Canberra DOCTOR
Winner of the Best AMA State Publication - 2011
Informing the Canberra medical community since 1988
May 2013
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Circulation: 1,900 in ACT & region

"Canberra Doctor" newspaper invites local doctors and their partners to a private screening of

THE GREAT GATSBY

When: Wednesday 12 June 2013
Where: Dendy Cinemas, Canberra Centre
Commencing with drinks and nibbles at 8.15 pm with screening to start at 9.00 pm
RSVP: reception@ama-act.com.au or by phone to 6270 5410

This is a LIMITED numbers event so early response will secure your place.

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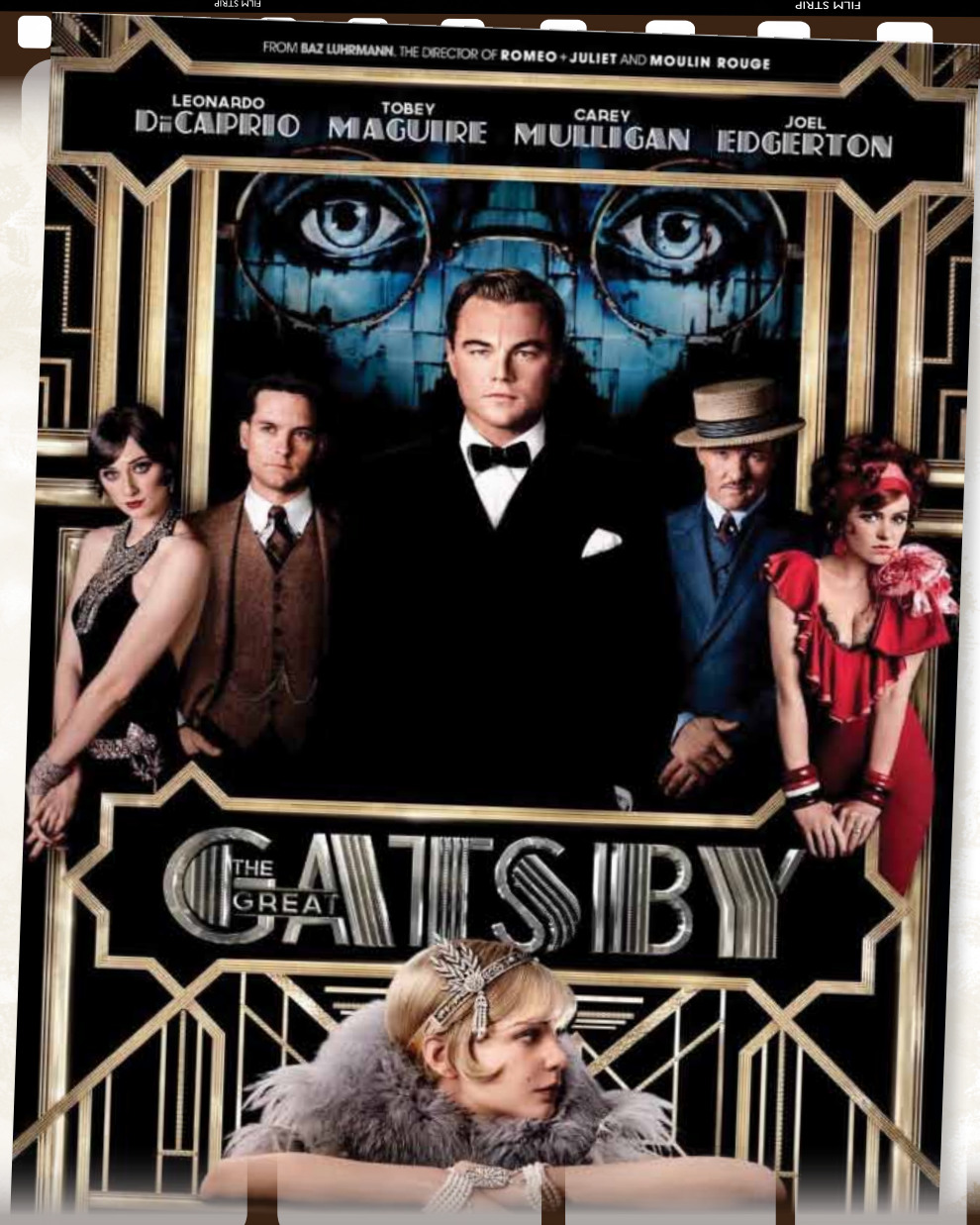


TERRITORY TOPICALS – from President, Dr Andrew Miller

Dr Andrew Miller

Graduations and employment options?

This is a busy time of year for many in our town. The pointy end of all sorts of undertakings is looming. I have a Year 12'er, the youngest of my children. I can feel a certain anxiety as the pointy end of so many years of school fees approaches; he is somewhat more sanguine.

Our 4th year ANU medical students can also feel the pointy end approaching. In the next few weeks they have to make their applications for internship and launch themselves into the great unknown. And it is unknown. At this time it seems that there will be in excess of 3600 medical graduates in 2014, about 500 more than were accommodated into internships this year. Of course this year's cute interns become next year's grizzled junior residents, and so the machine grinds on. We expect that every ANU graduate will be able to access an internship here in the ACT should they choose. Of particular concern are the following years.

The AMA is actively engaged with our local government and nationally to ensure that all Australian graduates can be accommodated as interns, and that they will be provided quality prevocational training and supervision. But also to ensure that the system doesn't forget them, that the training continues and employment opportunities are not diminished with increasing seniority. This is a hard debate. The message we have for our health authorities is not falling on willing ears. There is no doubt that the nature of employment and training in our sector will have to change; but we will not compromise on the outcomes of quality training and fair dealing.

VMO contract negotiations

We are drawing VMO contract negotiations to a conclusion with arbitration due in the next month or so. The recent threatened changes to tax refund provisions for self-education expenses have complicated matters and the AMA has flagged this with the ACT Health negotiating team, but we have reserved making a final claim until the situation is clarified. This matter had apparently escaped the attention of other bargaining agents. The Treasurer's press release with all of its tub thumping class war rhetoric was factually flawed and confused in detail. It may be that CPD will not be caught up in this; but self-education expenses such as are faced by doctors up-skilling and in particular by vocational trainees will indeed be very much in the sights. The absurdity of the situation is manifest.

The AMA intends that none of our profession will be handicapped by this proposal, and will serve claims both in the VMO and salaried doctor negotiations when the timing is appropriate.

In the meanwhile our energies are being devoted to make sure that the situation never arises.

Federal Budget

As I write this column I am awaiting the details of the federal budget. This has been a most unusual period, with announcements of major new government programs at the same time as calls for austerity. The last few years have seen a slew of "nation building" projects announced including the NBN, the "Gonski "reforms to education funding; and most recently the NDIS. As time has passed the first two have definitely shown themselves to be like the proverbial curate's egg; with some parts excellent but others raising quite a stink.

As I have admitted previously, I am evidently a dinosaur. I would not dare to comment on the debate regarding the NBN. I am the first to admit that my technological capabilities are limited; I could no more tweet than lay an egg. I would say, however, that I am of that romantic generation that found the early years of the space race and moon landings exciting, breath taking at times. If the nation is to invest in a new and exciting technology perhaps it would indeed be better fitted with racing rather than tractor tyres.

The "Gonski" reform announcements have left me bewildered; as I have previously written.

NDIS

I hope that I will not be castigated for now discussing the NDIS. I can see the danger of it becoming a political sacred cow. The haphazard arrangements for care of the disabled in this country are a model of inefficiency and inequity, there can be no doubt. And any move to create nationally harmonised and accessible funding for disability services is long overdue.

I have read the NDIS draft rules recently. These are the rules that govern the operation of the NDIS "launch sites". As I did so, and after some conversations with people involved in the disability services sector, my euphoria has faded somewhat; and I find myself instead becoming increasingly concerned about the unforeseen consequences of an enthusiastic and uncritical embrace of this new scheme.

The NDIS has been devised to put the disabled (or their guardians) in the driving seat by enabling them to directly access services by providing them with funds (as part of an approved individual support plan) to pay for these services.

At present the vast majority of disability support services are provided by non-government organisations (82% in 2010-11); with the vast majority of these being charitable organisations (86%). Some of these organisations are large national bodies, but many are local charities, often brought into existence by a particular personal tragedy and then sustained by local community involvement and willing volunteers.

The rules regarding payment of NDIS monies are clear. The money will be paid, as approved in each individual support plan, by the participant or their guardian or agent to the service provider who must be able to provide documentation of payments; have an ABN; and meet an extensive list of governance and operational requirements necessary for registration as a provider under the NDIS. Now it might seem reasonable to post these requirements, we after all are talking about government money and standards for human care. However this is a real game changer. Do not for a minute think otherwise. Many of these organisations are going to have to fundamentally change the nature of their operations and their governance structures in order to comply. They will have to become businesses. And this will cost money, and time, and volunteer energy. It has been reflected to me, and I share the concern, that many of these organisations will founder, or simply fail to meet the conditions necessary to enable their clients to access NDIS funds in the first place. This should not mean that what they have to offer is of no value.

And there is of course another danger. As doctors and dealing with Medicare we are well aware of the paradoxes consequent on government interventions distorting community expectations (I refer of course to people being willing to spend thousands seeing unqualified practitioners of pseudoscientific "dark arts" and yet reluctant to pay a highly qualified medical professional a gap payment for their expert services). I can foresee a real danger that the community will see these charitable organisations as being replete with NDIS funds and so less needing of community support.

The ultimate in misapprehensions lies with our local minister, Ms Joy Birch, foreshadowing that the ACT government will cease funding Pegasus (and presumably other community based volunteer disability support providers in the ACT) from 30 June next year because they "would have to seek support through the national disability insurance scheme" (Canberra Times; Sat May 11).

As a profession we owe it to our patients to keep a close eye on the progress and operations of the NDIS. That reform is needed is beyond doubt. Our patients deserve the very best. Nevertheless I believe that these community groups provide benefits in many ways, both to their clients in tangible outcomes, but also to the community more intangibly by helping us all to feel that we can contribute in a personal way and make a difference in peoples' lives. It is critical that this reform does not replace this with business case proposals and a tsunami of paperwork.

Tax changes will downskill Australia's medical workforce

Prior to the Federal Budget Dr Steve Hambleton, said that the Government's proposed changes to tax deductions for work-related self-education expenses would have a devastating effect on the ability of doctors to improve their medical knowledge and skills through their training years and with professional development throughout their careers.

An AMA online poll has received more than 4200 responses from concerned doctors, with 98 per cent stating that the changes would seriously impair their professional development as a doctor.

Hundreds of doctors have provided comments explaining how the changes would affect them personally and the impact on their patients.

Dr Hambleton said the policy is another example of the Government announcing a major change without consultation with the people affected by the policy.

"It is a matter of policy now, consult later," Dr Hambleton said.

"I don't think the Government has thought through the impact of these changes on doctors and a whole range of other professionals who must continually update their skills and knowledge throughout their careers, at their own expense.

"Doctors must learn new about new technologies, surgical techniques, treatments, and pharmaceuticals if they are to provide the best possible care to save lives and improve quality of life for their patients.

"Australia has one of the most rigorous systems of medical training in the world, incorporating robust accreditation arrangements.

"Doctors who are in training programs must meet strict program prerequisites including ongoing assessment, examination and participation in specific courses related to technical and professional expertise.

"Feedback from doctors shows that they can spend many thousands of dollars each year undertaking mandatory courses and professional development to equip them with essential skills in caring for patients.

"Doctors must also travel both within Australia and overseas to learn about the latest medical research and innovations, innovative surgery techniques, and advances in overall patient care.

"Rural and remote doctors will be hit hard by the changes because they are unable to access the training they need locally.

"The Government's policy will hit junior doctors, salaried doctors, GPs and other specialists alike and is simply not in the public interest.

"It will create a huge disincentive for doctors to pursue specialised education that benefits the whole community.

"The AMA is calling on the Government to reverse this decision.

"While the Treasurer has assured the AMA that there will be a consultation process, the AMA believes that the Government needs to revise its starting point for negotiation – a $2000 cap defies reality."

Comments from the coalface – doctors speak out about the proposed changes

"As an Infectious Diseases Physician in an area that is ever changing, the proposed limits make it impossible to self-fund further education. Given the largest conferences in the Infectious Diseases area are overseas and involve travel to either Europe or the USA, there is no possibility of attendance within the proposed cap on expenses, which makes it impossible to keep up to date. I support the AMA's campaign against this cap. It WILL influence my vote at the next election. I will be considering all parties' policy on this when deciding my vote."

"I work in private practice in regional Australia in a psychiatric sub-specialty. This is going to make it even harder for doctors in private practice who don't get paid CPD time to attend training. It will additionally disadvantage rural and regional Australia doctors, as travel to training is the norm for us. Training opportunities not only assist in maintaining currency of practice but also form the basis for important collegial relationships that we may not have access to in small centres. These collegial relationships often form the basis for referral on for complex patients and informal/formal support for doctors in rural/regional areas."

"As a surgical trainee, our training fees are approximately $6000 dollars alone. In addition, we are required to attend numerous courses that range from $1000 - $4000 each. They are often held interstate or even overseas and the travel and accommodation costs incurred can run into the thousands. We also have several compulsory examinations that cost several thousands of dollars each. The proposed changes coupled with the enforced reduction in overtime will be financially devastating for junior doctors who wish to develop their skills and obtain further qualifications."

"As a surgical trainee, $2000 does not even begin to cover the expenses associated with training. That would perhaps cover the College fees. On top of that are 4-5 mandatory RACS courses, at about $2000 each plus travel and accommodation. Fees to sit exams are at least $1000 each. Registration fees for an international conference

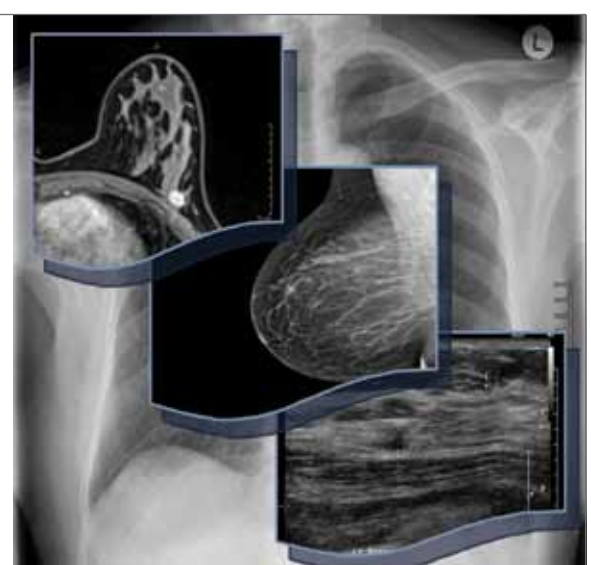
are around $2000, notwithstanding international airfares and accommodation. Granted education reform is important but surely this is robbing Peter to pay Paul."

"As a psychiatric registrar, my College fees, lecture program fees and exam fees far exceed $2000 a year without even taking into account textbooks, seminars, conference fees and so on. Given that psychiatrists are in short supply already it is foolish to further increase the barriers."

"Remote doctors are required to keep their credentialling and skills up to date in many fields. The impossibly low restriction proposed will seriously impact remote medicine."

"I am a junior prevocational doctor in training (PGY2). I have already spent almost $5000 this year on just 2 courses to further upskill myself for the workplace (APLS and DCH). Each course cost well over $2000 each, plus the costs associated with travel and accommodation as I am working in a regional area! This proposed $2000 PD cap is ludicrous and would definitely make it impossible to attain and maintain the skills and knowledge required for our day to day work, let alone the expenses involved with working towards a specialist qualification especially for doctors working in regional and rural Australia."

for further information visit the AMAs website www.ama.com.au



Doctoring the books

How often have you had a patient come into your rooms telling you what their problem is and how you should fix it?

"Doctor, I'm tired and have trouble breathing and I can't eat a thing without getting indigestion, I must have congestive heart failure. I think you should book me in for an ECG as soon as possible."

While it's important to listen to a patient's concerns, it's just as important to treat them appropriately. You listen to their symptoms, you make your own diagnosis, you suggest the best treatments. You didn't spend all those years in medical school for nothing.

What does this have to do with accounting? Believe it or not accountants often face similar problems to doctors.

Clients often come in seeking our services with a pre-conceived solution. They've heard about some great investment from a guy at the golf club and are sure it will work for them. They believe they've figured out a way to minimise tax – granted, something we all want to do – without researching whether they can actually do it. They're about to be audited and their books need looking over, now, surely all those cash payments they've made on the side don't count, do they?

Bonsella Business Solutions is a local boutique accounting firm that specialises in assisting medical and health professionals with their tax and financial obligations. At Bonsella, we listen to our clients, make our own diagnosis, and suggest the best treatments. Often they are "treatments" the client hasn't even thought of. Our aim is to be proactive, to lead our clients to the best outcome. Still, many clients want to be as hands on as possible when it comes to their financial future, something we respect here at Bonsella.

One of the fastest growing areas at our firm is assisting our clients to set up self-managed super funds (SMSF). Superannuation is one of the biggest investments you'll ever make. That is why most people have their money in professionally managed funds. But an increasing number of savvy people are setting up their own fund and finding it a rewarding solution. SMSF's work very similarly to industry funds, but allow you to take ownership of your investments and other taxation strategies. At Bonsella, we can guide you through the complexities of setting up and running your own fund, a process that is strictly regulated by the Australian Taxation Office.

Indeed one of the things we enjoy most at Bonsella is explaining complex financial issues to our clients in a way they will understand. The accounting equivalent of a good bedside manner perhaps?

Both partners, Bernard Hardy and Dion Cannell, realise that for many people numbers aren't their passion, that not everyone shares the same love of tax and accounting that they have. But it's not all about the numbers. At Bonsella our goal is to help you find the most efficient and profitable ways of making a living so you can make a life.

Contact us to make an appointment to discuss your tax and financial matters.

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The best way to predict your future is to create it...

Medical board to fund external health programs for medical practitioners

The Medical Board of Australia, has announced that it will fund a health program or programs for doctors from within its existing resources.

This announcement follows consultation with stakeholders about whether the Board should fund external health programs for medical practitioners and if so, to what level and what services should be provided. The feedback from the consultation confirmed that there was general support for the Board to fund health services for medical practitioners, but no agreement on what services should be funded.

In the ACT, the Doctors' Health Advisory Service provides a personal and supportive service to colleagues in times of need. The service is convened by Weston Creek GP, Dr Stan Doumani.

In response to the advice that the Board has agreed in principle to provide some funding in the short term while focus on planning what model of external health services it will fund into the future, Dr Doumani said that he welcomed this decision from the board but that "any future funding model needs to be kept at arms-length from the Medical Board of Australia and AHPRA. Doctors need to have confidence in the confidentiality of the DHAS or they simply will not use the service which could end in tragic consequences. Our colleagues need to feel they can turn to their fellow colleagues for support when they have need"

One of the principles underpinning the Board's planning is to provide equitable access to doctors' health programs for all practitioners in every state and territory.

AMA has lobbied for funding to be provided to existing services which includes the DHAS in the ACT.

The 20 February 2013 communique from the Board states: "The external health program/s will complement the core role of the Board and the Australian Health Practitioner Regulation Agency (AHPRA) which is to manage practitioners with impairment that may place the public at risk. The external health program/s will not have a regulatory role, but rather, will focus on supporting and promoting doctors' health.

"The Board is now focussed on planning what model of external health services it will fund and does not foresee the need to increase registration fees for this purpose," said Medical Board Chair, Dr Joanna Flynn AM.

As a starting point, the Board has clearly defined its role and responsibilities in relation to managing impaired practitioners under the National Law.

"Clear delineation between the regulatory role of the Board in managing impaired practitioners and the role of an external health program in supporting doctors and promoting doctors' health is critical to managing risk to the public and avoiding confusion for practitioners," Dr Flynn said.

One of the principles underpinning the Boards planning for a health program for doctors is to provide equitable access for all practitioners.

"We are committed to establishing a health program for doctors, separate from the Board's regulatory function, that is useful for the profession and accessible fairly to doctors in Australia, wherever they live," Dr Flynn said.

"We are now starting the planning and thinking to make this happen and will keep the profession informed about progress in the months ahead," she said.

"The National Law gives the Board discretion to fund health programs for practitioners and medical students. The National Law defines 'health program' as education, prevention, early intervention, treatment or rehabilitation services relating to physical or mental impairments, disabilities, conditions or disorders, including substance abuse or dependence. The term 'health program' refers to external health programs.

Most Australian states and territories have developed services to assist medical practitioners with health concerns. There is currently significant variation in the type and level of service offered by the existing programs around Australia, ranging from telephone advisory services, through to assessment and case management of practitioners. There is also significant variation in funding of these services. Many operate on the goodwill of volunteers while others have more substantial funding. In two states, doctors' health programs have continued to be funded through registration fees of medical practitioners raised by the state medical boards before the introduction of the National Registration and Accreditation Scheme."

THE NOTICE BOARD!

Lectures for retired doctors 2013

A series of four lectures for retired doctors wishing to continue their medical registration will be held at the Canberra hospital during July 2013.

All practitioners, whether retired or not, are invited to attend

Venue: Medical school lecture theatre, First floor, Building 4 (Immediately above the medical library), Canberra Hospital, Yamba Drive, Garran

Time: Lectures will commence at 10.00 a.m. on Mondays July 1, 8, 15 and 29

Programme:

July 1st: Dr Andrew Miller: Skin diseases and current management

July 8th: Professor Walter Abhayaratna. Management of systemic hypertension

July 15th: Professor Dennis Wilson Prescribing hypoglycaemic agents and insulin

July 29th: Professor Peter Collignon. Infectious diseases and travel

Conveners: John SG Biggs Tel: 6161 6643
Gordon Adler Tel: 0418 402 537

Practice Managers Network Seminar Series

TOPIC: Bullying and Harassment in the workplace.

WHEN: 12.30 pm Wednesday 28 August 2013 (Lunchtime meeting. Bring along your lunch)

VENUE: AMA ACT, Level 1, AMA House, 42 Macquarie St Barton.

AMA ACT Workplace and Industrial Relations Manager Andy Ozolins will present this meeting

RSVP: Sue Massey by 23 August (membership@ama-act.com.au) or 6270 5410

Medical Journal of Australia appoints new Editor in Chief

The *Medical Journal of Australia* (MJA) Board recently announced the appointment of Professor Stephen Leeder AO as its new Editor in Chief.

A spokesperson for the Board said, "The Board is honoured to have a person of such strong standing in the national and international medical and health community to guide the Journal through a challenging and exciting era for medical publishing.

Professor Leeder brings enormous experience and knowledge to the Journal. He is ideally suited to steer the MJA as it embraces new media and new strategies to bring world-leading Australian medical research and commentary to a broad national and international audience through the Journal.

Stephen Leeder is a professor of public health and community medicine at the University of Sydney and former Director of the Menzies Centre for Health Policy. He has a long history of involvement in public health research, educational development and policy.

His research interests as a clinical epidemiologist have been mainly asthma and cardiovascular disease.

Professor Leeder graduated in medical science from the University of Sydney in 1962, in medicine in 1966 and as a Doctor of Philosophy in 1974. He was Dean of the Medical Faculty at the University of Sydney between 1996 and 2002 during which time he oversaw the implementation of a new graduate educational program and the formation of an extensive rural education network for medical students. He has also served on the Senate of the University of Sydney for several terms, had two double terms as national president of the Public Health Association, and one triennium as chair of the Health Advisory Committee of NHMRC.

Professor Leeder has 35 years of experience in epidemiological research, medical education reform and in mentoring young investigators. Most of his research has been collaborative and he has always sought ways of ensuring the career development of members of his teams.

Professor Leeder has commenced with the MJA.

(The Medical Journal of Australia is a publication of the Australian Medical Association)

Medical registration for doctors holding occasional practice registration

There are a small number of members who are registered in the *limited registration (public interest – occasional practice)* category with the Medical Board of Australia.

As a result of AMA lobbying at the time the national registration arrangements were being developed (in 2009), this registration category was created as a transitional measure to accommodate medical practitioners in NSW, Queensland, Tasmania and the ACT who held this type of registration with their respective state medical boards. These practitioners were advised at the time that they would be able to renew their registration in this category for three consecutive years under the national registration arrangements.

Members who are registered in the above mentioned category will have received a letter from the Medical Board of Australia and AHPRA about their registration options and an application form through which they can:

1. apply for general registration;
2. apply for non-practising registration; and
3. advise the Medical Board of Australia that they do not wish to apply for either category – and in doing so will let their registration lapse.

The President, Dr Steve Hambleton has had several conversations with the Chair of the Medical Board of Australia, Dr Joanna Flynn, to come to suitable arrangements for affected members. As a result, the AMA is very pleased that the Board:

- Is not charging an application fee for this process (which usually applies when registrants change registration categories); and
- Will accept the practitioner as having recency of practice for general registration if the practitioner continues to practice their current scope of practice (i.e. writing prescriptions and making referrals).

The AMA urges all members who are considering transition to retirement, perhaps by reducing their scope of practice, to maintain their registration. There is no compulsion on any registered medical practitioner to let their registration lapse because they are winding back their practice or reducing their scope of practice.

Maintaining registration, in any registration category, means that you can use the protected title of 'medical practitioner'. Medical indemnity insurers offer reduced premiums for reduced, or limited scopes of practice.

The AMA has been and will continue to lobby the Medical Board to offer reduced registration fee as a way to support registrants, who may be considering retiring, to maintain their registration in order to remain in the workforce and contribute as an active member of the medical profession.

The AMA Economics and Workforce Committee and the Federal Council have given careful consideration to continuing professional development (CPD) requirements for registered medical practitioners. All registered medical practitioners should meet the same CPD requirements - tailored to their scope of practice.

This accords with the AMA Code of Ethics which states "Continue lifelong self-education to improve your standard of medical care". All medical practitioners have a duty, if they continue to provide patient care – diagnosing, treating and prescribing – to do CPD.

The CPD requirements can be met through a wide range of activities, from attending structured educational course to reading journals and undertaking online learning activities.

Medical practitioners who are not a fellow of a college or on the specialist register, can structure their own CPD. It must have some practice-based reflective elements such as clinical audit, peer review or performance appraisal.

Further information can be found on the AHPRA website:

http://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ/FAQ-Limited-registration-public-interest-occasional-practice.aspx

All in a good cause!

The Canberra Hospital Foundation was launched on 11 August 2011 as a charity aimed at raising funds for equipment, research and to enhance the patient and family centred care at the Canberra Hospital. Since then, the Foundation has established strong links between the ACT public health system and the community and has helped raise the profile of many of the services offered.

The Foundation and its team members work hard to build and strengthen partnerships and over the years have helped patients of the Canberra Hospital in many ways.

One such example is through the Therapeutic Harp program. Since its inception in November 2012 the Therapeutic Harp program at the Canberra Hospital has been warmly received with over 163 individual bedside visits, 25 different areas visited and has benefited not only patients but staff and families as well.

Referrals come from medical staff, allied health, pastoral care, nursing staff, as well as from patients and their families. The music provides comfort and care for patients feeling anxious, depressed, tired and/or experiencing pain and also offers relaxation and distraction. An important part of the Therapeutic Harp program has been to support patients and their families at end of life. Many families have stated that a quiet beautiful space was created that was greatly appreciated at such a difficult time.

The Canberra Hospital Foundation has also been instrumental in purchasing equipment such as, iPads, fridges, cot warmers and lounges and has provided funds to upgrade patient and family waiting rooms, including recently refurbishing the Palliative Care rooms to make them more homely.

If you would like to find out more or you would like to donate please visit www.canberrahospitalfoundation.org.au On the Foundation website you will be able to read about the changes that donors have made by contributing to the Foundation and find information on all the upcoming events that are planned.

Alternatively, if you would like to discuss fundraising opportunities with the team please contact Caitlin Silec, Fundraising Officer on 6244 3542.

The Canberra Hospital Foundation is a Public Benevolent Institution with Deductible Gift Recipient status and donors making a gift of $2.00 or more will receive a receipt for taxation purposes.

CANBERRA HOSPITAL Foundation
Heart of the community

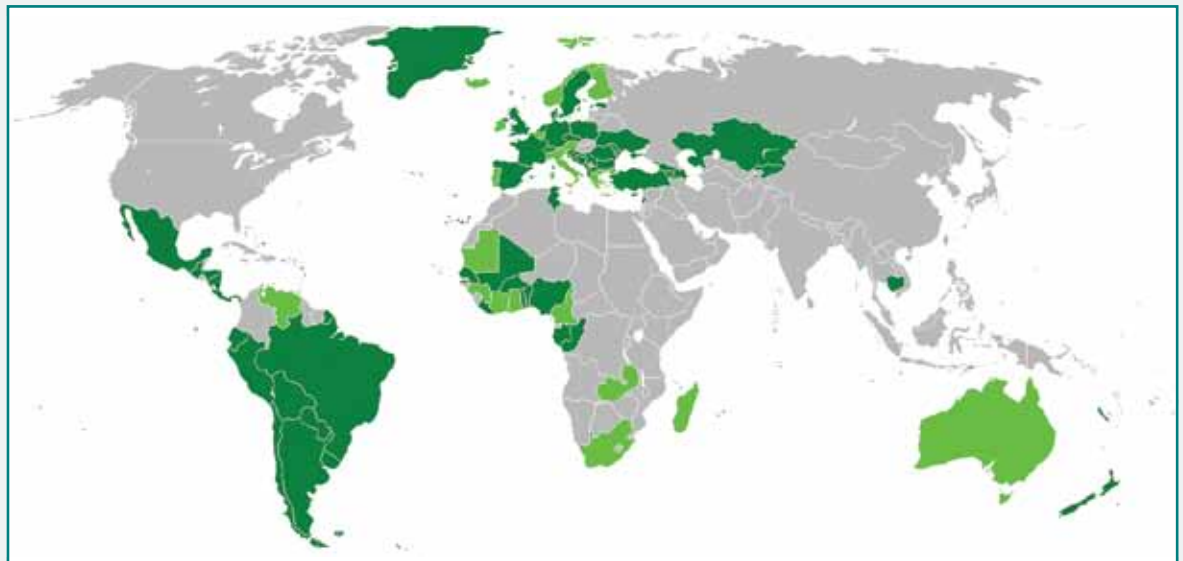
Protocol to the Convention against Torture

The AMA believes that the benefits of the Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) are clear and compelling and is advocating for legislation in each State and Territory to allow visits from the UN subcommittee on the Prevention of Torture prior to ratification of the Protocol. This is required to allow the Australian government to fulfil its long-standing policy of refraining from ratifying, and thus becoming a party to, any treaty until domestic arrangements for compliance are in order.

The AMA in seeking the support from State and Territory governments and as part of this AMA ACT president, Dr Andrew Miller, has written to ACT Attorney General requesting the ACT Government to progress with the introduction and passage of legislation enabling international monitoring under the OPCAT. The inter-jurisdictional working group establishing under the Standing Council on Law and Justice, model legislation has been developed to enable the UN subcommittee to visit places of detention in each jurisdiction. To date, only the ACT has introduced this model legislation.

OPCAT is an international treaty aimed at preventing torture and ensuring the conditions in which people are detained do not compromise their health and human rights. The treaty seeks to achieve this by putting in place a system of regular visits and monitoring in places of detention.

The experience of overseas countries indicates that the OPCAT provides an effective way of identifying, resolving, and preventing problems over the long-term. Both New Zealand and the United Kingdom have stated that preventing ill-treatment of detainees has contributed to cost savings in the use of the legal and health care systems arising from incidents of ill-treatment. According to the NZ Human Rights Commission, the OPCAT has been valuable in "identifying issues and situations that are otherwise overlooked, and in providing authoritative assessments of whether new developments and specific initiatives will meet the international standards for safe and humane treatment".



Parties to the OPCAT, as of October 2011.
Ratified or acceded | Signed but not ratified | Non-parties

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Take a look at investec.com.au/medical or call Lynne Kelly on 0420 970 594 or Michelle Gianferrari on 0414 475 012.

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Cancer Council ACT and AMA ACT call for solarium ban

AMA ACT and Cancer Council ACT have called on the ACT government to ban solariums following the lead of NSW, Victoria and SA who have committed to ban solariums by 2015 allowing solarium operators in these jurisdictions plenty of time to adjust and to safely remove their machines from operation.

ACT has legislation regulating solariums which has resulte din a significant reduction in the number of solariums and has increased the level of knowledge and training of solarium operators.

However, recent research undertaken by Cancer Council Victoria – and reported in a recent edition of the Medical Journal of Australia - suggests that solarium regulation may have an adverse effect when it comes to the public's belief around the safety of solariums.

The article highlights national figures, but the research for ACT (N=544) found that a concerning 36% of Canberra adults believed that the new ACT regulations meant that solariums were now going to be safer to use.

With no safe level of solarium use, Cancer Council ACT and AMA ACT believes that the shared border with NSW increases the risk of solariums finding their way into the ACT when the ban comes effective, but solariums will still be legal in the ACT.

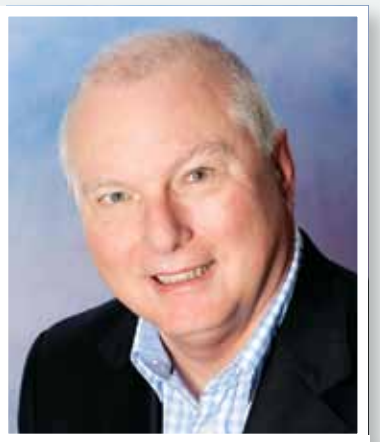
AMA will re-elect Dr Steve Hambleton as its President

Queensland GP, Dr Steve Hambleton will be elected unopposed at the forthcoming AMA National Conference to be held in Sydney.

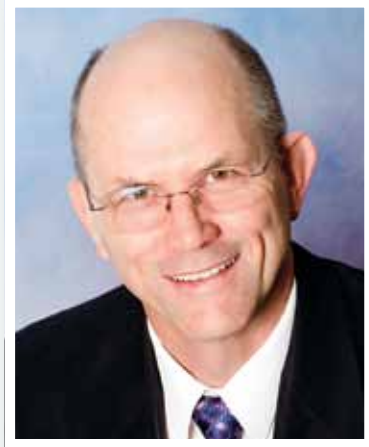
Assoc Professor Geoffrey Dobb will also be elected from Western Australia was elected unopposed as Vice President.

Local ophthalmologist and former AMA ACT President, Dr Iain Dunlop will contest the position of Chair of Council against incumbent, Dr Roderick McRae.

Dr Dunlop represents ophthalmologists on the AMA Federal Council, is a former College President, is currently a member of AMA executive and a Board member of AMA (ACT) Limited.



Assoc Professor Geoffrey Dobb



Dr Steve Hambleton

Dr Dunlop told "Canberra Doctor" that he is aware of the challenges facing new graduates and the growing number of doctors in training seeking employment and access to training schemes, mentors and teachers, beyond their intern year and the need for membership of the AMA to appeal to the future of the profession.

Dr Dunlop believes that with relationships to be established with an incoming federal government and opposition, a new constitution for the AMA currently in development and a new Secretary General, it is timely for new members to join the executive leadership team to steer the Association into its next phase of development and reframing.

Dr Elizabeth Feeney, a Sydney anaesthetist and past presdident of the Australian Society of Anaesthetists has nominated for the position of Treasurer. However, under the AMAs constitution, the unsuccessful candidate from the election for Chair of Council has the option to "cascade" and offer himself as a candidate for election to the role of Treasurer.

Delegates at National Conference to be held in Sydney over the weekend of 24 and 25 May will decide the outcome.

Dr Iain Dunlop

Manage, don't minimize tax

As the end of the financial year looms, it seems sensible to minimise your taxable income. But that's not necessarily the best idea, says Investec's Lynne Kelly. In fact, there's a significant difference between minimising your income and managing it.

"Invariably, doctors all have high taxable incomes, so they are always looking for extra deductions around this time of year—it's very rare that somebody would not need or want that," explains Investec's Michelle Gianferrari .

"So our role comes in when they're looking to purchase assets or stock or anything to get them those extra deductions. We can offer financial products and help structure those facilities to maximise their tax efficiency. Obviously, we don't offer tax advice—that's the job of the individual dentist's accountant or financial adviser—but we will say to them, 'Here are some structures you might want to consider'."

A possible example could be where the doctor might want to take out a loan to buy some stock, then immediately pre-pay the interest on that loan. If that was the case, there would be a range of products available to them, says Michelle . "In that particular example, we could offer an unsecured product, or one secured against the practice, or against commercial property or residential property. That's an example of where we can be really flexible compared to other banks."

A strategic approach to managing your income can pay dividends, but it's important to plan, says Investec's Lynne Kelly. A strategic approach means investigating which costs you can prepay, such as leases on equipment, interest on loans and any other expenses you might like to pay that relate to the coming financial year.

It's a strategy that doesn't just apply to practice owners, says Lynne. "When it comes to employees, or those that don't have large practices, prepaying investment properties or car loans, or interest on any commercial property they can prepay may be worth considering," he explains.

"And don't forget superannuation—depending on your circumstances, you may not have used this year's allowance for concessional contributions to super."

To take advantage of these strategies generally, you'll need access to cash , says Lynne. But if that proves difficult, using an overdraft, then paying it back over the next six or twelve months, can prove useful.

"Some people do find that idea a bit weird—taking on debt in order to pay down debt, but we often see clients adopt this strategy so they can prepay some loans to gain the tax advantages," Michelle adds. "If you're looking at a big tax bill and you can manage that liability forward a year, that's an extra 12 months you can hang on to your tax money."

An alternative to taking on an overdraft may be to use your credit card for purchases, which can have a similar effect of spacing repayments across the financial year. Of course there might be expenses associated with that strategy, but they may be balanced out if your card offers generous incentives such as frequent flyer points for the eligible spend.

If they're not thinking of cash flow, some people may be planning to take advantage of various end-of-financial-year sales to do a bit of shopping. It's often the best time of year to buy a new car, for example, and, "there are commonly concessions for buying a new car," says Lynne . "With cars it may be that you can claim some deductions even if you buy the car on the 28th June. When you've only owned it for two days. And if you finance and prepay a lease, you might realize $10– to–$15k worth of deductions."

If you own a larger practice, other opportunities present themselves, including purchasing equipment on a lease agreement and prepaying twelve months in advance: "For a $100k purchase you might get $24k+ worth of deductions almost a immediately on a well structured lease agreement," Hamilton explains. "And further benefits come into play with interest rate reductions: prepaying a lease can mean a one or two per cent saving on the effective interest rate which can result in a significant benefit."

Many financial institutions will allow you to prepay interest on property , but not all of them will, so if your property loan is with a lender who doesn't, you may want to investigate refinancing—which brings us back to the issue of planning ahead. If you looking to refinance your property, planning ahead will help and it is worth speaking to us as early as possible.

But Investec's speed and efficiency generally means the business comes their way, says Michelle. "We have people calling us up in the morning to get a car in the afternoon," she says. "They're used to that, and we do it. It can be the same day. If you're talking about a mortgage, of course there's a process. People use us because of our speed and efficiency, because we go to see them, we're very flexible and competitive because we specialise inlending to this market."

The information contained in this article ("Information") is general in nature and has been provided in good faith, without taking into account your personal circumstances. While all reasonable care has been taken to ensure that the information is accurate and opinions fair and reasonable, no warranties in this regard are provided. We recommend that you obtain independent financial and tax advice before making any decisions.

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No relief for depleted flu vaccine stocks before end of month

Fresh locally made batches of the influenza vaccine are not expected to be available until late this month after a rush of demand for inoculation depleted existing stocks of the vaccine.

The nation's only maker of influenza vaccine, bioCSL, has restarted production of its influenza virus types A and B vaccine after stocks were plundered early last month amid warnings that the nation was at risk of a severe outbreak of the disease following a killer season in the United States and Europe.

So far this year there have been more than 3000 laboratory confirmed cases of influenza infection, with concerns the disease could hit "hard and early" as Australia moves toward winter.

But BioCSL General Manager Dr John Anderson warned additional doses of the vaccine would not be ready for delivery until the end of May, and priority would be given to those considered to be the most at-risk, including the elderly, children and pregnant women.

AMA President Dr Steve Hambleton confirmed that a rush to vaccinate has caused some short-term shortages of the vaccine, which had been formulated to provide effective protection against the major flu strains currently circulating internationally.

"We know there is a particularly severe H1N1 strain that hit China in the winter last year," AMA President Dr Steve Hambleton told ABC News. "We also know there is a H3N2 strain which caused most of the problems in the United States. Both of those thankfully are in our vaccine so we should have some protection from both of those."

Calls from the AMA and health authorities urging people to vaccinate themselves against influenza have been heeded, with doctors and clinics reporting a rush to inoculate, particularly in the first two weeks of April, which had led to short-term shortages in some areas.

"All our customers are reporting a much earlier and much higher uptake of influenza vaccine this year, compared to the last few years," Dr Anderson said.

He said bioCSL was currently in the midst of producing influenza vaccine for the forthcoming flu season on the Northern Hemisphere, and restarting production of the formulation for the current Southern Hemisphere season was a major undertaking.

"But, as Australia's only onshore manufacturer, we are committed to responding to local needs," Dr Anderson said.

"Should the extraordinarily high demand for influenza vaccine persist, we are very pleased to be able to support the Government in ensuring additional doses are available for age-appropriate, at-risk groups."

Meanwhile, the outbreak of the H7N9 avian flu virus in China shows no signs yet of abating.

As at 29 April, the Chinese health authorities had notified the World Health Orgnisation of 126 laboratory-confirmed cases, 24 of which have so far proved fatal.

The WHO warned that until the source of the infection was identified, the number of cases was likely to continue to grow.

But, promisingly, the WHO reported that there were no indications of sustained human-to-human transmission of the infection.

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