through the ED I have met GPs who work part time in general practice and who participate in research, education, public health, government policy and special interest clinics. Best of all they can work as much or as little as they like and, if they choose, they don't have to interrupt their sleep with work!!

Perhaps, it is my colleagues who should be receiving sympathy for wasting the best years of their lives in the rat race of specialist training without having had the opportunity to realise just what are the benefits of general practice.

Guest editorial:

Professor Bernard Pearn-Rowe, convenor of the AMAs Council of General Practice, and Professor, Clinical Years, College of Medicine, University of Notre Dame, Western Australia writes on: the AMAs Council of General Practice

Professor Bernard Pearn-Rowe

A cynic once asked why many of my GP colleagues spent so much time in Canberra and on teleconference with other doctors around the country.

"Is it the sense of power?" he asked, "or is it just that you need something to do?"

"And what do you do all the time – sit around talking about fees and protecting your turf?"

Though this is an extreme case of ignorance, the sad thing is that my skeptical friend expressed a view that has some resonance around the country and he wouldn't be alone in misunderstanding our purpose.

What is the AMA Council of General Practice? It's a Council composed of GPs of all interests and backgrounds throughout Australia, men and women, rural and urban, older and younger. It's the peak body that independently represents GPs practicing across the country. It's supported by a dedicated full-time secretariat, based in Canberra within walking distance of Parliament House.

The old adage, 'if you want something done, ask a busy man' is never more true and members of the Council. All have multiple areas of responsibility where they bring time and experience to the issues before them. There isn't a member of the Council who isn't stretched by the matters competing for his or her time. Need something to do? Give me a break!

But what motivates these already busy people to give up weekends and evenings in service to the Council? In three words – caring for patients. It's patient care that motivates the Council. A desire to improve healthcare throughout our country, to highlight inequities and to oppose often misguided actions by government to stretch the health dollar too thinly.

Yes, the AMA is an industrial body and it would be dishonest to pretend that fees and conditions of service are not part of our brief. But they are a small part occupying less than 10% of the Council's deliberations.

When previous governments decided that Australia had sufficient doctors and reduced medical school places, it was the AMA who protested the loudest. It's taken time, but the stupidity of that policy is now recognised.

Who took to government the safety net principle to protect the chronically sick and underprivileged? GPs on the AMACGP !

When the parlous state of healthcare of legal refugees was recognised, who lobbied government, winning new regulations to vastly improve their access to services? AMACGP.

Who focussed government attention on the denial of basic medical care to detainees? Who maintains pressure on government to increase healthcare spending as the Nation experiences 'the greying of Australia' and medical needs increase?

Governments look to the next election, but the AMACGP looks beyond to the future of healthcare in this country. Being truly independent, it cannot be silenced by threat of sanction or withdrawal of government funding. It looks at the bigger picture, not just political expediency, and short-term budget stretching.

My friend was right in one sense – it is the power, but not in the way he meant. Through the AMA, the AMACGP is the most potent patient advocate in the country. The Council of General Practice has the power to raise awareness through the media and to lobby directly to government. As in the past, this power is used responsibly and judiciously for the good of our patients.

Caring for patients – it's what doctors do, whether at a very personal level in consulting rooms, or on a National body like AMACGP.

Enduring Powers of Attorney

The Powers of Attorney Act 2006 (Act) came into force in the Australian Capital Territory on 30 May 2007 replacing the Powers of Attorney Act 1956. From 30 May 2007 any powers of attorney created will need to comply with the requirements of the Act. The focus of this article is on changes related to enduring powers of attorney.

The Act provides that an adult (the principal) may, by power of attorney, authorise one or more people (the attorney/s) to do anything for the principal that the principal may lawfully do. Unlike a general power of attorney, an enduring power of attorney continues to operate and is not revoked by the principal becoming a person with 'impaired decision making capacity' which will be the case if the person cannot make decisions in relation to the persons affairs or does not understand the nature or effect of the decision the person makes in relation to the person's affairs.

A principal has the capacity to give (or revoke) a power of attorney under the Act if the principal is capable of understanding the nature and effect of making the power of attorney. In essence this means that the principal must be able to understand the extent of the power they are giving to an attorney and the capacity of the attorney to use such power. The Act assumes that a principal does understand the nature and effect of the power of attorney unless there is evidence to the contrary. The major development is that an enduring power of attorney needs to be witnessed by two witnesses at least one of which must be a person authorised to witness a statutory declaration such as a solicitor or police officer. In addition both witnesses must give a certificate stating that at the time of signing the power of attorney the principal appeared to understand the nature and effect of the power of attorney. This may cause some witnesses to be reluctant to sign a power of attorney where there is any doubt in relation to the principal's capacity.

Under an enduring power of attorney a principal may allow an attorney to do anything in relation to property matters, personal care matters and health care matters. In essence an attorney can make decisions in relation to the principal's financial affairs, living arrangements and medical treatment. This power is subject to limitations specified by the principal.

The appointment of an attorney is only valid where the attorney accepts the appointment by signing the enduring power of attorney. Attorney's should recognise they are taking on significant obligations and that they can be held personally liable to the principal if they fail to comply with the Act. For example an attorney must recognise a principal's wishes even where those wishes can only be determined by having regard to past actions.

Alex Nicholls
Lawyer ph62253031
Minter Ellison Lawyers

From the AMA ACT Industrial Officer:

The Australian Government has published the workplace relations Fact Sheet, which employers must provide to all new employees within seven days of their commencing employment, and to all existing employees before 4 October 2007. The Fact Sheet is available on the internet at: http://www.workplaceauthority.gov.au/docs/EMPLOYERS/FactSheet/FS-WR-020707.pdf or by telephoning the Workplace Infoline on 1300 363 264.

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Next edition of *Canberra Doctor* – August 2007

Guest editorial:

Prof Nicholas Glasgow, 2nd Dean of ANU Medical School, writes for 'Canberra Doctor'.

Professor Paul Gatenby, Foundation Dean of the College of Medicine and Health Sciences at the ANU and Foundation Dean of the ANU Medical School will step down as Dean on the 28th January 2008. I am honored to have been appointed to follow him in these roles.

I graduated from the University of Auckland School of Medicine and entered full-time general practice in Auckland in 1983. In addition to my general practice role, I developed a number of different areas of special interest including addiction medicine (I was a flying doctor to a detoxification unit situated in the Hauraki Gulf for 5 years), on call services for the police force, geriatric medicine, and the delivery of home based palliative care.

My interest in academic pursuits developed from my role with the Royal New Zealand College of General Practitioners as "Part 1 Censor" for its national examination. The issues of assessment and certification of competence stimulated a research interest in the cognitive and behavioural aspects of clinical decision making.

In 1993 I took up a position at the newly established Faculty of Medicine and Health Sciences within the University of the United Arab Emirates. This proved to be a life-changing experience in many ways – not only the exposure to a rich diversity of cultures but also the wonderful opportunities that arose from being part of a richly resourced new medical school. International leaders in medical education were brought to the Emirates to conduct workshops and conferences. I also had time to undertake research (I wrote my doctoral thesis during this time), publish papers and develop a teaching portfolio.

I came to Canberra in 1997 as Associate Professor of General Practice at the Canberra Clinical School leading the development of the community and rural programs for the Canberra Clinical School and then the ANU Medical School. My research activities focused on asthma and respiratory health. In 2003 I was appointed Professor and Director of the Australian Primary Health Care Research Institute at ANU. The research agenda of the Institute focuses on health services research and the nexus between research evidence and policy formulation.

So what will my appointment as Dean mean for the ANU Medical School? Being appointed to this role from a general practice background has been unusual in an historical sense. However, this is no longer the case. Of the 18 current Deans in Australia, six have a general practice background. This is a good thing for the discipline of general practice as it makes it clear that a career choice in general practice does not exclude people pursuing senior medical school roles. A Dean's role, however, is not directed at the clinical background of the Dean. It is focused on leading the Medical School in such a manner that quality education, research and service outcomes are realised across the whole faculty - clinical and non-clinical.

The ANU has clearly articulated a vision for the university in the document ANU by 2010. Professor Gatenby's leadership of the ANU Medical School has put it in a very sound position. Our faculty includes internationally renowned researchers and educators and benefits from the enormous goodwill and tangible support of key partners including ACT Health, the Australian Government Department of Health and Ageing, NSW Health and the many clinicians in Canberra and the Capital Region who willingly teach into the program and provide placements and educational opportunities for our students. The curriculum is established.

Professor Nicholas Glasgow

From this sound base, I see my role as leading the School into its next phase and deliver excellent research, teaching and service outcomes that materially benefit health outcomes and health services in the ACT and Capital Region, the nation and beyond. How will this be done? Careful and inclusive strategic planning processes will establish clearly articulated objectives for the School. These high level objectives will be translated into meaningful and achievable activities for the different units of the faculty and individual faculty members. Processes will be developed that encourage dedication, focus and commitment across the faculty to achieve the goals, and redirect activity in the light of inevitable unforeseen developments. I look forward to meeting these challenges with you.

ACE study launches in canberra

The Accident Care Evaluation (ACE) Study is a world-first medical research project, investigating the means of improving clinical outcomes for those patients with mild to moderate soft tissue injuries sustained in motor vehicle accidents. The study led by Associate Professor Paul Smith with co-investigators Dr Brett Robinson and Professor Ian Cameron, officially began in Canberra towards the end of 2006. It is a collaboration between the Australian National University (ANU), the University of Sydney and the NRMA-ACT Road Safety Trust.

The study is a sequential cohort study with 90 subjects in each of the control and intervention arms. The subjects must be aged between 18 and 70 years of age, be residents of the ACT and involved as a driver or passenger, in a motor vehicle accident that happened in the ACT less than 7 days ago, with only minor to moderate injury. The subjects are recruited with the assistance of the Accident and Emergency Departments of Calvary Hospital and The Canberra Hospital.

Recruitment for the control arm began in September 2006 and was completed by mid-May 2007. The intervention arm will commence in July 2007 and should be completed by the end of the year.

All patients recruited into the study will be assessed and monitored using general health and well-being rating scales including the Short Form 36 Health Survey (SF36), the Functional Rating Index (FRI) and the Hospital Anxiety and Depression Score (HADS). These functional scores will be taken at baseline, at 6 months and 12 months.

During the control arm, patients will simply be monitored without any specific intervention to see how they are coping following their accident, how soon they get back to work and how soon they return to normal levels of function. During the intervention arm, patients will be offered the opportunity to be assessed promptly (hopefully within 72 hours but certainly within 7 days) in the ACE Clinic. It is envisaged this early intervention via treating specialists who can individually assess, provide timely advice and information to patients will deliver improved health outcome and help patients play a greater role in their recovery.

The ACE Clinic, with Dr David Hughes as Medical Director, has been established in the John James Medical Centre specifically for the purposes of this study. Treatment will not be provided at the clinic; the clinic will simply be used for assessment, advice and educational purposes. The patients will be referred back to their own General Practitioner for ongoing management, treatment and/or referrals. The patients will be monitored frequently at the ACE Clinic and treatment will be adjusted, in consultation with their General Practitioner, according to their clinical progress. Clinical progress will be monitored using tools such as the Neck Disability Index (NDI) and other similar functional rating tools.

As well as providing assessment and treatment coordination, the Clinic will focus on optimising communication between all treating parties.

The study will also have an educational arm with regular training sessions on application of evidence-based management in compensable medicine for general practitioners. Information on future training sessions will be provided in the proceeding months.

A website, www.accidentcare.com.au, was launched in June 2007, and is divided into several components including a resource section specifically structured for health professionals with links to information, research papers, guidelines and protocols for soft tissue injury assessment incorporating best practice in compensable medicine. The ACE website also includes online training materials for group education and training, such as the slide kits titled "Managing patients with compensable injuries", and "Best practice management of soft tissue injuries." and CME activities for personal learning.

The main aim of the study is to see whether prompt assessment, education, early institution of evidence-based management strategies and close monitoring of functional progress can improve health outcomes in these patients.

For more information on the ACE study contact the Research Coordinator on 1300 557479, or www.accidentcare.com.au

Guest editorial:

Dr Ian Pryor, former AMA ACT president and chair of the 'Canberra Doctor' committee writes: GPs simply getting fat on payola


Dr Ian Pryor

Even the patient from out in the bush who comes in to see you every few years knows that GPs can no longer be trusted to give impartial advice about medical treatments – especially drug treatments. Everyone knows that because of the incredibly attractive enticements such as ballpoint pens, crocodile shaped staplers, natty highlighter pens, amazing plastic models of human innards, BMI calculators, step meters, letter openers and the like given to doctors by drug companies, they are no longer able to employ rational decision making when prescribing for their patients.

Unfortunately our critical senses are not developed sufficiently and we are not trained to withstand the onslaught of such largesse and because we have such inexperienced, guileless approaches to life, we are just unable to make proper judgements and end up prescribing more expensive, less effective and less reliable drugs for our charges.

In addition, there is obviously the issue of near criminal intent to collude with those drug companies that give us the best presents. I have to admit that my home is chock-a-block full of amazing gifts. Unfortunately, anything with moving parts has conked out within forty-eight hours of taking possession - but that is not the point here is it?

Because of my inherent moral turpitude and my almost kleptomaniac tendencies in relation to drug company give-aways, I am most grateful for those wise and ethically superior colleagues, consumers and others outside the profession who have taken up the cause to save me from moral oblivion by pointing out how wrong it is for me to accept these gifts. Making it wrong helps me sleep better at night knowing that I will now be a better doctor.

Even more beguiling is the "trick" pharmaceutical companies play by offering free meals to make us come to their talks at nights after work. This is bound to impair our judgement, especially as they are all doing it!! I see a real conflict arising though. What if I do accept a free meal from one drug company and feel obliged to prescribe their product, and another company also takes me out, and then another and another. This is a real ethical dilemma. As well there is the problem of having to feed myself if I go out after work in unpaid hours to an educational evening if I don't eat their food. I do think it is wrong to entice me with edible food though – and those expensive restaurants!

The other thing is, and I had never thought about this before, they might be offering information which helps present their product in a good light. How tricky is that?

You know what I think? I reckon that to save me and my simple GP colleagues the government should get the pharmaceutical companies to draw up a business ethics charter. That way, if they find offering gifts and free meals and entertainment to GPs is not cost effective, they can say they have had to change because their new charter makes them.

Finally, the only way is for neutral bodies to educate GPs on drugs and prescribing which of course will require a lot of money and a large, highly informed impartial workforce. The best people are the Government because they will know the cheapest option for them and that is such a saving for all of us -- although if I were the patient, I would want the best drug with the best tolerability.

I am pleased that people are focussing on the big picture here because, as a GP, that is an area that is too hard for me.

Guest editorial:

Dr Rosanna Capolingua, Federal AMA President, and Perth GP writes on Family Doctor Week


Dr Rosanna Capolingua

Each year the AMA holds Family Doctor Week (FDW) to promote the importance of general practice to the health and well being of Australians.

During FDW, the AMA undertakes to raise the profile of general practice with the public and lobby Government to improve primary health care policy.

FDW 2007 will run from 22-28 July.

This year's FDW message is "Your GP: Part of the Family". The theme is designed to remind the community that their GP sees them through all major life events from birth to death.

The AMA will highlight that GPs are the central, continuous provider of care in Australia. We will remind the population that GPs look after all aspects of their health, at every stage of their life.

GPs care for people before they are even born and provide palliative services at the end of life.

The AMA wants to encourage people to forge strong relationships with GPs and trust them to provide quality health care throughout their lives.

In particular, we want to remind young people that GPs are there to help them and that doctors will respect their confidences. Adolescents need to know they can turn to their GP for help with issues ranging from mental illness, sexual health, drugs and alcohol through to peer and school pressures.

FDW will also provide an opportunity to remind families of the importance of general practice care in the early months of children's lives. The GP has a role in immunisation, allergy identification, weight and growth, and hearing tests – to name a few.

At the other end of the scale, GPs are vital to ensuring older Australians are cared for. People living in residential aged care are facing increasing difficulty in accessing medical care when they need it.

The AMA is working to ensure these services are properly supported and GPs can provide care into the future. It wants aged care to be on the political and public agenda in the lead up to this year's Federal election.

A proposal has been presented to all major parties calling for Medicare to be restructured to adequately value GP services in aged care and allow other members of the general practice team help care for these patients.

In addition, the AMA will deal with the issue of task substitution. Patients want to know their care is being provided by a doctor. Other primary care providers can enhance the primary care team but a GP must lead the team.

Guest editorial:

Jacqui Burke, MLA, Shadow Minister for Health writes for 'Canberra Doctor'

"The only thing constant in life is change" – Francois de la Rochefoucauld

With such a range of forces reshaping health care delivery in Australia, is it any wonder that the role of GPs in our community continues to evolve?

Advances in medicine mean people are living longer and, while many diseases and conditions are now treatable, our modern lifestyles have resulted in a new range of "lifestyle" diseases and conditions, such as obesity, depression, type-2 diabetes and some forms of cancer.

These lifestyle diseases and conditions represent some of the greatest threats to our health system.

These diseases will create an enormous burden on our health system and our family doctors will have a key role to play in meeting this challenge.

Many of these lifestyle consequences are preventable and, therefore, the role of family doctors will be more important than ever to help reduce this burden on our health system.

An important aspect of this process will be through the early identification and management of these conditions and also through the prevention of these diseases by helping people make healthy choices.

Family doctors know their patients well and have their trust. Surveys of Australians consistently rank the family doctor among our most trusted professions.

What this tells us is that, when it comes to encouraging healthy lifestyles we, as politicians are unlikely to be of much use on the ground.

On the other hand, a quiet word from the family doctor and a plan for improving physical activity and diet can not only reduce the potential burden on our health system, but it can save lives.

The Canberra Liberals are committed to helping GPs work with the community to improve our overall health. The relationship between GPs and families is highly valued and adds to the quality of life.

The Liberals have committed to maintaining and building these important links both in the ACT and nationally.

At the last ACT election in 2004, the Canberra Liberals committed to a Preventative Health Fund, to be administered by experts in the field and tasked with implementing chronic illness management programs and preventative health measures.

Specific chronic illnesses to be targeted by the Fund include heart disease, stroke, chronic obstructive pulmonary disease, depression, lung cancer, diabetes, colorectal cancer, dementia, asthma and osteoarthritis.

Family doctors are excellent partners in targeting these illnesses and in assisting in improving the overall health of our community.

In promoting healthy eating and physical activity, reducing or eliminating tobacco use, promoting safe alcohol use, promoting better mental health and sexual health and encouraging immunisation,


Jacqui Burke, MLA

the family doctor can help ensure we have a health system focussed on providing the best possible outcomes for all Canberrans.

The Canberra Liberals are committed to a wide ranging and effective health system. We believe that, for every dollar we invest on prevention and early intervention and on the effective management of chronic conditions, we will see considerable benefits in the long term with, for example, fewer hospital admissions. We see family doctors as a critical link in that system.

Family doctors are at the front-line of our health system. As such, I would be very interested to hear family doctors' ideas for improving the delivery of health care in the ACT.

Jacqui Burke MLA is the Deputy Leader of the Opposition and Shadow Minister for Health, Housing & Disability Services.

Jacqui is available on 02 6205 0133.

"Canberra Doctor" is proud to profile some of Canberra's General Practitioners.

This is what Dr Kelly Lowther sent in!

1. **Who has influenced you most, professionally?** Doctors in training I have worked with and my general practice medical educators.
2. **Who has influenced you most, personally?** My mother.
3. **What is your motto?** To live a happy life.
4. **Whom do you admire?** My husband, he has so many talents and qualities which I aspire to.
5. **What has been your best medical experience?** Final year medical school elective to Samoa. Holiday and learning combined on two tropical islands. Paradise!
6. **When you were a medical student, which of your teachers did you most admire? Why?** Many great role models- not just one. Favourites were those with enthusiasm, time, an interest in teaching and who were encouraging.
7. **What has been your most formative experience?** Internship and residency. Those years were demanding, yet rewarding, putting theory into practice.
8. **What has been your greatest achievement?** Being a mother to a 7 month old daughter.
9. **What is your favourite author? And your favourite book?** I am not a book worm, so no favourites of all time.
10. **Do you have a favourite movie of all time? If so, what is it? And why is it a favourite?** Lord of the rings trilogy- great story, beautiful setting and amazing special effects.
11. **What is, or would be, your favourite holiday destination?** A tropical island with beautiful beaches, snorkelling and friendly people. Samoa was just that, however I would like to explore more south pacific islands.

Dr Kelly Lowther and her daughter Makayla.

12. **How would you describe yourself?** A happy person with many roles who loves to explore and learn new things.
13. **What are you looking forward to?** My next holiday and completing all the home renovations I have planned.
14. **What do you like to drink and eat and do you have a favourite restaurant in Canberra? If yes, what is it?** I like Thai food, enjoy Teppanyaki restaurants and I have an interest in photography.
15. **What is success to you?** Reaching goals which bring happiness.
16. **What has been your most satisfying professional experience?** I enjoy being able to give time in patient education. No grand experiences in my short and humble career.
17. **What is your request to the Federal political parties as we approach an election?** Invest in education. We can grow stronger communities through education.
18. **What makes general practice special for you?** Diversity and work life flexibility.
19. **How do you see the future of general practice?** Not sure, however their will always be growth, progress and no doubt change.
20. **Your turn to ask a question?** How would you answer so many questions?

This is what Bob Allan replied!

1. **Who has influenced you most, professionally?** Kerry Delaney was my boss in 1980 soon after I joined the Navy. We assume doctors are officially taught professionalism but we aren't. Kerry was able to define and crystallise concepts around the role of the professional, when all I knew (a little at least) about being a doctor was treating sick people. David McNicol influenced me greatly when I first came to Canberra, and is responsible for my involvement with the AMA.
2. **Who has influenced you most, personally?** Sadly, I can't blame anyone but myself.
3. **What is your motto?** Trust your own gut feelings and instincts.
4. **Whom do you admire?** I admire some of my colleagues who are also friends. I won't identify them lest it alter our relationship.
5. **What has been your best medical experience?** Being successfully treated for Dukes C colorectal cancer nine years ago. I will be eternally grateful to those that cared for me when I thought I had run my race.
6. **When you were a medical student, which of your teachers did you most admire? Why?** None really. I was a disinterested student, and I suspect my teachers were average. I try to forget that stage of my life - I've certainly forgotten everything from my medical course.
7. **What has been your most formative experience?** Working as a young medical officer in PNG. After crash courses in anaesthetics and obstetrics I was dropped in to the position as Principal Medical Officer at the Patrol Boat Base on remote Manus Island. After a ten-day hand over from my predecessor, Mike Flynn, I remember seeing him off at the airport. As the plane roared into the Pacific sky I vividly recall an overwhelming sense of foreboding as I felt grossly under-prepared for the task. My instincts were right.
8. **What has been your greatest achievement?** Surviving the above for two years. I was also pleased to have trained in endoscopy and colonoscopy procedures and to have that training officially recognised last year.

Dr Bob Allan

9. **What is your favourite author? And your favourite book?** I am no literary buff. I don't have time for reading novels, except maybe on holidays with the family. I've enjoyed Tim Winton and Bill Bryson.
10. **Do you have a favourite movie of all time? If so, what is it? And why is it a favourite?** I don't have time for movies. I seem to be immersed in real life dramas all day (usually not my own) so I tend to spend free time on technical pursuits.
11. **What is, or would be, your favourite holiday destination?** I love Australia's deserts and remote coastline. I try to get out on a trip to the bush at least once a year. Having said that, last year my son and I went back to Manus in PNG. That was a great holiday, and very nostalgic. I am looking forward to a week in Noosa in July. Living in the bush has let me feel like I am holiday all the time.
12. **How would you describe yourself?** I am a caring, introspective, thoughtful, somewhat egotistical, and curious atheist. I despair of what the human plague is doing to the Earth.
13. **What are you looking forward to?** Nothing special. I am enjoying each day at the moment. The weeks roll past so quickly you can't afford to put enjoyment on hold for some future date - you may not make it.
14. **What do you like to drink and eat and do you have a favourite restaurant in Canberra? If yes, what is it?** I enjoy wining and dining with friends. I belong to two wine clubs. We have many good restaurants in Canberra – it's the company that makes the night.
15. **What is success to you?** I think Maslow had some thoughts on this. Aside from enough wealth to keep the wolf from the door, I think success is to have earned the respect of family, friends, colleagues and clients.
16. **What has been your most satisfying professional experience?** Working in PNG. Running my own practice, and then walking away from it when the time was right. Being involved with the AMA. Some medical procedures have given great satisfaction: caesarian sections and trauma surgery in PNG, my first unassisted colonoscopy as a trainee (thanks Terry Gavaghan).
17. **What is your request to the Federal political parties as we approach an election?** Making requests to political parties is pointless. They do whatever they need to do to win the election and nothing else. I know from years of bitter experience in medical politics that what we ask for doesn't matter a jot. Even when presented with incontrovertible evidence for introducing a measure or changing something, it won't happen unless there are votes in it. Far better to influence the hearts and minds of the electorate than to grovel to the pollies.
18. **What makes general practice special for you?** About once a day you get to intervene in a way that changes a persons or a family's life for the better.
19. **How do you see the future of general practice?** Its a growth industry in an undersupplied market. The shortage of GPs is the community's reward for having screwed GPs with Medicare over the last 20 years. For the GPs who have survived the lean times the boom times are about to start.
20. **Your turn to ask a question?** I have none.

This is Brenda McDonald's response.

1. **Who has influenced you most, professionally?**
I was influenced most professionally by the four partners in the South Granville Sydney practice where I started in General Practice. Each had a different style and interest and was a great mentor.
2. **Who has influenced you most, personally?**
Personally, my Mum has influenced me the most. She never gives up despite all adversity.
3. **What is your motto?**
My motto is "things will get better". Doesn't always seem to work though.
4. **Whom do you admire?**
I admire all those GPs out there who own their practices and are trying to keep them going with doctor shortages and all the new rules including accreditation to handle as well.
5. **What has been your best medical experience?**
My best medical experience was being a medical student in the clinical years. I still remember the excitement that each new term brought. I also enjoy tutoring the ANU medical students in clinical skills. I think they remind me of my own enthusiasm as a student.
6. **When you were a medical student, which of your teachers did you most admire? Why?**
The teacher I most admired was Prof James Lance, professor of neurology at POW and PHH Sydney. He was always the gentleman, kind to patients, staff and medical students and also a great teacher.
7. **What has been your most formative experience?**
My most formative experience was running my own general practice at Curtin. Makes one appreciate business management skills as well as being one's own boss. I sold it when my first child was born after realising that I wasn't superwoman.
8. **What has been your greatest achievement?**
My greatest achievement was Acting Medical Superintendent at Wollongong Hospital for 12 months after a short period as Deputy Medical


Dr Brenda McDonald

Superintendent. Thank heavens for a supportive CEO and Board Members. However I decided this wasn't for me and returned to General Practice and moved to Canberra.

9. **What is your favourite author? And your favourite book?**
Favourite authors are Patrick White, Robin Cook and James Herbert. Favourite book was Patrick White's 'Tree of Man'.
10. **Do you have a favourite movie of all time? If so, what is it? And why is it a favourite?**
Favourite movie is the Lord of The Rings triology. Fairly close to the books and great casting.
11. **What is, or would be, your favourite holiday destination?**
My favourite holiday destination would be one day sailing down the Nile and visiting the Pyramids.
12. **How would you describe yourself?**
I would describe myself as quiet and reserved and sensitive.
13. **What are you looking forward to?**
I am looking forward to retiring one day and taking up music and art lessons again.
14. **What do you like to drink and eat and do you have a favourite restaurant in Canberra? If yes, what is it?**
I enjoy Evans and Tate's Chardonnay or the occasioal Midori Illusion made expertly by my son. My favourite restaurant is Antigos in Civic, or, for special occasions, Axis in the Museum.
15. **What is success to you?**
Success to me is being healthy, happy and financially secure.
16. **What has been your most satisfying professional experience?**
My most satisfying professional experience was working part time at the Chronic Wound Clinic at Phillip Health Centre. Watching resistant ulcers finally close or just keeping things in status quo so patients could keep their limbs was very rewarding.
17. **What is your request to the Federal political parties as we approach an election?**
My request to Federal Political Parties would be to simplify the paperwork that currently plagues general practice and to make support services such as social workers and aged care workers more available to help with the burden of the aging population. Improve nursing home staffing and funding for attending medical practitioners and allied health practitioners. Recognise the time and expertise needed in treating the elderly pensioner and increase the Medicare rebate.
18. **What makes general practice special for you?**
General Practice is special because of the relationships that the doctor builds with the patients and their families. The wide variety of work is both challenging and rewarding. Helping people through their health or personal crises is very satisfying.
19. **How do you see the future of general practice?**
The future of general practice lies in more trainees. As the work force is diminishing the burden is falling onto less doctors and the aging population with their many medical problems are taking up much more time. Preventative care is important but we need the doctors to have the time to do this as well as treat acute problems. Hopefully young doctors will be attracted from all the new medical schools to go into general practice and if some of the more mundane duties can be removed, more time can be spent doing what we trained to do and that is treat patients.
20. **Your turn to ask a question?**
I cannot think of any questions.

This is what Clare Willington replied!

1. **Who has influenced you most, professionally?** My colleagues at the Interchange General Practice, GPs, nurses, management and receptionists…a very supportive and inspiring bunch of professionals and friends.
2. **Who has influenced you most, personally?** My partner Ross … he has shared my life for 30 years and helped me to develop my sense of humour amongst other things.
3. **What is your motto?**
"Avoid mottos!"
4. **Whom do you admire?**
My daughter and her friends…24 year olds are very inspiring people!
5. **What has been your best medical experience?** I spent 3 months working in Kenya as a final year medical student, this was the foundation of all my subsequent medical experience and still fuels my passion for human rights.
6. **When you were a medical student, which of your teachers did you most admire? Why?** Prof Eric Beck, at University College Hospital London, for his great teaching and generous spirit.
7. **What has been your most formative experience?**
Becoming a parent
8. **What has been your greatest achievement?**
Overcoming my fear of water and learning to swim 5 years ago.
9. **What is your favourite author? And your favourite book?** I am planning to re-read " Love in the Time of Cholera" by Gabriel Garcia Marquez…a beautiful book about many kinds of love.
10. **Do you have a favourite movie of all time? If so, what is it? And why is it a favourite?** It's toss up between "The Lives of Others" by Florian Henckel von Donnersmark a great work of art about the importance of creativity in the face of repression and " A Close Shave" by Nick Park because animation is a marvellous form of creativity and Wallace and Gromit are two of the most wonderful characters in British cinema.
11. **What is, or would be, your favourite holiday destination?** Japan…complex, fascinating, wonderful and not much jet lag getting there and back.
12. **How would you describe yourself?** Complex, fascinating, wonderful and frequently feel jet lagged, but regrettably without the associated travel.


Dr Clare Willington

13. **What are you looking forward to?** Going to Japan again
14. **What do you like to drink and eat and do you have a favourite restaurant in Canberra? If yes, what is it?** "Sammy's" before a movie at the Dendy Cinema – a jasmine tea , "Drunken Chicken" and a bowl of mixed green vegies.
15. **What is success to you?**
Keeping my sense of humour and not letting the darker side of the human condition wear me out before the weekend arrives !
16. **What has been your most satisfying professional experience?** There have been too many satisfying experiences to single one out… working with people as a GP is endlessly interesting, challenging and often very professionally satisfying.
17. **What is your request to the Federal political parties as we approach an election?** I would urge federal politicians to develop a bi-partisan approach to the health of Australians with a 20 year primary health care strategy to put health promotion and disease prevention at the top of the national agenda….to create a health system that would emphasise the importance of the health of people especially antenatally and in the first 3 years of life as the foundation for life long health and well being.
18. **What makes general practice special for you?**
General practice is never boring, not knowing what problems will present on any given day keeps me learning and fascinated by the human condition.
19. **How do you see the future of general practice?**
General practice ….if we didn't have it, we'd have to invent it. There will always be a need for a first port of call generalist in our health care system. The immediate future looks challenging as the shortage of GPs worsens….but the new medical schools and increased student numbers should provide sufficient doctors to meet the need in the coming decades.
20. **Your turn to ask a question?** No more questions please!

GP profiles…continued

This is Karen Flegg's response to our questions.

1. **Who has influenced you most, professionally?** In 1983, I had my first general practice term in the Family Medicine Program. I was sent to "Warri something up near Queensland" to quote Dr Anne Harvey who broke the news of my placement. That was Warialda and the beginning of my love of rural practice. I recall Anne warning me that women registrars who "went rural" got married to farmers! (and yes, despite my initial denials I did end up marrying a farmer).
In my next year of the Family Medicine Program, in the town of Muswellbrook, I was shocked that a guy called Dr Campbell Miller actually came out to see me and do an ECT visit at the local café. It was the only time in my 3.5 years as a registrar that anyone came out from the city to visit me and after Muswellbrook, I spent my time in a one doctor town with a supervisor in Sydney. I remember feeling very alone and unsupported during this period of my career. Currently, I love going out to rural towns to do ECT visits on registrars, to make contact and let them know they are not alone.
2. **Who has influenced you most, personally?** My dad, Dennis – for not being prejudiced about girls getting an equal education and because he saw education as a great liberator. Evidence shows if you want to get people in the third world out of poverty and improve health indicators, you educate the girls.
3. **What is your motto?** Everything is perfect just as it is.
4. **Whom do you admire?** I sought out a mentor (who will remain nameless) some years ago when I first got involved in medical organisations. His task, was to teach me in two years, what had taken him 20 years to learn about business, governance and management. As in Mission Impossible, the mission was accepted and largely achieved!
5. **What has been your best medical experience?** Being able to contribute to those less fortunate by sheer accident of birth, by going on mission with MSF in Iran, in 2005. Initially, I wondered if I would cope, especially as I hadn't practiced rural medicine in 16 years. In actuality, I thrived and felt my contribution was all the more, for being able to teach our way of working to my Iranian colleagues who were hungry for such input. While my French proved strong enough for interactions with my French colleagues, I have to admit, the failure of this venture was my attempt to learn Farsi.
6. **When you were a medical student, which of your teachers did you most admire? Why?** This is a tough one. I had two great teachers, one in medicine and one in surgery, which is a sound foundation for any med student. They were like chalk and cheese in most respects. One looked like a dishevelled drunk and the other was always immaculately groomed; one taught me how to overcome my tone deafness for diastolic murmurs and the other taught everything there was to know about scrotal lumps and bumps. Both however taught me that "X" never marks the spot! A great lesson in life!
Unfortunately, my two weeks in general practice was such a flash in the pan that I barely remember a thing!
7. **What has been your most formative experience?** The things that have influenced me in how I have practised medicine have all been personal - working class background, wanderlust, divorce, cultures of other countries, and not least, depression while I was working in a solo doctor town. That was a difficult time and initially, I was misdiagnosed as an overworked doctor and sent back to do more work. I then incurred the criticism of colleagues for writing about my experience in the medical press. Depression used to be a bit like miscarriages – no one spoke about them. That is of course changing and I definitely think it is important to share your experiences so we all realise these things happen commonly and to people we know. My depression helped me grow professionally and personally. It radically changed the way that I interact with my patients and marked the beginning of my spiritual journey - an ongoing quest to know myself.
8. **What has been your greatest achievement?** It is hard to single out any one particular experience. For the press, I would have to say successfully resuscitating my father at my brother's wedding.
9. **What is your favourite author? And your favourite book?** Patrick White? Oscar Wilde? At school I didn't like either of them, but with life experience, I have grown to enjoy their works immensely. It's hard to single out one particular work.
10. **Do you have a favourite movie of all time? If so, what is it? And why is it a favourite?** I don't know why but "Papillon" (1973) sticks out in my mind. It is not my usual type of movie, but the relentless persistence and dogged pursuit of personal freedom strikes a chord with me . (And who doesn't like Steve Mc Queen and Dustin Hoffman?) My usual sort of movie is more French art house such as, "Une Affaire Pornographique" – a wonderful piece demonstrating how each person remembers the same event so very differently and … so delightfully French, to call a love story, a pornographic affair!
11. **What is, or would be, your favourite holiday destination?** I love the Middle East, having worked and travelled extensively through the Jordan, Syria, the Gulf countries, and Iran. The people are so embracing and generous. In contrast to other destinations I have never felt unsafe as a solo woman traveller, nor tired of the archaeological and cultural wealth of the Middle East. I hope to visit Iraq in the future - hopefully the ancient sites will have survived the current war.
That said I have spent more time visiting France than any other country and I have to say I feel at home there - enjoying the food, wine and practising my French.
12. **How would you describe yourself?** Is this going to end up on an internet dating site somewhere? Let's see… An independent, intelligent and perhaps overeducated, complex, well travelled woman trying to strike a balance between work, a spiritual journey and creative desires. Someone who wants to make a difference to those in need, to walk lightly on the earth in doing it…and to have fun doing it!
13. **What are you looking forward to?** Getting organised to paint more and work less. I have a fine arts diploma majoring in painting and printmaking. I love to paint large abstracts and nudes. I also look forward to the time when I can look after myself better through meditating and doing yoga every day.

Dr Karen Flegg (self portrait)

14. **What do you like to drink and eat and do you have a favourite restaurant in Canberra? If yes, what is it?** I looooove chocolate (especially Lindt Lindor) but unfortunately Canberra does not have a chocolate restaurant. I enjoy the Griffith Vietnamese. Drink? I like a nice Sav Blanc but the preservatives create havoc.
15. **What is success to you?** To live in the moment and not emotionally engage with whatever drama is happening. (i.e. not buying into other's bs)
16. **What has been your most satisfying professional experience?** There are so many to choose from… resuscitating my father .. surviving and thriving in Iran, …helping to set up the St George Division of GP? Actually, when I think of what has stuck in my mind, it is the people I have met and the everyday things of clinical practice - stitching an ear back on that a horse bit off and having it take; coincidentally finding an abdo tumour on someone with a skin lesion on their arm; making the diagnosis of acute ketoacidosis in a 9 year old boy; getting a line in a flat patient; being thanked for listening and being there for a young woman distressed about her genital warts. Being thanked – that's a good one.
17. **What is your request to the Federal political parties as we approach an election?** Please… no more complex item numbers…
18. **What makes general practice special for you?** Besides the obvious answer of caring for patients and their families, it is about people – not just patients, but also the very dedicated co-workers I have had the privilege to work with – nurses, receptionists, practice managers, community nurses, other doctors. People whose company I have enjoyed and who have helped get me through the tough times!
And I shouldn't forget my advert for registrars: "being a GP is a flexible career – you can work full time or part time; in urban, rural and/or remote settings; in Australia, or overseas".
19. **How do you see the future of general practice?** More teamwork; bigger groups of doctors working together; inter-referral between GPs with subspecialisations; more non fee for service payments (more of those item number I don't want); lots of workforce issues for at least ten years; and unfortunately, the number of our medical organisations and our diverse opinions remaining a divisive factor that reduces our ability to lobby Government for the maximum benefit of General Practice.
20. **Your turn to ask a question?** You forgot the workforce question .. How old will I be when I retire????

This is what Tuck Meng Soo replied!


Dr Tuck Meng Soo

1. **Who has influenced you most, professionally?** I think I have been most influenced professionally by Dr Peter Rowland. He started the Interchange General Practice and was sadly murdered in 1996. I was impressed by his activism on behalf of disadvantaged minorities and at our Practice, we try to maintain his vision of medicine in the service of humanity and to look after the disadvantaged he drew to him and cared for.
2. **Who has influenced you most, personally?** I have been most influenced personally by my partner, Paul Hartigan. He has given me the support personally and professionally to be where I am today. The other powerful influence on me personally is the philosophy of Buddhism.
3. **What is your motto?** The goal of human existence is happiness.
4. **Whom do you admire?** I most admire the unsung people who do the little heroics of everyday life. Nobody knows them or acknowledges them but by their actions, they give meaning to the lives of the people around them.
5. **What has been your best medical experience?** My best medical experience is to see some of my patients with drug abuse problems recover and make something of their lives.
6. **When you were a medical student, which of your teachers did you most admire? Why?** I can't think of anyone I really admired! There were many good doctors but I probably didn't understand enough of the art of medicine then to realise what I was seeing.
7. **What has been your most formative experience?** Sitting the FRACGP exam was actually a very formative experience for me. I finally understood how to structure a patient-centred consultation.
8. **What has been your greatest achievement?** I think my greatest achievement is to have a successful relationship with my partner.
9. **What is your favourite author? And your favourite book?** My favourite author is Jane Austen. I think Pride and Prejudice is a perfect romantic comedy with lots of wit and intelligence to leaven the romanticism. My favourite book is probably "Guns, Germs and Steel" by Jared Diamond for its revolutionary view of human history and its erudite argument against racism.
10. **Do you have a favourite movie of all time? If so, what is it? And why is it a favourite?** I think that if I had to pick a favourite movie, I would probably pick "Blade Runner". Unlike most people, I actually prefer the original version to the director's cut which unfortunately, is all that is available now. The vision of a dystopian World in Blade Runner has been hugely influential and most sci-fi movies since then have borrowed from the look of Blade Runner. Blade Runner also exemplifies the best of sci-fi in that it marries an exciting adventure with an exploration of deep philosophical questions of human existence. Other movies that I have been very impressed by include "2001:A Space Odyssey", "The Colour Of Paradise", "Princess Mononoke", "Raise The Red Lantern" and "Raining Stones".
11. **What is, or would be, your favourite holiday destination?** My favourite holiday destination so far has been Kyoto which I visited in April 2007.
12. **How would you describe yourself?** I want to be wise and I try to be happy and I try to remember I am human and imperfect.
13. **What are you looking forward to?** I am looking forward to my next holiday-Cambodia or Iran.
14. **What do you like to drink and eat and do you have a favourite restaurant in Canberra? If yes, what is it?** I consider myself a bit of a gourmet and I have been to many of the best restaurants in Australia in the last 15 years. I think haute cuisine in Australia is becoming too preoccupied with technique and the food on the plate is getting too highly worked. As a result, I find I prefer ethnic food these days-food that is closer to its roots. I don't have a favourite restaurant currently. My favourite used to be the Paramount Restaurant in Sydney for its cutting edge fusion cuisine and its wonderful desserts.
15. **What is success to you?** Success for me is to be happy and to create the conditions for happiness in those around me.
16. **What has been your most satisfying professional experience?** My most satisfying professional experience has been to run a successful general practice. The practice has survived economically and I think provides a supportive environment for doctors and staff to give first-class primary healthcare to all patients. I think the practice enables the people working here to fulfill themselves professionally.
17. **What is your request to the Federal political parties as we approach an election?** I hope the Federal political parties will stop treating climate change as a political football and take this threat to all life really seriously. I am surprised that the Coalition hasn't been presented with the enormous economic cost of NOT implementing effective measures to combat climate change now.
18. **What makes general practice special for you?** The personal contact I have with my patients and the professional autonomy I have are what makes general practice special for me.
19. **How do you see the future of general practice?** Corporatisation represents a huge threat to the general practice we know and our patients love. When a critical percentage of GPs cross over to corporate medical practice, traditional general practice will no longer to be able to cope with the complex patients with chronic medical problems that it will be left to manage. What then? Workforce issues will continue to be a problem in the short to medium term future. While primary care teams have been mooted as the solution to everything, I've yet to see how they could work for the average general practice as opposed to a few specialised areas.
20. **Your turn to ask a question?** If the leaders of the free world believe in just wars, why don't they send their children to fight in them?

Guest editorial:

Dr Paul Jones, President elect of the AMA ACT and ACT representative to the AMAs Council of General Practice writes: General practice, at a crossroads


Dr Paul Jones

I don't believe it's overstating the situation to suggest that General Practice in the next ten years is going to be transformed. It will be transformed by shifts in workforce, by changes in work practices, by shifts in the ownership structures of practices and by shifts in technology and communication, to name a few. Recently, acting as chair of the ACT Government taskforce on GP Workforce has focused my mind more than a little on how some of these changes are and will affect us here on the ground in the ACT.

With respect to workforce and work practices, there are many different proposals being put up as "the answer". Some of these in my opinion seriously risk one of the greatest strengths of General Practice, the capacity of GPs to have an overview of our patients' health and the context in which it lies, particularly with respect to family, work and other lifestyle issues. GPs are the last "generalists" in the health system and we should fight very hard to preserve our place at the centre of care. Every GP and most of our patients know this. Risks will come from the many "solutions" proposed for expanding the roles of nurses (although their workforce issues are if anything worse than ours), other allied health professionals and the possible "physicians' assistants". We need to be very sure that good hard evidence for better outcomes is demanded of those proposing such changes.

With respect to ownership structures, I believe that the real key here is not ownership of practice, but the proper capitalization of practices to provide good infrastructure in which GPs work without consuming the GPs' earnings to provide that infrastructure. It's popular to suggest that certain kinds of practice ownership will provide certain outcomes. To some degree this may be true, and a diversity of practices is both desirable and necessary. However, it is only true because the flawed system of rebates under Medicare makes it so. The piecemeal, patchwork approach to bloating the MBS schedule with items for all sorts of specific conditions must go; the simple seven tier system, with a fair rebate for every patient, whatever their condition, must be implemented.

With respect to technology and communication, progress is frustratingly slow and in my view in some ways headed in unwanted directions. Communication around the country between health providers remains patchy and developers of electronic patient records persist with models and directions which are clearly self-serving, not patient-focussed nor indeed useful to GPs. Models proposed by governments and commercial interests focus on large databases, held by "agencies" which they will then condescend to "allow" to be accessed by health practitioners. Reassurances of the security of such systems are worth little, in my view, and even more futile are assurances about the uses to which both identified and de-identified data may be put.

When I talk to patients about this, what they seem to want is a record which they own, which they keep, and then share with their doctors and others providing their care. This option should be explored.

Finally, I repeat my exhortation to my GP colleagues, particularly those younger ones who will have to live with the transformations of General Practice which are ahead of us, to inform yourselves, to be involved, to join and shape the debate within the AMA, the College and Divisions. Don't allow others to set the agenda for you, be active in the public debate and inform your patients of the implications of changes you see proposed.

Solutions for the 'frequent flyers' of chronic illness

The PatCH Consumer Network (Network) celebrated its second year by launching a new initiative to help parents of children with chronic health problems manage their children's health records.

In 2005, the Paediatric Department at Canberra Hospital (PatCH) called on the community to help identify how it can work towards improving paediatric health care services at the Canberra Hospital. In July 2005, the PatCH Consumer Network was established. Following on from the group's aims and objectives which were developed in 2006, the Network identified three key areas which require the most urgent progress: Emergency Department; Transition and Chronic illness.

Many members of the Network are parents or carers of children with various chronic illnesses and they saw a common need for an easy to use resource to help parents and carers organise paediatric patient's health information. The Personal Health Record or PHR Folder was developed by the PatCH Consumer Network in cooperation with PatCH.

'One of the biggest frustrations for parents of children with complex and chronic illnesses is repeating a story over and over again in one visit', said Associate Professor Graham Reynolds of PatCH.

Professor Reynolds described the PHR as an extension of the "blue book".

The PHR Folder will be issued to parents of children recently diagnosed with chronic illnesses – the 'frequent flyers' of the health care system. It includes a CD or computer flash drive template which allows parents or carers to record a patient's medical information including:

- medical team contact details, starting with General Practitioner;
- medical history;
- test results;
- medications; and
- hospital stay data.

The template can be easily downloaded onto a home computer and then modified to contain as much detail about the patient's condition/s as parents wish. Once the template has been filled in, it can be printed out and the pages slipped into the plastic sleeves of the folder. The folder then becomes a useful resource for General Practitioners, Paediatricians and a Registrar in the case of an admission to hospital.

For more information regarding the PHR folder, please contact Catherine Nancarrow, PatCH Volunteer Coordinator at Catherine.Nancarrow@act.gov.au.

Anyone seeking further information or involvement in the Consumer Network should contact the PatCH Consumer Network via email at PatCHParents@act.gov.au or telephone 6244 3740.

Is this the Dermatology Clinic or a General Practice?

By Chris Gilbert, a third year medical student at the ANU Medical School

Chris Gilbert

It was 7:30am on Monday morning and here I was standing outside the surgery of a local Canberra GP, Dr Cameron Webber. I had not previously come across Dr Webber, although I suspected that I had attended high school with one of his sons (which was later confirmed by photos in his office). This was my first placement in General Practice as part of the 3rd year of my MBBS at the ANU Medical School. What did I expect? I'm not really sure – but I was hoping to be placed with someone who had an interest in Sports Medicine. Regardless of the type of medicine I was going to see, I could be fairly sure, judging by the hour at which I was standing outside his clinic, that this was going to be a dedicated couple of weeks.

As the first week unfolded it was clear that Dr Cameron Webber had much more to offer than just an interest in Sports Medicine. In fact, if anything this was one of the smaller strings to his bow. By the end of the first morning I had received a crash course in differentiating between benign and potentially malignant skin lesions. In addition, Dr Webber runs numerous procedural clinics throughout the week for those patients requiring the removal of skin lesions deemed to be suspicious. This was a fantastic hands-on learning experience which soon saw me promoted to the position of surgical assistant. In order to complete the experience, I accompanied Dr Webber to clinics at Canberra Grammar School and Jindalee Nursing Home. Although there was not a lot of Sports Medicine to be seen at Jindalee (or for that matter Canberra Grammar School, where every adolescent seemed to have an URTI), the combination of each setting provided a well rounded clinical experience.

Perhaps the greatest strength of Dr Webber's practice is his innate ability to impart knowledge to those around him. This can be seen in any of his interactions with patients and was indeed a blessing as a medical student. The two weeks spent with Dr Webber were as I had suspected; a full time commitment. But it was a commitment laden with a wealth of knowledge. It was a tribute to Dr Webber that he was able to dedicate himself to his practice, let alone to teaching, during a very tough period of his life in which his sister passed away.

The dedication which Dr Webber brings to his medical practice is truly inspirational. Whilst this type of practice may not be everyone's cup of tea, it was a fantastic opportunity to learn and provided great insight into how rewarding General Practice can be if you are motivated to do it well.

Guest editorial:

Dr James Cookman, President of the ACT division of general practices writes on "this curious creates – the family doctor"

Greetings all. I am pleased and grateful for the opportunity to contribute, again, to the annual Canberra Doctor "Family Doctor Week" edition. And more than a little bemused, although it did take me a short while to decide why. Frankly, I am not currently sure what a "family doctor" is. More alarmingly, I confess, I am not at all sure that I've ever had a clear notion of what distinguishes this curious creature - "the family doctor".

Does this practitioner refuse to treat patients who have no family? The churlish among you will say that everyone is a member of the human family but that undermines the term further. And what, pray, is a family? The definition of a family is now necessarily and properly so broad that it's use as a descriptor in front of "doctor" does not, to me, augment it's meaning. How quaint that we persist with it. I believe we need a new term to represent and capture the scope and activity of Modern Australian General Practice.

I apologise to readers who have a strong attachment to the term. But I submit that it's probably a purely sentimental one if you think about it. You can't guarantee to have a relationship with all family members - indeed, where does a given family begin and end ? - and in some instances nor should you. Additionally, "family" is a very emotive term and, for many, not all the emotions associated with it are positive. So the term "family doctor" is - potentially - alienating.

Stick with me - there's a point to all this.

Let's think about the scope of modern practice. It's no longer true that General Practice is concerned almost exclusively with episodic care [get sick - see a doctor]. It has long since been the case that a much greater part of our work concerns chronic disease management, which involves the maximisation of health despite a chronic disease state. In my view, we now need to evolve our role in population health. In other words, we need to maintain and use our own practice health data to demonstrate improvements in population health. Of course, modern IT affords us the opportunity to do this.

Let me give you a specific example. It is known that 20% of the adult population have hypertension. For various reasons, only about half of these ever get treated. And only about half of those ever get control. And this is clearly not good enough. Should we be extracting our practice data to demonstrate that 20% of our adult patients are taking hypotensives and achieving satisfactory control? Who should receive this information? And how much should they pay you for it? The answers to these questions are "I believe so", " A credible, functional primary health care organization" and "A reasonable fee".

So what do we call this creature who does provide episodic care but is able to manage chronic conditions supported by up to date IT, with access to practice population health data? Not, in my view, "family doctor". I find the term quaint, limiting and not a little condescending. I like Primary Health Practitioner.

A Primary Health Practitioner is someone who is the first point of contact for the patient with the health system, has the capacity and the inclination to develop an ONGOING relationship with the patient, receives most of the clinical history de novo from patients themselves [rather than from referral letters] and reports only to the patient [not referrers].


Dr James Cookman

If you don't like Primary Health Practitioner then fine - let's workshop it. But let's get rid of the egregious "family doctor".

Come on everybody. It's time to move on.

Guest editorial:

By Dr Rod Pearce, chair of the AMAs Council of General Practice and Adelaide GP writes on Family Doctor Week

All GPs should get behind Family Doctor Week by using this week to talk to their patients about the central role their GP has in health care throughout their lives. Remind them that beyond treating coughs and colds, you can provide specialist long-term continuous care of chronic conditions, lifestyle advice and counselling.

GPs should also all take a moment during FDW to reflect on the excellent job we do day-in and day-out under many stresses and strains and what measures will help us continue to provide this great service into the future.

One of the major health issues the AMA will focus on during FDW is aged care.

Australia's population is ageing. Over 20% of the population is over 55 years of age and this is expected to grow to over 30% in the next fifteen years. Approximately 90% of people aged over 65 attend a GP at least once a year. Those visits account for 25% of all general practice consultations.

The demand for general practice care will increase as the population continues to age. Therefore, Australian governments must start to develop ways of better structuring the health system to care for older Australians in the future.

The AMA has long called for a restructure of the MBS so it properly rewards general practice services and allows doctors to spend more time with patients. Being able to spend time with patients, particularly older patients, is important for a number of reasons.

It will provide GPs with the opportunity to better care for patients with complex and chronic illnesses, the number of which will grow as Australians age. It will allow GPs to provide more preventive and management care for their patients. This will help in earlier identification of problems and earlier intervention.

The current MBS has failed to keep pace with the true cost of providing services and it fails to adequately support team care.

Team care, with the GP at the centre, is the way of the future as it will allow patients to receive care from the team member best placed to provide it and will allow GPs to spend more time with patients that specifically require their clinical services.

The AMA and RACGP have worked together to develop and present a proposal to Government based on this concept which is designed to improve services in aged care facilities.

The AMA believes if this proposal is embraced by Government and proves to be successful it should be extended throughout the MBS to improve care in all areas, including home visits and after hours.


Dr Rod Pearce

A copy of the paper 'GP Services to Residential Aged Care Facilities' can be viewed at www.ama.com.au

GUEST EDITORIAL:

A Canadian in Australia: Dr Sue Douglas writes "different cover, the same old story"

I am a Canadian GP or Family Physician as we call ourselves in Canada. I moved with my family to Australia a year ago with 14 years of clinical and 12 years of medical teaching experience under my belt.

So why did my family and I decide to leave a wonderful country like Canada? The long and short of it was – I was offered a job!

I had decided to leave my old job where I was acting head of a large Family Medicine department. I had pretty much decided to quit academic medicine when my husband showed me an advertisement in the Canadian Family Physician for an academic physician in General Practice in Australia. We were both ready for an adventure and nine months later found ourselves, and two boys along with eight large bags of luggage, and one neurotic dog, on a plane bound for Canberra.

Actually Canada and Australia share a lot in common. Both are large sparsely populated countries of unparalleled physical beauty. Their citizens enjoy an enviable quality of life that compared to the majority of the world's citizens is marked by peace and security. Australians like Canadians try to strike a balance between individual rights and the greater social good. In general Canadians and Australians are both warm friendly unpretentious people who enjoy sharing a cold beer with good friends.

Canada and Australia also share similar challenges particularly when it comes to the delivery of high quality medical care to its widely scattered population. Although they don't like to advertise it, neither country has ever been able to produce enough doctors to meet its needs. Consequently both have been dependent on international medical graduates to deliver medical care to its citizens especially those that live in rural and remote regions.

Canada like Australia has a critical shortage of GPs/ Family Physicians. This shortage is getting worse not better and affects urban as well as rural areas. The reasons behind the shortages are similar in both countries. Both the Canadian and Australian governments made similar myopic decisions to cut medical school places in the late 80s, early 90s. Ten years later the citizens of Canada and Australia are paying the belated costs (with interest). There is a shortage of doctors in both countries but General Practice and Family Medicine have been particularly hard hit. In both countries the cost of a medical education has escalated exponentially in the last decade. The high debt load upon graduation, combined with the significant pay differential between GPs and specialists, are swaying undecided students towards specialist medical careers. The high cost of tuition may also be a factor in who decides to become a doctor by dissuading students from working class and minority backgrounds who may have limited funds.

Another threat to the declining number of Family Physicians is the growing challenge of providing students with a meaningful General Practice educational experience. In Halifax, where I used to work, every year it would bec ome more difficult to find enough GP supervisors for our medical students. Even sadder was the fact that we regularly had to turn down students who requested electives in Family Medicine because of insufficient numbers of GP teachers.

What is behind these shortages? First there is the declining number of GPs and the growing demands on those left behind. Like their Australian counterparts, most Canadian Family Physicians start running once their feet hit the ground in the morning and don't stop until they fall into bed in the evenings. Days are jam packed with patient, practice and family responsibilities. In Canada it is not uncommon for GPs to have a three to four week waiting list. Similarly it is not unusual for rural GPs to see 60 plus patients a day simply because there is no other doctor in town who can see them. The thought of incorporating teaching into an already overloaded schedule is an overwhelming prospect for many GPs. Similarly, GPs do not want to take precious time away from patient care in order to teach!

It also doesn't help that GPs feel that they are not appropriately remunerated or valued for their teaching role. Medical student teaching is almost universally a money losing venture. The literature shows that on average GPs spend an extra hour teaching per clinical session. At Dalhousie in Halifax, the GPs would receive a stipend of $50.00 (appr. $56.00 Aus) per week for the privilege of teaching medical students. While the situation is slightly better here in Canberra, most doctors still lose money by teaching students and remuneration is restricted to those who qualify for PIP payments. The costs of teaching also include the time that other practice members including the Practice nurse and receptionist with the students.

Canadian GPs also feel that their teaching role is not valued by governments or the universities that run the teaching programs. In Canada, the government departments bicker over whether the department of Health or Education is responsible for the costs of medical education including payment of clinical teachers. Heads of Department apologetically tell their clinical teacher colleagues that they don't have any money in the budget to pay them and argue that this should be the government's responsibility anyhow.

Consequently medical student teaching is an undervalued and underpaid service in both Canada and Australia that is dependent on the good will and dedication of grass root community doctors. Whether called a GP or a Family Physician, these community doctors are committed to transmitting their clinical skills, knowledge and values to the generation that will proceed them.

So, what exactly am I doing here in Australia? I am a senior lecturer in General Practice here at the ANU. Currently I am very involved in the organization and implementation of the third year Integrated Community and Child Health program more commonly known as ICCH. Part of my job is to encourage community General Practitioners to teach our third year medical students. Given what I have just stated this is not an easy task. Nonetheless, despite the barriers that cross international borders, teaching does have significant rewards. Research shows that doctors that teach are happier in their professional and personal lives. Personally, I think that teaching students has a lot in common with parenting. On paper, the practical costs and cons far outweigh the tangible benefits but like parenting teaching is intrinsically joyful and rewarding.

The enthusiasm and appreciation of students for their clinical teachers is contagious. The accompanying article by Chris Gilbert speaks of the deep gratitude and respect that students have for their clinical teachers. For many this is their first exposure to "real medicine". It is a wonderful experience to share their first steps and stumbles as they navigate the complex realities of clinical medicine with awe and enthusiasm.

Students also help us to be better doctors and can enhance patient care. Their questions force us to reflect on our own practice and they are usually eager to share their new-found knowledge with us. Students can also help us to research clinical questions. The ANU students are very adept at literature searches and are accustomed to being asked to research topics.

Students can also help us with direct patient care. Asking a medical student to take a history from a patient who needs extra time and TLC can be a valuable learning experience for the student and be very therapeutic for the patient. Students can also help with care plans and documentation in the patient record.

The decision as to whether to include teaching in your practice is a personal one that needs to be made in consultation with family, and colleagues. We are hopeful that GPs who are not current teachers will reevaluate the decision to have students in their practice. We are desperately trying to increase our pool of GP teachers. We are facing an impending crisis in that if we do not increase our pool of GP teachers fast some of our students may not have a GP experience next term. Also, our dedicated core group of teachers is at risk of "burn out" because they repeatedly take on more students in response to our pleas for help.

Recently here at the ANU medical school we have made changes to our program to encourage GPs to try teaching. We are hoping that these more flexible arrangements will encourage more GPs to take students into their practices. We are also committed to supporting GPs in their roles as teachers and are flexible in adapting to the needs of the practice. In the past we have used a range of methods and resources to support GP supervisors which range from formal teaching workshops to informal practice visits.

Dr Sue Douglas

In closing I do believe that the majority of GPs/Family Physicians want to be involved in teaching the next generation of doctors. The challenge is how to strike the right balance between teaching, clinical practice and personal commitments. Whether in Canada or Australia the medical profession, governments (national and state/ provincial) and medical schools have an obligation to provide the necessary resources and support to enable GPs/Family Physicians to strike this balance. The future health of Australians and Canadians depends on it.

Dr. Sue Douglas MD CCFP (Canada) is Senior Lecturer, Academic Unit of General Practice and Community Health, Australian National University,

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Family Doctor Week – Federal President at the Press Club

Dr Rosanna Capolingua, will make her first address to the Press Club on Wednesday 25 July as part of Family Doctor Week celebrations. Her address topic is: Health Policy for the 2007 Federal election.

Contact the National Press Club, 16 National Circuit, Barton for further information and ticket purchase.

Family Doctor Week wine tasting for GPs

See notice on cover on this edition of Canberra Doctor
RSVP – Linda on 6270 5410

John James Foundation - Director Voting

All Members of the John James Memorial Foundation are reminded that voting in the current ballot for election of Directors closes at 5pm on Friday 3 August. Please ensure your sealed vote reaches the office of the company by that time.

For further information contact Peter Williams 0417 688 379

TransACT and AMA ACT get together!

In a collaboration for the benefit of AMA ACT members, TransACT and the AMA have an offer for you. See advert this edition.

Canberra Specialist Directory

Additional copies of the 2007 Canberra Specialist Directory can be purchased from the AMA ACT for $9.90. Contact Lucy on 6270 5410

Electronic Medicare claiming

If you missed the information sessions held recently on electronic Medicare claiming, but would like the opportunity to attend one, could you please contact Elizabeth Hunter on 6270 5410. If there is sufficient response, the AMA ACT will endeavour to organise further sessions for the information of members.

CALMS (Canberra After Hours Locum Medical Service)

CALMS has a new postal address. All mail for CALMS should be addressed to PO Box 5066, Garran ACT 2605. Any questions? Call Graeme Sellar on 0438 812 651

Invitation to members

Members are invited to use The Notice Board to advertise items of interest to the Canberra medical community. Please send items to execofficer@ama-act.com.au

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Nominations close on 1 August and forms etc can be downloaded from www.workcover.act.gov.au/docs/events.htm or by phoning 6205 0210

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