Canberra DOCTOR
Best State AMA Publication 2007
March 2008
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# ACT Health welcomes AMA ACT submission of salaried members' workplace concerns

In a recent submission to ACT Health, the AMA ACT has informed ACT Health of the concerns of its members in relation to workplace conditions. This has been forwarded for consideration as part of the current Certified Agreement discussions being held between the union and the Department.

AMA ACT members have expressed concern at conditions being behind those of other States and the AMA has listened to these concerns and, in order for ACT Health to be able to both recruit and retain JMOs particularly, the AMA ACT has unashamedly "cherry picked" from other State industrial instruments and has put these to government as its recommended "gold standard" of conditions to be adopted.

Acceptance of these issues will contribute positively to junior medical officer recruitment and retention, the AMA and its JMO members believe. Both parties seek a JMO friendly workplace, and the current agreement does not provide that. Some of the other matters relate very much to safety for both patients and doctors whilst others address equity and equality matters.

The AMA is of the view that unless these issues are addressed, it will be increasingly difficult in the current environment of international and national workforce shortages for the ACT to be considered as the "destination of choice" for highly skilled medical practitioners. Equally, it is argued that unless these matters are addressed, it will be difficult for ACT Health to be regarded as "employer of choice" in the same tight labour market.

The AMA has detailed these and other issues in its submission and members have been provided with a copy of the submission and its covering letter. Any affected member who has not yet been provided with a copy should contact AMA industrial officer, Mr Andy Ozolins. An invitation is extended to members who wish to raise further issues, or have any queries regarding the submission, to contact Mr Ozolins on 6270 5410 or by email to: industrial@ama-act.com.au.

The following is a summary of some of the issues provided to ACT Health in the submission:

- The new Certified Agreement should be a comprehensive agreement combining conditions and entitlements currently in the Award, Certified Agreement, Public Sector Management Act and Public Sector Management Standards with removal of reference to any and all New South Wales Industrial Instruments.
- Secondment conditions for Junior Medical Officers must be included in the agreement.
- Interns should not be rostered for night/relief duty.
- Remove the provision for the employer to subsume payment of On-Call Allowance if a Junior Medical Officer is recalled to duty whilst On-Call. On-call rosters should be no more than one in three.
- A Junior Medical Officer should to be entitled to a paid thirty minute rest break within each rostered period of duty. If a period of duty exceeds ten hours, the Junior Medical Officer to be entitled to a second paid rest break of thirty minutes.
- Leave entitlements to be guaranteed for Junior Medical Officers. Although Junior Medical Officers apply annually for training positions they should be treated as permanent employees for all leave purposes, including long service leave and maternity leave.
- Independent Private Medical Indemnity Insurance for all Medical Officers to be paid for by ACT Health.
- Increase Junior Medical Officer paid maternity leave entitlement from 9 weeks full pay or 18 weeks half pay to 14 weeks full pay or 28 weeks half pay and increase Junior Medical Officer annual leave entitlements from 4 weeks to 5 weeks to reflect the entitlements for their more senior colleagues.
- Medical Officer annual leave should be approved if three or more months notice is given. The onus must be on management to provide replacements. Management should advise the medical officer of the outcome of an annual leave application within two weeks of the application being submitted.
- Applications to take a single day of ADO leave should be approved. Applications for more than one day of accumulated ADO leave should be treated in the same manner as applications for annual leave.
- Junior Medical Officer shift penalty entitlements increased to at least match those of their more senior colleagues.
- Provision for a retention bonus for Junior Medical Officers in conjunction with increased use of current Certified Agreement provision that allows for employment contracts to be up to five years in length should be included.
- Two weeks per annum Professional Development/Study Leave for all Junior Medical Officers. Leave must be approved if three or more months notice is given. The onus must be on management to provide replacements. Management must advise the medical officer of the outcome of the application within two weeks of the application being submitted.
- Penalty rates and overtime to be paid no later than the next pay period after they were worked and in a job share situation, if the combined hours exceed the fortnightly ordinary hours, these hours are to be paid at overtime rates.
- A working party to be established to review Junior Medical Officer classification structure and a working party to be established to review Junior Medical Officer timesheets and pay slips processes as a matter of urgency. It is considered a priority to re-instate into the Agreement a Junior Medical Officer Timesheet Protocol based on a clauses in an earlier superseded industrial agreement.
- Junior Medical Officers should receive a Professional Development and Expenses Allowance per annum.

It will be some time yet before the so-called tsunami of new graduates makes an impact on the medical workforce and in the meantime, States and hospitals will be competing for a scarce resource.

The AMA ACT is committed to doctors in training and staff specialists and seeks only to have a safe workplace that encourages and nurtures its highly skilled workforce in these times of workforce shortages. It aims to have satisfied, motivated and healthy medical practitioners in order to ensure that only the best medicine is delivered to the Canberra community. The AMA ACT is committed to working with government to have the ACT and TCH considered "employers of first choice" and will do all it can to bring this about.

The AMA ACT is already working with government to promote the ACT as a lifestyle destination for medical practitioners across the range from doctors in training to salaried specialists and privately practicing specialists and general practitioners. The AMA understands there is competition across the nation for qualified medical practitioners and believes that by enhancing opportunities for qualified medical practitioners, government will be able to be more competitive for this scarce resource.

The AMA has been negotiating for its private sector members for many years and appreciates the support of its salaried members as it commences discussions with ACT Health on its submission.

# AMA ACT President's letter

*Dr Andrew Foote.*

Federal AMA has just held another Council meeting. Hot issues that were discussed included:

- Input into the roll out of GP super clinics so that existing practices are not rendered unviable, avoiding compulsory bulk billing and doctors being salaried. Concerns are that this proposed model could lead to fund- holding with Commonwealth control of the profession via general practitioners becoming public servants.
- National registration with mutual recognition of state registration, without loss of the role of the AMC or the colleges in setting standards.
- Mandatory reporting of colleagues causing serious injury. This is a highly contentious issue and needs to avoid non-substantiated rumours and innuendo. NSW is currently working on legislation to provide for this.
- With the demise of Workchoices, AMA is keen to return to medical certification of illness being returned to the medical profession and reinstatement of the one or two single sickness days not requiring certification.
- A strategic plan for public hospital surgical waiting lists to avoid the current on/off political funding cycles.

I have only highlighted some of the many issues discussed. Members will find more information will be circulated via Australian Medicine in the coming months.

The AMA ACT is keen to promote the ACT as a destination of choice for the medical profession and has informed ACT Health of workplace concerns in a recent submission. More information is on page 1 of this edition. The aim is to have the ACT the most attractive jurisdiction in Australia for medical practitioners and a first step is to ensure the hospitals are "JMO friendly". The AMA has cherry picked from the industrial agreements around Australia, in order to allow us to attract and retain our talented and valuable medical workforce, including junior doctors. We already have the best VMO contracts in the country so we want the best workplace conditions for our salaried colleagues. For input into the discussions email industrial @ama-act.com.au

We are continuing to work towards a smoke free ACT and with this in mind and the need to target the youth of the community, our Tobacco Task Force has initiated the ART IN, BUTT OUT year 8 school competition. The object is to design anti smoking art work aimed at the peer group and will be carried on "Canberra Milk" cartons between August and October this year. Full details are on the website www.ama-act.com.au.

We had a win recently with the declaring of Canberra Stadium and Manuka Oval as smoke free. The AMA ACT has been promoting this for some time and now we want no smoking in cars with kids and smoke free outdoor dining, so we can all breathe easy.

Another win that has not been credited to the AMA ACT is the satisfactory resolution of a critical superannuation matter for VMOs. The AMA raised this matter within the tripartite VMO contract committee last year following a member's personal dispute with Calvary Hospital, and ACT Health moved quickly to resolve the matter. Unfortunately, as the matter was not discussed again until recently, many were unaware that the matter had been resolved – thanks in part to the AMA ACT.

Press releases from the Federal AMA have included increasing clinical training for medical students and JMOs, binge drinking reduction, car booster seat safety, and medical student entry selection.

Don't forget the Combined Medical Ball Saturday 21 June, Old Parliament House.

# "Team Spirit" goes to the top!

This is a story of tender moments and tender parts – for details, read on…

Team Spirit included cycling Drs Buchanan, Viliunas and Woods and their friends. At the end of November, they rode from Canberra to Charlotte's Pass and back.

Calvary Hospital, Belconnen Physiotherapy, Capital Pathology, National Capital Hospital, Device Technologies, Huon Management, Tornier, Jane Brown, The Bike Shed and Advanced Professional Education were the generous sponsors of the team that rode to raise money for Harley Lifecare. That organization supports people with disabilities in the ACT and the region. The ride raised more than $520, 000 for their cause.

The 460 km challenge took the team from Canberra to Jindabyne on day 1, cycling into a headwind and over rolling hills. Day 2's ride was a modest 90 km but involved climbing to Charlotte's Pass with added heat and flies. On day 3 the head winds tested our "spirit" again.

Was there comedy in this story? There wasn't so much comedy as delight that every member of our team rose to the challenge, completed every kilometre and arrived home safely.

There were of course tender moments in this story: tender muscles, backs necks and other exquisitely tender parts…

The fellowship of other cyclists, the beautiful countryside and the excellent cause sustained all teams throughout the ride.

*Copy supplied by Vida Viliunas.*

# New $3m radiation machine arrives in the ACT

ACT Health Minister Katy Gallagher MLA welcomed the arrival of the third $3 million linear accelerator machine at The Canberra Hospital's Radiation Oncology service to be housed in one of the new $18 million specially built bunkers.

The Minister said that it was pleasing that this new machine – when operational in July this year – will increase the capacity of the radiation oncology service by around 30% and will reduce the time patients wait to commence treatment. It will also reduce the number of patients transferred interstate for treatment.

"Over the last three years, there has been a 27% increase in the number of people who have started radiation therapy in the ACT, which has placed significant pressure on radiation oncology staff and the existing two linear accelerator machines," said Ms Gallagher.

"The Government acted to increase the capacity of our radiation therapy services as soon as we noted the significant increase in demand for these services, however, linear accelerators need to be purchased from overseas and are not something that you buy today and start operating tomorrow."

"The machines usually come with a waiting list for purchase, and they take time to get ready for operation," Ms. Gallagher said.

"As such, the Government provided $18.7 million towards building two new bunkers to house an additional two linear accelerator machines to meet the ACT's needs over the next decade."

"In addition, we allocated an additional $3.2 million in the 2006-07 budget to fund the purchase of a third machine this year as well as locking in the funding for our fourth machine in 2010-11."

"That new bunker is now completed – on budget – and our brand new third linear accelerator is in place, ready for operation in July," Ms Gallagher said.

In acknowledging the growing demand for cancer services in the district, a further $10.7m was allocated to meet the operating expenses of the new third linear accelerator machine at the hospital.

# Membership Rewards Program Partners ~ 10% discount

~ Botanics on Jardine Florist (Kingston)
~ *Plonk (Manuka)*
~ *Connoisseur Catering (Canberra)*
~ *Unit Concepts (Braddon)*

~ Evo Health Club (Barton)
~ *Escala Shoes (Manuka)*
~ Aubergine Restaurant (Griffith)
~ *Courgette Restaurant (City)*
~ Sabayon Restaurant (City)

~ Bourgeois Pig (Braddon)
~ *The Essential Ingredient (Kingston)*
~ Electric Shadows Bookshop (City)
~ *Simply Wellness Day Spa (City & Belconnen)*

**conditions may apply*

# Striking superannuation gold

Sometimes, achieving greater gains from your superannuation can be as simple as just doing things a little differently. One such example is the option for working Australians over 55 years of age to purchase a non-commutable allocated pension (NCAP). This strategy can help you save tax and boost your retirement savings – so it might be in your best interests to learn more about it.

## What is an NCAP?

A non-commutable allocated pension (NCAP) is an income stream that allows access to both your preserved and your non-preserved superannuation benefits after reaching your preservation age (normally 55) without having to retire.

## When can you get one?

You can obtain an NCAP, by rolling your superannuation benefits, anytime after you have reached preservation age. If you were born before 1 July 1960, your preservation age is 55 (this age gradually increases to 60 for those born before 1 July 1960 and 1 July 1964). Be aware that some employer super funds may not allow access to benefits while you still work for the employer, so it's best to check with your employer.

## The NCAP advantage

An important feature of an NCAP strategy is that it is possible to implement it without impacting on your current take-home income. Simply by restructuring your superannuation contributions and purchasing a non-commutable allocated pension it's possible to boost your retirement savings and save tax.

In a nutshell, an NCAP advantage emerges because of the lower rates of taxation generally applied to superannuation, compared with the marginal tax rates on income. This advantage is further increased because any investment earnings within an NCAP will be tax-free.

Importantly, NCAPs do not require you to change your current work hours. So they're the perfect retirement strategy for non-retiring types. However, they can also assist you to progressively transition towards retirement (say, work part-time and draw down on your super) if desired.

## Boost your savings and pay less tax. What's the catch?

NCAPs don't work for everyone but where they do, they can effectively boost your savings. The NCAP strategy is a good example of why it pays to get the right advice when it comes to planning for retirement. That way you'll find out the smart strategies, like NCAPs, that can help you save tax and boost your retirement savings.

*Copy supplied by King Financial.*

# ‘Art In, Butt Out’ art competition for school

## Anti-smoking artwork destined for Canberra Milk cartons later this year

The AMAs Tobacco Task Force recently launched an art competition for year 8 high school students. The purpose of the competition is to create anti-smoking messages that will be circulated throughout Canberra on “Canberra Milk” cartons later in the year.

The Tobacco Task Force is a coalition of the AMA ACT (the peak representative organisation for the medical profession in the ACT), The Cancer Council ACT, Heart Foundation ACT, Diabetes ACT, Winnunga Nimmityjah AHS and Canberra ASH.

The coalition’s objective is to reduce the incidence of smoking in the community with a focus on discouraging young people from taking up the habit.

AMA ACT member and Canberra GP, Dr Alan Shroot, speaking at the launch at Lyneham High School, said “This competition; titled “Art In, Butt Out” takes the Task Force’s objectives to a group of community who are at the target age of tobacco company advertising. Trends suggest that most people who become long-term smokers start at a young age. The aim is to encourage young people to think about their health and well-being in a positive way and specifically to remind them of the harmfulness of smoking and tobacco by harnessing their creativity to promote anti-smoking messages to their peers.”

*Caption…*

The competition is open to all year 8 students in the ACT – in public and private schools including those being home schooled.

Tobacco smoking is the largest single preventable cause of death and disease in Australia. It is clear that the best protection against smoking-related illnesses is not to start smoking in the first place. Strategies that reduce the desire of children and adolescents to ever take up the smoking habit should be encouraged and supported.

Dr Shroot said that peer-to-peer messages may prove more effective and that certainly is the hope of the Task Force in this new competition. He hoped that the competition would be well supported by schools in the ACT and acknowledged with thanks the support of the Health Minister, Katy Gallagher and Education Minister, Andrew Barr and ACT Department of Education in supporting and promoting this initiative.


Education Minister Andrew Barr said, “While many young people know smoking is bad for their health, few realise how it actually affects the body. This program will help increase their understanding of the damage smoking does.

“This competition is about using peer pressure for a good cause. A program like this allows young people to tell other young people about how dangerous smoking is, instead of them getting a lecture from someone older.

“Getting young people to ‘kick butts’ will help ensure they live longer, healthier lives. I thank the AMA ACT and Canberra Milk for partnering with the ACT government on this project”, he said.

*For more information and competition entry forms, go to www.ama-act.com.au*

# National health and hospitals reform commission

The AMA congratulated Dr Christine Bennett and the other nine appointments to the Government’s National Health and Hospitals Reform Commission, including Immediate Past President of the AMA, Dr Mukesh Haikerwal.

AMA President, Dr Rosanna Capolingua, said that the AMA and the medical profession will support the Commission in its efforts to build a modern, responsive, affordable and equitable health system to meet the needs of all Australians, no matter their means and no matter where they live.

“Patients must come first and the solutions to the problems in the health system must be clinically-driven,” Dr Capolingua said.

“The challenges facing the Commission are considerable, but not insurmountable.

“We must restore patient and community confidence in the health system, especially in our public hospitals.

“Access to affordable quality health care must be the objective of each and every reform proposed by the Commission.

“Another priority is the medical workforce.

“The current and future medical profession should have training opportunities and resources to allow them to maximise their competencies for the benefit of the community.”

Dr Capolingua said the broad mix of skills, knowledge and experience of the Commission members would generate a comprehensive blueprint for the health of Australians into the future.

“Labor has delivered on its election promise to establish the Commission. We will watch and work closely with the Commission and the Government to ensure our shared objectives become a reality.

“We especially welcome the acknowledgement of the AMA’s unique ability to provide advice across all aspects of health with the appointment of former AMA President, Dr Mukesh Haikerwal, to the Commission,” Dr Capolingua said.

# Tobacco reforms legislation introduced into ACT Legislative Assembly…

## … and the AMA ACT anticipates with much pleasure that there will be no more 'dirty ashtray' awards coming to the ACT.

"We're over holding our collective breath at AMA National conference to find out how we've done on the Tobacco Scoreboard and we're over getting the Dirty Ashtray "award". Hopefully, with these new reforms, being on the receiving end of these awards will be behind us", AMA ACT president, Dr Andrew Foote said. Dr Foote was speaking in response to the new Tobacco Amendment Bill introduced by Health Minister, Ms Katy Gallagher, recently.

The Minister informed the Assembly that, "the intention is to significantly reform the Tobacco Act 1927 to prohibit point of sale displays; remove the ministerial exemption for smoking and tobacco advertising and sponsorship; amend the definition of vending machine; ban rewards for smoking product purchases; include a power for the Minister to declare flavoured cigarettes to be prohibited; prohibit split packets and harmonise the Act to the principles of the Criminal Code 2002.

"This new legislation will place the Territory at the forefront of regulation on point of sale displays, with the most restrictive requirements – that is smoking products must be kept out of sight at points of sale.

"Part 2 of the Tobacco Act is to be amended to remove the complex display formula to apply a simple rule. If you sell tobacco, it must not be displayed. The display is one of the last remaining ways tobacco companies are able to display their wares. Storing tobacco out of sight will prevent people, in particular children, being able to see tobacco. Research shows that the point of sale display acts to promote and normalise smoking. The Territory will be the first to send the message that it is not normal.

"Tasmania will join the ACT in removing point of sale displays from February 2011.

"The Bill strengthens the ban on receiving a reward such as a discount fuel voucher or "fly buys" points in return for purchasing cigarettes. The Government is concerned that these incentives reward people for purchasing smoking products. These rewards may even be inducing greater consumption because some people may spend more on bulk smoking product purchases in order to reach the threshold for a reward. The Bill amends the Act to explicitly exclude smoking products from such schemes. It is hoped that this will reduce tobacco consumption rates even more and sends a clear message that tobacco smoking is not to be rewarded.

"The Bill also removes the ministerial exemptions inserted into the Act in 1990 to exempt certain smoking and tobacco advertising and sponsorship from the ban. The last exemption notified under the Act was in August 1995. It is clear that the ACT is able to obtain sponsorship of its major events without the support of tobacco companies, so it is proposed to remove the ability to exempt such advertising and sponsorship in recognition of this. The Commonwealth removed its exemption for sponsorship related advertising for events of international significance in October 2006.

"A new provision is to be included in the Bill to give a power to the Minister to declare certain smoking products to be prohibited. This power will allow the "Government to move quickly to prohibit smoking products, once the Minister is satisfied that the smoking product or the smoke of the product has a distinctive fruity, sweet or confectionary-like character and that the nature of the product or its packaging may be attractive to children.

"The ACT Government identified fruit flavoured cigarettes as a matter of concern in August 2005. Since then a condition has existed on all tobacco licences prohibiting the sale or display of fruit flavoured cigarettes. The condition was an interim measure whilst consultation was undertaken on the best approach to regulate flavoured cigarettes. As a result, a provision that covers all possible products that may be attractive to children has been included.

"The Bill also closes a significant loophole that has allowed vending machines, though controlled by bar staff, to continue operating in the Territory. As the intention of the vending machine ban that commenced in 2006 was to prevent ready access to smoking products, the definition is to be amended.

"The ACT has one of the lowest percentage of adults who smoke - 16.4%. It is hoped that the reforms I am announcing today will see that figure reduced even more", the Minister concluded.

# AMA ACT applaudes a 'smoke free' Canberra Stadium

President elect, Dr Paul Jones and chair of the Tobacco Task Force, Dr Peter Wilkins recently joined Health Minister, Katy Gallagher, Andrew Barr, Minister for Tourism, Sport and Recreation and Brumby George Smith at Canberra Stadium when the Ministers declared Canberra Stadium and Manuka Oval "smoke free".

"We can all breathe easy now as we move from the stands to the food outlets and the toilets", said President-elect and Canberra GP, Dr Paul Jones.

"This is a significant public health measure, as there is no safe level of passive tobacco smoke and we particularly want to protect babies and children from this undesirable unintended consequence of attending a rugby game, or any other sport.".

"There should be no association between health activity, such as elite sport and tobacco use, and the initiative is to be applauded", Dr Peter Wilkins, chair of the AMAs Tobacco Task Force said.

"The AMA ACT has been lobbying and advocating for a "smoke free" Canberra Stadium for some years and we are delighted that the Health Minister has taken our concerns on board. The community is generally prepared for more public areas to be declared smoke free and in the interests of public and community health, the AMA will always be supportive of such initiatives. There is a huge public health cost to smoking and as a result consumes a large part of the budget of hospitals and governments", said Dr Jones.

The AMA looks forward to further no-smoking venues and commits to working with the Minister and the Government to achieve this objective.

"We look forward to the time when children can ride in cars without smoking parents, friends and relatives and when we can all eat al fresco without the tobacco smoke", Dr Jones said.

# Canberra Doctor

A NEWS MAGAZINE FOR ALL DOCTORS IN THE CANBERRA REGION.

PUBLISHED ON BEHALF OF THE CAPITAL TERRITORY GROUP OF THE A.M.A.

Published by the Capital Territory Group, Australian Medical Association (ACT) Registered by Australia Post NBP 9218 **NO. 1 March 1988**


# AMA RESTRUCTURE UNFAIR TO ACT

**The President of the Capital Territory group of the Australian Medical Association, Dr David McNicol, has strongly criticised the proposed restructuring of the Federal Council as unfair and unrepresentative of ACT doctors.**

Dr McNicol said if the plan were adopted ACT doctors would be restricted to a single representative from the Branch Council and would not have a representative elected from and by the Federal Council's general membership.

He outlined his concerns in a strongly-worded letter to all branch presidents seeking their support for a motion from the New South Wales branch — to be put to the AMA Federal Council meeting this month — which would give the ACT equal representation with the States.

At a special meeting in December, the AMA Federal Council completed proposals for restructuring it resolved that the Federal Council — to be expanded from 16 to 28 members - would comprise representatives nominated by branches and representatives elected on a geographical basis and by special interest groups.

### Branch Status In Act & NT

While it was decided that the ACT and Northern Territory groups will be renamed branches and recognised as full members of the Federal Council, for the purpose of electing the general membership it was resolved that ACT members vote with NSW doctors and NT members with South Australia.

"The CTG-AMA Council considers such a proposal as being most unfair and unrepresentative of ACT doctors and clearly based on inadequate data concerning the medical population in the ACT", Dr McNicol said.

Dr McNicol said the ACT was not in any sense part of NSW and that it would be inappropriate for it to be represented by someone from NSW. The ACT had its own "state" government - which also happened to be the Federal Government — and its own health minister separate from the NSW health administration it operated under its own health legislation had its own health department and Medical Board.

"Political and industrial matters in the ACT that concern the AMA are frequently of a local nature and once again quite exclusive of any consideration of NSW. The same applies in NSW where debate about policy with the NSW Government, for example, has no direct bearing whatsoever on the ACT", Dr McNicol said.

Dr McNicol said it was pertinent to compare the medical population in the ACT with Tasmania which would be entitled to two representatives in the revised structure. There were 1400 registered doctors in Tasmania compared with 1100 in the ACT, 780 practising doctors in Tasmania (ACT 500), and 380 AMA members in Tasmania (250 in the ACT).

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## INSIDE



# INSURER WARNS ON INDEMNITY

**The Medical Defence Union has issued a warning to doctors not to desert the union in favour of commercial insurers for their professional indemnity cover.**

MDU spokesman Dr John Vallentine said while commercial policies might at first appear attractive, they did not offer the same level of protection to practitioners.

"What worries us is that commercial insurers are coming in with cheap, fly-by-night policies for a year or two. We would very much warn doctors not to join", he said.

Commercial insurance policies covered only those claims made within the year, unlike the MDU policy which covered all incidents which could lead to litigation "even 20 years down the line".

### Long Delays

Dr Vallentine said that average duration between an incident and the resolution of a claim was in excess of ten years. Historically commercial insurers

cover. Although a one million policy might seem enough today, when a claim was finally resolved it might be worth $10 to $15 million.

"Defence organisations have no ceiling of cover for this very reason so that doctors can be assured of permanent and complete cover", he said. "Medical defence cover is effectively unlimited."

The MDU has sent a letter to all its members outlining the "potentially serious consequences" of leaving the MDU and taking out commercial insurance.

### Less Cover With Commercial

The letter warns that a doctor who is commercially insured may have to continue paying premiums for up to 24 years after retirement to be full protected against lat claims, but MD members who cea practice do not ha to keep paying.

More than half all assistance provid by the MDU has to with matters ot than medical ne gence for example vestigating overservicing con tees, disciplinary bunals, cor courts, criminal and courts mart

"If you are mercially insur will be on you it says.

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# Canberra Doctor

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Published by the Australian Capital Territory Branch of the AMA Ltd

10 anniversary 1988-1998

Print Post Approved PP 299436/00041

February 1998


# The Health Records (Privacy and Access) Act 1997

**The *Health Records (Privacy and Access) Act* was passed unanimously in the ACT Legislative Assembly on 11 December, the last sitting day of last year, and came into force on 1 February 1998.**


*Front cover of brochure produced by the ACT Department of Health and Community Care*

Information about the detail of the legislation has been distributed to most health service providers in the ACT, including all registered medical practitioners.

This legislation was welcomed in most quarters, but many doctors in the ACT were concerned about possible consequences for themselves and their patients. The Act incorporates a number of provisions intended to address the concerns of doctors.

A major concern was that patients would have unfettered access to their records. This is not the case. The Act requires that information be exempt if access to the information in the record might pose a significant risk of harm to the patient, which is in line with AMA policy. It also requires that information be exempt when there is a significant risk of harm to another person and that information provided in confidence be exempt.

The Act actively encourages the provision of information in the presence of a doctor. Patients may ask for an explanation. The doctor may offer an explanation if the patient does not ask. If there is a significant risk that an unexplained record may cause harm to the patient, the record, or the relevant part, can be exempt. This process also leads to a consultation between the patient and a doctor.

The legislation allows doctors to offer a copy of the summary to a patient who is seeking access to a copy of a record. RACGP members who keep up to date summaries of medical records should find this helpful.

The Act specifies that patients must consent to the provision of reports to third parties, such as employers or insurance companies. It also allow patients access to such reports. The organisation paying for the report is responsible for arranging consent and providing access.

It would be unacceptable to avoid the cost of reports by asking patients to access their own records, since a record would not contain a properly formulated opinion but might contain a good deal of irrelevant personal information. Therefore it is an offence to require or coerce a person to obtain his or her own record.

Legal professional privilege is not affected by the legislation. Medical reports created for use in legal proceedings can only be discovered, as previously, through court processes.

The Act allows of access to facts, but not opinions, in records created before 1 February 1998. The AMA's definition of "facts" is used to describe information which should be made available from records created before that date. This definition includes diagnoses and treatment plans.

There is no requirement that records be made available "on demand". Practitioners should ask that a request for access be in writing, so that records can be reviewed before they are made available, if there is any likelihood that part of a record might be exempt.

In order to avoid bureaucratic burdens, the Act specifies that any arrangement agreed on by the people involved can be used to allow access, as long as information which should be exempt is not released.

Decisions about access will be made by clinicians. The first decision about access will usually be made by a treating doctor. If there is a risk of harm to the patient then any review is to be undertaken by another doctor. Any other review undertaken by the Community and Health Service Complaints Commissioner will involve further peer review of clinical issues.

The Act allows the Minister to gazette fees. Gazettal will probably occur after the ACT election. It is anticipated that the usual consultation fee will be payable where access involves a discussion with a practitioner. Maximum fees are also likely to be set for the provision of copies of documents and copies of medical images. Meanwhile, practitioners can set their own fees.

To protect patients' privacy, the legislation specifies who may have access to a record. Access is always available to members of the treating team. Others who may have access include people who must access records for quality assurance or financial management purposes.

The place of general practitioners in the treating team is protected. The treating team includes the person nominated by a patient as a regular treating practitioner and any referring doctor.

Research activities should not be affected by the legislation. De-identified information can still be used for research purposes.

The legislation is based on the principles of patient autonomy and beneficence. In most cases, in line with the principle of autonomy, it is patients who make decisions about what information they will obtain. In cases where significant harm might otherwise arise the principle of beneficence comes into play, and the Act recognises that doctors may need to withhold information from a patient or provide personal health information to others.

This legislation is new to Australia, although legislation with similar effect already applies in countries with similar health services to ours. At this stage we can all make predictions about the effect it might have, good or ill. If successful, the legislation will encourage good practice in record keeping and in communication between doctors and patients, but it will be important to establish what the real consequences of the legislation are. The legislation should be subjected to independent review.

In the meantime I am keen to meet with practitioners and patients to clarify the legislation where necessary and to learn from the experience of those who have been involved in the operation of the legislation.

*Copies of the legislation are available from the ACT Government Legislation Office (6205 0254), or view on the Internet at: www.austlii.edu.au.*

**Article provided by Health Complaints Commissioner, Mr Ken Patterson.**

# Book Reviews

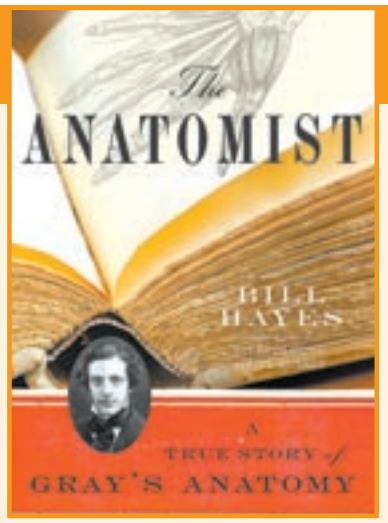
**By Peter S. Wilkins**
**THE ANATOMIST: A True Story of Gray's Anatomy. Bill Hayes. Scribe. 2008. (250 + xix pp) (RRP $32.95).**

This is a difficult work to describe. Thanks to Prof. Frank Bowden's recent review of it in The Canberra Times, I was disabused before reading it of any expectation that it would present a "life and times" of Henry Gray, eponymous creator of the well-known Anatomy. (Anyone interested in such a work could do no better than to seek out Druin Burch's 2007 opus Digging Up The Dead, a lively account of Sir Astley Cooper's career a generation before Gray's floruit).

As Hayes states in his Prologue, the remaining records concerning Gray are extremely scant, insufficient to produce more than a CV rather than a biography. Consequently, to tell his story, Hayes instead concentrates on the better-documented career of the second contemporaneous anatomist, Henry Cooper, who collaborated with the principal author in producing the illustrations for Gray's, and interweaves recollections of his own life, particularly the year during which he attended three 10-week dissection courses at UCSF clinical school. In light of the title of his book, this authorial approach appears – to say the least – unusual! Judged only by the cover, the only clue concerning what is contained arises from the use of an indefinite 'A' rather than a definite 'The' in the title.

Much of the content is speculative (such as the author's belief that the near absence of personal records concerning Gray arose from the anatomist's early death – aged 34 – from smallpox, resulting in the then-usual disinfection technique of 'strip(ping) (Gray's bedroom) down to the bare plaster and just burn(ing) everything it contained – his clothes, papers, letters, diaries, revisions for his next edition, and his original manuscript' (pp. 201-2). Yet more of it concerns Hayes's assumptions and presumptions when studying Carter's diaries and related correspondence. However, it is fair to say that a satisfying word picture of Carter emerges, the second Henry appearing a driven, insecure monomaniac – competent, but less than an ideal dinner guest. Using original sources, Hayes also presents a detailed account of anatomical and surgical training in the second quarter of the nineteenth century.

The remainder of the book is given over to Hayes's philosophising and insights: into family, relationships, religion, education and "the meaning of life" at the beginning of the twenty-first century, with




numerous parables drawn from his personal and observational experiences as a dissector. Of itself, this material is at times quite interesting and evocative (e.g. 'It is most impactful (sic) to see the hands or the face […] emotions can [then] come up unexpectedly' (p.5) – a sentiment echoed by Burch, op. cit., referring to 'the odd intimacy of dissecting a hand' (p.4).). Many readers, recalling their early anatomy classes, will doubtless agree.

I cannot recommend this book, except perhaps to the general reader with some interest in dissection-as-an-artform. The author makes numerous observations about that topic, and reveals the continued existence of two prosected specimens prepared by Henry Gray in the anatomy museum at the current St George's Hospital in London, together with many of his written reports of post mortem examinations he performed. Likely Hayes is correct and no further first-hand material concerning Henry Gray will ever be found. In that case, I believe, his Anatomy: Descriptive and Surgical (the original title) is more than sufficient monument to his memory.

*Peter Wilkins is a member of the "Canberra Doctor" editorial committee.*

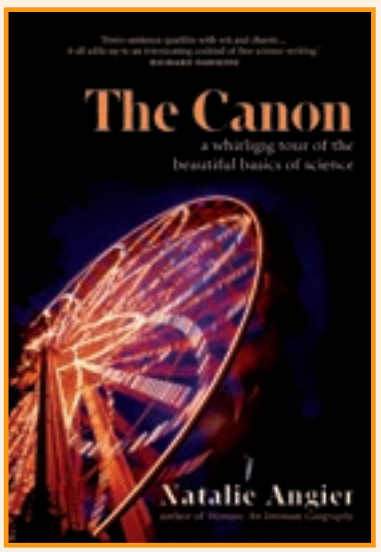
**Angier, Natalie:**
**The Canon,**
**a whirligig tour of the beautiful basics of science.**
**Scribe:RRP $32.95**
**By John Donovan**

Many years ago I used to watch a BBC television comedy series called *What's on next?* It was a series of one liners, and very, very funny. But there was a problem. By the time the show finished I couldn't remember any of the jokes, so I had none to pass on.

Reading The Canon brought the forgetfulness back. Try this. 'In recent years, *Pediculus capitis*, a bloodsucking parasite with a particular fondness for the comparatively soft scalps of children, has joined the schoolyard metal detector and 30 pound backpack is a staple of modern childhood. The reason is simple: head lice have become murderously hard to kill.' Yes the author has made some telling points about modern American childhood, and by the time we reach the end of the book we will have been overwhelmed by so many American mantras. Natalie Angier is a good propagandist. Perhaps she has to be, to write for a society where only 65% of the tertiary-educated accept the theory of evolution. But in so being has she obscured the real point that head lice are becoming immune to pesticides?

The subtitle of whirligig tour is fully justified. The various sections are rapidfire overviews of chance, the scales of science, physics, chemistry, evolution, molecular biology, geology, and astronomy in each of which the reader is taken through a range of topics.

Yes, it's well written. With a Pulitzer Prize-winning author




you would expect that. But I think I'd have remembered more without the diversions.

John Donovan is a member of the "Canberra Doctor" editorial committee

## Safeguard patients from persuasive direct to consumer advertising of mediciens – AMA

The AMA has restated its opposition to direct to consumer advertising (DTCA) of prescription medicines in a new Position Statement.

In its Position Statement on Direct to Consumer Advertising (DTCA), the AMA says that patients must be safeguarded against forceful advertising or marketing if they are to make informed choices regarding their health care services and products. According to the AMA, an informed choice is dependent upon receiving reliable, balanced health information, free from the influence of commercial considerations.

DTCA that is currently permitted in Australia includes some non-prescription therapeutic goods, encompassing over-the-counter medicines, complementary medicines, and medical devices, as well as health-related services.

The AMA believes that the primary purpose of DTCA is to increase demand and sales for the advertiser's product, and the information provided to consumers/patients is usually designed to persuade, not just inform.

AMA President, Dr Rosanna Capolingua, said that newspapers, television and radio are full of ads for so-called medical programs, services and devices offering miracle cures.

"It is little wonder that many consumers can be confused or wary, while some may be vulnerable and seek false hope," Dr Capolingua said.

"This form of advertising must not be allowed into the realm of prescription medicines."

Dr Capolingua said that patients must be able to make informed choices about the goods and services they need to maintain good health.

"People must be able to get balanced information, but be protected from possible exploitation due to commercial considerations," Dr Capolingua said.

The AMA believes that DTCA puts the commercial interests of the advertiser ahead of patients' health and wellbeing, and has the potential to undermine patient autonomy and the doctor-patient relationship.

DTCA can create unnecessary stress and worries in otherwise healthy patients, increase demands by patients for medicines that are inappropriate for them, unnecessarily increase healthcare costs, and undermine the quality use of medicines.

The only two comparable countries that allow DTCA of prescription medicines are the USA and New Zealand. The AMA's Position Statement on Direct to Consumer Advertising (DTCA) is available at www.ama.com.au

# Discontinuation of Medicare Dental Items for People with Chronic Conditions and Complex Care Needs (Items 85011-87777)

The Department of Health and Ageing has advised that the Medicare dental items for people with chronic conditions and complex care needs, introduced in November 2007, are to be withdrawn from the Medicare Benefits Schedule (MBS). This affects referrals by GPs, and services by dentists, dental specialists and dental prosthetists.

This is the first step in establishing the Government's new Commonwealth Dental Health Program, which will be introduced from 1 July 2008. In introducing the Commonwealth Dental Health Program, the Government will negotiate with the States and Territories to provide priority services to patients with chronic disease, allowing patients who previously qualified for the closing chronic care dental items to access treatment where they are eligible for publicly funded care.

The Government will also fund introduction of a new Teen Dental Plan. This program will provide $150 per person towards an annual preventative check for around 1.1 million teenagers aged 12-17 years in families receiving Family Tax Benefit A, and teenagers in the same age group receiving Youth Allowance or Abstudy. The Teen Dental Plan will not require a referral from a GP. The Department will be consulting with the dental profession about the implementation arrangements for this new program.

## Arrangements for discontinuation of the Medicare dental items

Patients who have already commenced treatment under Medicare dental items 85011-87777 (ie, patients who have received services between 1 November 2007 and 30 March 2008) will be able to continue to receive Medicare benefits for dental services provided up to and including 3**0 June 2008.** A GP referral dated before 30 March 2008 is not, by itself, sufficient for a patient to be considered to have commenced treatment.

The Medicare dental items will be closed to new patients after **30 March 2008**. This applies to any person who has not any received services under the Medicare dental items 85011-87777 on or before 30 March 2008. This means that no Medicare benefits will be payable for dental services to new patients after 30 March 2008.

No Medicare benefits will be payable for any dental services provided under items 85011-87777 after 30 June 2008. The cost of any future services identified in the patient's treatment plan will need to be met by the patient.

## GP referrals

The Medicare dental items will continue to be available to new patients who meet the eligibility criteria up to and including 30 March 2008. However, GPs are encouraged not to refer patients for dental services if the patient is not able to commence the dental treatment by 30 March 2008. Patients who have not commenced dental treatment by this date will not be eligible for a Medicare rebate. If the patient has any questions about their eligibility or the discontinuation, they can call Medicare Australia on 132 011.

It is important to note that patients can continue to receive GP services under the chronic disease management items (eg GP Care Plans and Team Care Arrangements) and eligible patients can continue to be referred for allied health services. These Medicare items are not affected by the discontinuation of the dental items.

## DVA dental arrangements

The dental arrangements funded by the Department of Veterans' Affairs (DVA) are not affected by the discontinuation of the Medicare items. Eligible members of the veteran community will continue to receive dental treatment from dentists, dental specialists and dental prosthetists under the DVA dental scheme.

## Further information

Information about the discontinuation arrangements is being sent to patients who have received services under the Medicare dental items, GPs, dentists, dental specialists, dental prosthetists, and relevant professional groups.

For further questions about the discontinuation arrangements, please contact Medicare Australia on 132 150 (GPs) or 132 011 (patients)


Canberra DOCTOR

A News Magazine for all Doctors in the Canberra Region

ISSN 13118X25

Published by the ACT Branch of the AMA Ltd
42 Macquarie St Barton
(PO Box 560, Curtin ACT 2605)

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accounts@ama-act.com.au
Copy is preferred by Email to execofficer@ama-act.com.au or on disk in IBM "Microsoft Word" or RTF format, with graphics in TIFF, EPS or JPEG format.
Next edition of *Canberra Doctor* – April 2008.




Applicants should note that Duty Statements, Selection Criteria and Application Packages including Referee Report Proformas are available on-line at http://www.health.act.gov.au/employment

ACT Health

For employees in most ACT Health positions, salary packaging with fringe benefits tax-free threshold up to $9,095 is available. Employees can also package beyond the FBT-free threshold up to 75% of gross salary on non-FBT items.

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**Child, Youth & Women's Health Program**
**Women's Health Service**

## Women's Health Service Doctor

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**Duties:** The ACT Women's Health Service, a service provided by ACT Health, is pleased to advise that an exciting opportunity exists to join the ACT Women's Health Service. This is a multidisciplinary team providing services to women of the ACT including Well Women's Clinics and specialised medical and counselling services for women affected by violence.

The successful applicant will provide short term specialised medical services to women whose physical and psychological health has been affected by violence. A commitment to a feminist philosophy and experience working with women from marginalised community groups including women living in supported accommodation, women in custodial facilities and women from culturally and linguistically diverse communities is essential. Good communication skills and the ability to work in a multi-disciplinary team environment are essential.

Interested Doctors are strongly encouraged to phone the contact person to discuss the position and the possibility of flexible working arrangements and the commencement possibilities.

Eligibility/Other Requirements: Registered as a Medical Practitioner in the ACT, have Fellowship of the Royal Australian College of General Practitioners or equivalent, certificate of family planning or equivalent, minimum 5 years post graduate experience working with women whom have been affected by violence and some experience working in a custodial facility or corrections health.

**Note:** This is an expected Permanent Part time vacancy of approx. 32 hrs per week, but job share may be considered.

**Contact Officer:** Gail Frank or Deb Colliver (02) 6205 1078

**Applications can be lodged on-line (preferred) at http://www.health.act.gov.au/employment or by post to SMO Recruitment Officer, Medical Appointments and Training Unit PO Box 11, Woden ACT 2606**

**Applications Close:** 1 May 2008

# Planning and funding needed to avoid training bottleneck

AMA President, Dr Rosanna Capolingua, warned recently that Australia risked squandering the benefits of the increased numbers of medical students now in the system unless governments put in place greater training resources and infrastructure to cope with future demand.

Dr Capolingua said quality patient care comes from quality medical training and this training is determined by the degree to which governments seize the initiative and fund more training places.

"We are finally getting enough trainee doctors into the system but this is only the first part of the equation," Dr Capolingua said.

"The job won't be finished unless we have the full quota of training places created to see these students right through to graduation as fully fledged doctors.

"If we don't act now, there will be a training bottleneck as early as next year and patients will miss out on the care they need."

Dr Capolingua pointed to the situation in the UK as an example of what could happen here without strategic planning.

The UK has lifted medical school intakes by around 70 per cent since 1997. At the end of recruitment in 2007, over 1,300 applicants from UK medical schools had not secured a training place in 2007.

In the 2007 specialty recruitment, there were nearly 28,000 applicants for around 15,500 training places in England.

In Australia, the projected number of domestic medical school graduates will hit 2945 per year in 2012 compared to 1586 in 2007, an increase of more than 85 per cent.

Dr Capolingua said the UK experience has important medical workforce lessons for all Australian governments.

"We have an even more ambitious expansion of medical school places than the UK, so our planning has to be much better if the community is to see the benefit of more doctors," Dr Capolingua said.

"Without sufficient clinical training infrastructure and resources, including the appropriate number of teaching doctors, our future medical students will be driving taxis instead of working as doctors because they won't be able to complete their medical training.

"It is likely that clinical placements for medical students in hospitals and general practice will reach capacity in 2009 without the investment of extra resources.

"The planning and the investment must start now."

The AMA suggests a number of solutions to this problem, including:

- Specific conditions in the next round of Australian Health Care Agreements requiring States and Territories to satisfy training benchmarks – targeted numbers of accredited training positions, and commitments to support training in expanded clinical settings and general practice,
- More funding to support increased clinical placements in general practice for medical students,
- Expansion of the number of pre-vocational GP training places and the removal of current geographic boundaries,
- Increased funding support for specialist training in expanded settings, including in the private sector, and
- Additional vocational GP training places.

The recent AMA Trainee Forum in Canberra – attended by trainees from 14 medical colleges – passed a resolution, which included the plea:

The Forum urges medical schools, medical colleges, governments and other stakeholders to focus their attention and resources on ensuring that there are sufficient high quality training positions available for students and graduates.

# THE NOTICE BOARD!

## AMA MEMBERS PLEASE NOTE!

**THE ANNUAL GENERAL MEETING OF THE ASSOCIATION WILL BE HELD ON WEDNESDAY 14 MAY 2008.**
**THE MEETING WILL BE HELD IN THE CONFERENCE ROOM, AMA HOUSE, 42 MACQUARIE STREET, BARTON, COMMENCING AT 7.00 PM.**
**NOMINATION FORMS FOR THE COUNCIL HAVE BEEN FORWARDED TO FINANCIAL MEMBERS.**

## Music As Peace

**Saturday 31st of May 2008, at the Canberra Baptist Church and Hall, Currie Crescent, Kingston from 6:00 to 10:00 pm.**

Put the date in your diary now, so you don't miss it. If you are willing to help on the night, the following would be most welcome: announcers, stage managers, a kitchen manager, kitchen helpers (cleaning up), and a few general helpers for reception, and some gophers.

MUSICIANS also needed. Now is the time to: grab your guitar, clean your cornet, practice your piano, sell your squeeze box to buy a bassoon, and prepare to entertain your friends and colleagues for 3 to 30 minutes for the Music As Peace Work evening.

For offers and enquiries email Graeme Thompson on musicaspeacework@hotmail.com

## Update on the 2008 Canberra Medical Ball

The ball will be held at Old Parliament House on Saturday 21 June 2008.

This is a change of date, so please put it in your diary now. There is no clash with any Wallaby games for the rugby tragics so a good turnup is eagerly anticipated.

**For further information, please contact Christine on 6270 5410.**

# Practice managers' network

The AMA ACT Practice Managers' Network was launched with welcome drinks at "Plonk" in Manuka on February 28. The network was formed to provide support and services to the practice managers of AMA ACT members. There is no cost to join.

Practice managers who join the network have access to information sessions on professional issues of interest, informal gatherings, access to a network chat room and will receive their own copy of Canberra Doctor and an AMA ACT Membership Partner Card entitling them to 10% discounts at a range of ACT businesses.

*To join the network, or find out more, please contact Elizabeth on 6270 5410.*

# New Health qualifications and funding released for Health employees

The ACT Department of Education and Training has recently announced the approval of a range of new training programs directly relevant to the ACT Health sector.

## New training opportunities

The new qualifications, drawn from the National Health Training Packag, enables health administrators, medical receptionists and other health support employees to gain skills essential for the delivery of high quality healthcare including:

- Medical accounts;
- Patient records;
- Confidentiality, security and privacy;
- Infection control;
- Manual handling; and
- First aid certification.

A wide range of topics are available across key qualifications, including:

- Certificate II in Health Support Services;
- Certificate III in Health Administration;
- Certificate IV in Health Administration; and
- Diploma of Practice Management.

Medical practices, allied health providers, private and public hospitals and nursing homes now have the opportunity to provide reception and support employees with vocational training that promotes effective risk management strategies, provides qualifications and leads to the provision of an overall improved healthcare service that benefits the entire community.

Being nationally recognised qualifications, the health training programs provide an accreditation standard for support employees to achieve in seeking qualifications in their industry, and once achieved, provides a transportable qualification for employees who can be assured that their skills and knowledge will be recognised and valued in all Australian states and territories.

## Support funding available

In announcing the new qualifications as approved traineeship pathways in the ACT, the Department of Education and Training now support these qualifications with 'User Choice' funding, ensuring that eligible employees who undertake the courses through a traineeship program have a large component of course fees paid for by the ACT government.

As the qualifications are available as traineeships, employers may also receive Australian Apprenticeships incentives from the Commonwealth government for eligible employees who undertake a qualification, depending on their Certificate level of study.

AMA ACT is currently working with several Australian Apprenticeship Centres who can support Practices and other health organisations in determining the eligibility of their employees for this incentives program.

This support is a great opportunity for both new and existing employees and organisations to undertake refresher training courses and to up-skill in new areas of study, whilst also getting nationally recognised qualifications.

## Get your staff involved

These courses are delivered through a competency based process, whereby training and assessment is workplace based, focusing on meeting health industry standards, and participants are deemed competent as they demonstrate they are able to perform in their workplace to this required standard.

Employees completing the qualifications will:

- transfer theoretical understanding to the workplace environment;
- access further flexible professional development opportunities;
- maintain the currency of their workplace skills and knowledge;
- be available to support transitions into new workplace roles/positions; and
- recognise and improve their skill levels
- align study to real workplace issues and needs
- complete study aligned to the needs of accreditation processes

Vocational education and training (VET) courses have risen in significance and prevalence over the last seven years, leading the charge in responsive and flexible training options for working professionals.

Approximately two million participants are enrolled in VET courses across public and private training colleges around Australia each year.

*Please contact Elizabeth at AMA ACT (membership@ama-act.com.au, or 6270 5410) for further information.*

# AMA calls on government to implement GP MRI policy

The AMA has written to Health Minister, Nicola Roxon, urging her to implement the previous Government's policy to allow GPs to order Magnetic Resonance Imaging (MRI) scans for their patients.

Prior to last year's election, it was announced that GPs would be able to directly refer patients for a Medicare-funded MRI scan of the knee or, where Multiple Sclerosis is suspected, of the brain.

The Department of Health and Ageing (DoHA) recently advised that the incoming Government has put the GP MRI initiative, which was scheduled to take effect from 1 January 2008, on hold pending a review.

AMA President, Dr Rosanna Capolingua, said allowing GPs to directly order MRI scans would greatly benefit patients.

"It would provide patients with quicker access to the most appropriate treatment for their condition," Dr Capolingua said.

"In many instances it may save the patient needing to wait for a specialist appointment.

"For patients living in areas where access to specialists is more difficult, often rural areas, the benefits are even greater.

"Once this policy is implemented, the AMA believes it should be extended to allow direct GP referrals for MRI scans covering a broader range of medical conditions.

"MRI is a proven and effective diagnostic tool that is cost effective and widely supported by the medical profession.

"It is important that patients are allowed easier access to MRIs through their GP."

Dr Capolingua said that the Government should also address the problem that many licensed MRI machines – those that are currently recognised by Medicare – are at or near capacity, causing delays for patients seeking scans.

"To ensure that patients have timely access to an MRI scan, the Government should allow MRI machines that are not currently recognised by Medicare to be licensed, provided they meet acceptable clinical standards," Dr Capolingua said.

AMA-commissioned research by the University of Sydney shows that allowing GPs to directly order MRI scans for patients would save the Government up to $42 million a year.

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## Specialist Directory

The 2008 Specialist Directory will be published in July 2008 as a service to ACT and region General Practioners as part of AMA Family Doctor Week. All entries in the 2007 edition will be automatically included in the 2008 edition, confirmation letters will be sent to all doctors to allow for updates were necessary. New entries can be booked by completing a 2008 Specialist Directory form available from our website www.ama-act.com.au or by phoning 02 6270 5410.


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