Canberra DOCTOR

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Celebrating our 25th Birthday in 2013

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The AMA ACT President, Dr Andrew Miller, Board, Staff and the *Canberra Doctor* committee extend Seasons Greetings to all and best wishes for 2014

TERRITORY TOPICALS – from President, Dr Andrew Miller

Dr Andrew Miller

So 2013 is drawing to a close, and as always in those brief moments snatched between pre-Christmas specials the mind drifts back over the year with its early promise and the looming final reality.

The calendar was of course dominated by the federal election, with a community polarised by a deeply unpopular government and an alternative offering that troubled many. But swirling behind and around this obvious reef were the many issues that kept the AMA paddling away.

The VMO contract negotiations were concluded mid-year. Before the arbitration phase began there was a bargaining period that saw the AMA successfully argue for many modifications to the initially proposed contract, particularly where the conditions and rights of the VMOs were challenged in the draft document. Of course these matters were concluded quietly and cooperatively, so they never reached the public eye. These small victories demonstrate our understanding that, professional responsibilities aside, we have rights that should be defended, and that the issues extend beyond money in the bank. When the arbitration process began we were able, unlike other parties, to argue successfully for every one of our claims, except the indexation claim. Here, unfortunately, history has demonstrated that we have been stiffed. I can think of no other way to describe the outcome. Initially the indexation decision appeared as a significant improvement on the government's offering; but we have now seen the whole of government enterprise bargaining outcome. I suspect that we will not be so meek next time.

The salaried medical officer negotiations are ongoing, and we are participating actively here, diligently representing the interests of all our salaried members no matter their status or seniority. We are not prepared to trade the conditions of one group against another to get an outcome but continue to work for an equitable result for all.

Of course, the position of our junior medical officers remains a focus of AMA attention. In recent years we have seen such a dramatic change in medical education that the traditional model of internship and residency before vocational training has become untenable. The AMA has been working with the government and ACT Health to ensure that adequate intern places have been made available, and that the PGY1/2 and 2/3 transitions are smooth and fair; and that quality training as well as service remains a focus of employment. We will continue to press for results here, and to work to ensure that Canberra remains a highly regarded training centre for junior doctors and vocational trainees.

I am happy to report that the relationship between the AMA–ACT and the federal AMA has been rebuilt following a difficult period, and that a new MOU has been agreed that respects our independence and value in the federal AMA family. We are now working to rebuild a cooperative relationship with ASMOF; something that we all agree is in the best interests of both our members and the profession in the ACT in general.

I can also report that as the year draws to a close our business affairs show a healthy trend, and that we have been able to continue to offer benefits to our local members including agreements made recently with both BMW and Lexus. Information regarding these member benefits can be obtained from our membership officer, Sue Massey. We are working towards some more announcements in 2014.

We have succeeded in negotiating funding from AHPRA for training for volunteers in the ACT Doctors Health Advisory Service, and continue to provide our active support to that uniquely valuable local asset.

The AMA-ACT has also been involved in individual cases of support for members in difficulty. This of course is the strength of a local membership organisation; and it is a role that we gladly embrace. We always remain available for members with problems, and with our relationship with the DHAS, can offer support in a wide range of personal, employment and professional matters.

2013 has also seen some historic milestones, including anniversaries for both Canberra Doctor and our long-serving CEO, Christine Brill.

We also brought together the Chief Minister and the leader of the Opposition in bipartisan support of the National Skin Cancer Action Week at an AMA initiative with the Cancer Council, the ACT Pollie Skin Check; championing the public health message of sun protection and skin cancer awareness.

So what does 2014 offer? I can see some battle lines already being drawn over the border, but with the possibility of collateral damage here in the ACT. At a recent AMA Federal Council meeting the AMA condemned the actions of the Newman government in Queensland. There is an unparalleled attack on doctors' terms and conditions being launched there and clearly the possibility of a precedent being set should galvanise us all. The matter is before the industrial court at the moment and you can be assured that the AMA is actively involved, and that locally we are closely monitoring the outcome.

You may also be aware of their health ombudsman legislation that poses a very real threat to us as professionals. The AMA-ACT has previously expressed its concern about complaint resolution processes in the territory, and I have to report from our conversations with government that some of these are shared, but for different reasons. We will be dealing closely with the government and the opposition to ensure that the Queensland model stays just that and doesn't become a national one.

Of course the biggest victory of 2013 that the AMA can justly claim, a victory whose benefits flow widely, well beyond the health care sector, is the success of the "Scrap the Cap" campaign. It was the AMA which first raised the significance of the Gillard government's budget proposal. It was the AMA which began the public campaign. It was the AMA which first stitched together a diverse and at times fractious coalition of organisations and industry groups to fight the proposal, and the AMA which kept them on task. We should all acknowledge that the ultimate decision by the Abbott government to scrap the cap represents a victory for common sense, but every one of us should remember that it was the AMA that got the job done as we attend conferences and courses, pay for college training fees and exams, purchase texts and subscribe to journals.

That is why you pay your subs, so that we can continue to champion the interests of the profession; and effective and just health policy.

May I wish every one of you a happy and safe Christmas; and a fulfilling 2014. Please all take advantage of the break to enjoy and value your friends and family, and return in the new year refreshed, invigorated and enthusiastic.

GUEST EDITORIAL

Reflections from the AMA Secretary General – Ms Anne Trimmer

Four months into my appointment as Secretary General of the Australian Medical Association I have now had the opportunity to scan across the many areas of activity in which the AMA is involved.

I started in my role on the first day of the Federal election - great timing as the AMA had previously published its election manifesto which outlined the priorities which we sought to have implemented by an incoming government.

Minister for Health Peter Dutton has good experience in the health portfolio, having shadowed it in Opposition for several years. Similarly the Prime Minister, as a former Minister for Health, has a high level of interest in, and understanding of, health policy issues. Most of the early focus of the new government has been on cost-containment with a close examination of a few major projects of the previous government. These include a review of the Personally Controlled Electronic Health Record (PCEHR). While the AMA supports the concept of a PCEHR, the proposed record had several deficiencies, most notably the lack of doctor support. The review needs to put forward a way to improve clinical utility of the health record.

A review of Medicare Locals is also underway - again a review which was sought by the AMA. While some Medicare Locals perform well in meeting the needs of their communities for better integrated primary care, others have been less successful. While the review has been anticipated for some time, the time allowed for submissions has been kept very tight with responses prior to Christmas.

The AMA was delighted to see the early announcement by the new government that it would not proceed with imposing a cap on self-education expenses. This had been a hard-fought campaign led by the AMA with many other advocacy and member organisations. The

impact on doctors, particularly those still undertaking training and those from rural and regional areas, would have been significant. It was poor policy and a sensible decision to do away with it.

The AMA continues to be active in many areas of public health policy - from the recent launch of the Indigenous Health Report Card which reports on improving health outcomes for indigenous children, to advocacy in support of policies which tackle obesity and alcohol promotion. Amongst the work foreshadowed for 2014 is the publication of an annual alert on key priorities in youth health.

Many of the day to day health system issues which impact doctors are high on the work program for the AMA including a review of MSAC and its processes, streamlining the PBS authority approval system, MBS fees indexation, and the activities of the PSR.

Provision for the training of our future doctor workforce continues to be a priority area. The AMA was pleased to see that at its most recent meeting the Standing Committee on Health signed off on the development of a five year training plan by Health Workforce Australia and the National Medical Training Advisory Network. These developments are supported by the AMA to provide structure to plan future training needs. The Council on Doctors in Training has been a key contributor in improving government awareness of the need for training strategies.

During 2014 the AMA will embark on its first significant internal governance review for many years. Federal Council of the AMA has agreed to put to members at its Annual General Meeting in May a revised constitution which separates the governance of the organisation from its policy development. It is proposed that a smaller board be established to oversight financial and corporate requirements with Federal Council to retain its core role as the body which develops and approves AMA policy. These reforms will modernise the AMA, creating a more agile body to deal with the wide range of issues which are currently considered by Federal Council.

The AMA is a key contributor to health policy debates, representing the interests of its members and working for the best outcomes for doctors and their patients. I look forward to staying in touch during 2014.

Best wishes for a happy and safe holiday season and for a rewarding 2014.

Anne Trimmer
Secretary General
Australian Medical Association

Homicide investigation, Cedar Pocket

The Queensland Police Service is seeking assistance in relation to a homicide that occurred at Cedar Pocket, Queensland on September 19, 2013.

At about 6.45pm, rural fire officers were called to Cedar Pocket Road, Cedar Pocket after members of the public located a human torso on fire on the side of road.

The torso was found in a rural area about 10km east of the Gympie township.

After putting the fire out, it was evident the head had been severed just above the collar bone, the hands had been severed, and the torso was cut off just below the ribs.

A female person, with shoulder length or longer light coloured hair and approx. 30 -50 years old was also identified as being in the vicinity of the torso and may be connected to the deceased.

Investigations to date have failed to establish the identity of the deceased male.

Assistance is sought from members of the Australian Medical Association who may be able to assist in identifying the deceased male from the following information established during forensic examinations:

- The deceased is male;
- Aged 25 to 35 approximately;
- Between 180cm and 190cm in height; and,
- He had a 109cm chest, 39cm shoulder width, and 47cm-long torso.

The following drug compounds were also detected from samples obtained:

- Diazepam
- Nordiazepam
- Temeazepam
- Trace amounts of Morphine
- Doxylamine
- Irbesarten
- Quinine/Quinidine

The victim had no illicit drugs in his system.

Examinations have also determined the deceased male suffered some calcification of his backbone and also had a slight curvature of the spine.

His torso had a 3cm scar on the right side of the back, about halfway down that appeared to be old. The origins of the scar are unspecific and may be due to an injury or minor surgical procedure.

The deceased also had two small circular marks on both of his shoulders consistent with marks incurred from immunization needles.

There were no indications of tattoos on his upper body, either front or back.

If an AMA member or staff of any member is able to provide any information pertaining to the identity of the deceased male, please contact Crime Stoppers on 1800 333 000 with any information.

Anyone with information which could assist with this matter should contact Crime Stoppers anonymously via 1800 333 000 or crimestoppers.com.au 24hrs a day.

For all non-urgent police reporting or general police inquiries contact Policelink on 131 444 or www.Policelink.qld.gov.au 24hrs a day.

Travel value with an Investec credit card

One of the golden rules of any business is to ensure it is operating as efficiently as possible to maximize the return from every dollar spent. How attractive, then, is the option to make big-ticket business equipment and asset purchases like motor vehicles on your credit card and earn Qantas Points in the process? That's exactly what's on offer with an Investec Visa credit card.

"We had one client who recently purchased equipment for

$400,000 on their Investec card, and that meant they earned a sizeable number of Qantas Points as we offer one point for every $1 spent with no cap on how many points you can earn," Investec's Michelle Gianferrariexplains

"What we then do is simply convert that card transaction into a finance contract with Investec which pays off the purchase from the credit card. Additionally, we allow the client to make their monthly repayments for that contract on their Investec credit card so they can earn even more points – generally at least twice as many points as the purchase alone would earn. This is a service not available through most other financial organisation's, but we make it easy for our clients as we facilitate the whole process for them.

Clients can then redeem their points on the Qantas website.

"This can be a significant benefit for clients in terms of taking care of their travel needs for the future, all by doing something as simple as using your Investec credit card," Lynne Kelly adds. "It could also be of huge benefit if the client is taking a well earned holiday and they have enough points to upgrade their flight.

"But the value of adding to the balance of Qantas Points is not all about flights. For those who are not interested in flying there are also retail store vouchers and merchandise that can be redeemed using the points on the Qantas Store. We have clients that use them to buy end of year gifts for patients and staff!"

Clients can choose between Investec Platinum or Investec Signature credit cards. The Investec Signature card offers one Qantas Point for every $1 spent on eligible transactions in Australia, and two Qantas Points for every $1 spent on eligible international purchases. The Platinum card offers one Qantas Point for every $2 spent on eligible transactions in Australia and one Qantas point for every $1 spent on eligible international purchases.

In addition to Qantas Points, every return ticket purchased on an Investec card is automatically covered by up to 90 days of travel insurance, protecting the safety of not only the cardholder, but also their spouse and dependent children when travelling together. .

Other benefits for primary Signature cardholders include a Priority Pass membership, which opens doors for the client and a guest to over 600 VIP lounges in 300 cities, as well as access to Visa Concierge and the Visa Luxury Hotel Collection for services at a selection of superior hotels.

Investec is a specialist financial service provider for medical and dental clients and has a bonus partner reward program for a range of suppliers within the medical and dental industries.

"So even if you use the Investec Visa card to buy business consumables, through this deal with the specific partners, you can further enhance your Qantas Points balance as well," Gianferrari says.

"If people can earn rewards that enable upgrades or free tickets or merchandise, and they can do all that by just using their credit card, then it is a pretty easy way to travel for free.

"We are striving to deliver value to our clients, with minimum fuss. Our clients see a real value in these points as it opens up so many possibilities for them in the manner in which they are conducting their business and personal banking and they only need to carry one card – the Investec card."

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GPs leaders in primary care reports confirm

Two recently released health reports – "General practice activity in Australia 2012-13" and "A decade of Australian general practice 2002-03 to 2012-13" – confirm the key role of GPs as the leaders in primary care in Australia.

Released by the Bettering the Evaluation and Care of Health (BEACH) program, the reports show that the Australian community is relying more and more on highly skilled GPs for quality health care and advice.

AMA President, Dr Steve Hambleton, said the reports show clearly that GPs are the preferred first port of call for Australians seeking the best possible health care, and demand is growing as the population ages and more people are experiencing chronic and complex conditions.

"When Australians are sick or want trusted health advice, they want to see a GP," Dr Hambleton said.

"As the population ages, chronic diseases are accounting for an increasing proportion of a GP's workload.

"There are now significantly more GP visits for depression, diabetes, atrial fibrillation, and hypothyroidism than a decade ago.

"GPs are dealing with more problems per visit.

"They made 7.6 million more referrals to other medical specialists and 3.7 million more referrals to allied health services than a decade ago.

"GPs are ensuring that people are receiving the right care at the right time from the right health professional.

"These reports underline the unique leadership role of GPs in the health system.

"Any moves to allow other health professionals to do the work of a GP must be resisted.

"Instead, GPs must receive stronger support to maintain and build on their key role as community demand inevitably increases in coming years.

"The AMA believes that the Government needs to reform current Medicare arrangements targeting chronic disease.

"GPs are integral to keeping patients with chronic disease healthy and out of hospital, but current Medicare-funded chronic disease management arrangements are too limited, are difficult for patients to access, and involve considerable red tape and bureaucracy.

"The AMA has a plan that offers patients with multiple chronic conditions and related complex care needs improved access to GP coordinated quality primary care.

"The AMA plan enhances existing arrangements and supports patients to spend more time with their GP when they need to.

"It provides patients with streamlined access to a broad range of allied health and other support services and it supports a more proactive approach to the delivery of care.

"GPs must be given greater support and scope to provide access to multidisciplinary care and support services for patients with chronic and complex disease," Dr Hambleton said.

The AMA Chronic Disease Plan: *Improving Care for Patients with Chronic and Complex Care Needs* is athttp://ama.com.au/node/5519

Key findings of the BEACH reports include:

- In 2012-13, Australians claimed 126.8 million GP services through Medicare, at an average of about 5.6 GP visits per head of population or 6.6 visits per person who visited at least once. This equates to about 2.44 million GP-patient encounters per week.
- On average, GPs managed about 155 problems per 100 encounters – chronic problems accounted for 36.0 per cent of all problems managed, and an average of 55.7 chronic problems were managed per 100 encounters.

Not-so-super clinic yet to treat a patient, $13m later

A GP Super Clinic promised more than six years ago has still not opened despite a $13.2 million investment by the Federal Government.

Department of Health officials told a Senate Estimates hearing that the clinic in Redcliffe, just outside Brisbane, was undergoing renovations and was not yet operational.

The previous Labor Government promised in 2007 that 64 GP Super Clinics would be opened across the country to help address shortages of GPs and to relieve the burden on the public hospital system.

But the scheme has been dogged by cost blowouts and delays, and the Abbott Government is believed to be looking closely at shutting it down.

The AMA has called for the Government to cut its losses and shut the program down, and instead direct unspent monies to provide improved support for GPs.

In a damning assessment released in July, the Commonwealth Auditor-General found that although almost $420 million had so far been spent on to the $600 million program, only three of the 36 clinics promised in 2007 were completed on time, with seven still not operational, while just one of the 28 announced in 2010 was fully functional.

Echoing concerns long-held by the AMA that the program was poorly conceived and was a bad use of scarce health funds, the Auditor-General found that in setting up the clinics, there had been little attempt to assess the level of local need and what affect it might have on existing medical services.

"While … program guidelines required applications to address the extent to which a proposed clinic could impact on existing health services, this issue was not explicitly or substantively considered in the overall assessment," the ANAO report said, noting one instance where the main patient access to an existing GP practice was funnelled through the waiting room of a Super Clinic.

The Abbott Government's Commission of Audit is expected to closely scrutinise the program and its continuation.

Faulty syringe markings prompt Panadol safety concerns

Doctors and parents have been urged to be cautious in using the common painkiller Children's Panadol Baby Drops after incorrect syringe markings raised fears of a risk of accidental overdose.

Manufacturer GlaxoSmith-Kline, in conjunction with the Therapeutic Goods Administration, has issued a national recall of Children's Panadol Baby Drops after it was found that dose markings on some syringes have been placed incorrectly, creating the risk that children may be given an overdose of the medicine.

Doctors, in particular, have been asked, when recommending Children's Panadol Baby Drops, to make parents and carers aware of the issue and to examine the accompanying syringe carefully.

Dose markings should begin from the bottom of the syringe, but in some cases they have been found to begin further up the syringe barrel (see accompanying illustration).

The TGA said Panadol was a proven safe and effective treatment medicine when used as directed, and the issue did not affect the quality of the medicine.

But it advised parents to check any Children's Panadol Baby Drops syringes they had, and to ignore the dosing indicator if the scale did not begin at the base of the syringe.

"Paracetomol is safe and effective when taken as directed on the label," the TGA said. "However, if taken either in overdose or in amounts that exceeded the recommended dose for more than a few days, the unwanted effects can be severe."

The medicines watchdog warned that initially there may be no apparent harmful effects from an overdose, but after a day children could become "very sick".

"Immediate medical management is required in the event of overdose, even if symptoms of overdose are not present," the TGA said. "If you think you have given too much Paracetamol, contact the Poisons Information Centre (telephone 131 126) or call your doctor, or go to the nearest hospital emergency department. *Do this even if your child does not seem sick.*"

But the regulator said the risk of liver damage was limited if the medicine had been taken in accordance with instructions, even using faulty syringe markings.

"Overall, if the product is used as directed for less than 48 hours, the likelihood of infants developing hepatoxicity is low, but not negligible," the TGA said.

For more information, go to: http://www.tga.gov.au/safety/alert-medicines-childrens-panadol-baby-drops-syringe-131126.htm#.UpWLw8QW2kU

Cancer Council's wig service is moving ...

The Wig Service at the hospital has closed and will not reopen on the hospital campus.

Excitingly a new-improved one-stop Wig Service will be ready for business early in 2014 conveniently co-located at the Cancer Council's offices at 5 Richmond Avenue, Fairbairn. The new Wig Service will offer improved amenity to its clients in a refurbished and purpose designed space.

In the meantime, the smaller Wig Service at the Cancer Council's offices located at 5 Richmond Avenue, Fairbairn remains open except for a short closure over the Christmas holiday period - from 5.00 pm on 20 December 2013 and will reopen at 9.00 am on Monday 6 January 2014.

With over 200 wigs and a range of other headwear in stock there is something suitable for all clients. The Cancer Council Wig Service offers a range of wig styles and colours to cancer patients on a subsidised basis, thanks to the support of the Snow Foundation, the Colin Telfer Memorial Foundation and South Woden Uniting Church.

Any queries should be directed to CEO, Joan Bartlett or Joanne Grant, Manager of Corporate Services on 6257 9999.

Cancer Council ACT

New health hub opens in Phillip

Canberra Microsurgery opened its new centre in Phillip recently and is offering the ACT community access to the latest technology and a holistic approach to health care.

"We decided to locate our surgery at Phillip to be part of Canberra Health Point," Canberra Microsurgery Director, Iain Dunlop said. "Canberra Health Point is a collaboration of like-minded practitioners who are committed to helping people get well and maintain wellness.

Chief Minister, Katy Gallagher unveiled the new Canberra Microsurgery facilities and launched Canberra Health Point.

Canberra Microsurgery will give Canberrans access to some of the most cutting edge services in the country, with its laser surgery technology the most advanced in the southern hemisphere.

"The ACT has, and deserves to have, world-class health care," Canberra Microsurgery Director, Dr Martin Duncan said.

"The ACT Government has played an important role in ensuring our community has access to services, but providers have also been very proactive in terms of delivering innovative care.

"This is very much in line with our vision for Canberra Microsurgery and Canberra Eye Laser, which is to develop a community dedicated to excellent, efficient, informed and compassionate care in a safe, high quality facility providing the best available equipment and processes for surgical and microsurgical treatment."

Canberra Health Point will house services including osteopathy, natural care, psychology, physiotherapy, dentistry, dermatology, eye surgery and laser vision surgery.

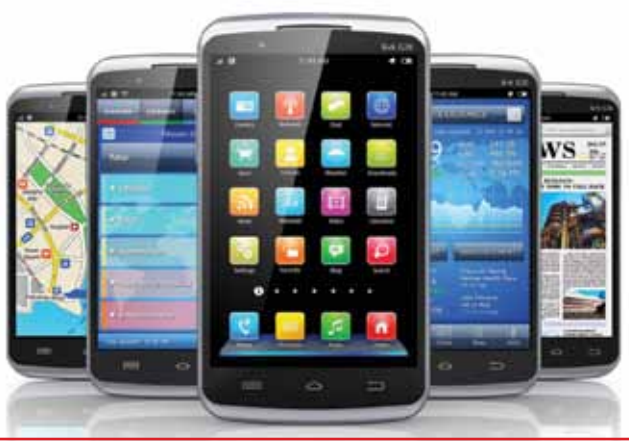
Chief Minister, Katy Gallagher and Dr Iain Dunlop at the launch.

Are you using your smartphone to take clinical photos?

With ready access to internet and email and widespread use of digital and social media, doctors are increasingly using their smart phones to take and share clinical images to assist with timely and appropriate diagnosis and management and to enhance patient care.

The AMA has recently agreed to partner with the Medical Indemnity Industry Association of Australia to develop plain-English guidelines for medical students and doctors on what is currently legal and/or appropriate and what is not in terms of clinical photography and the use of personal mobile devices.

This will be available in the first half of 2014. In the meantime Avant recently ran a Webinar on digital photography and doctors' medical apps in the age of smartphones. The webinar canvassed issues relating to the use of smartphone technologies in the provision of healthcare, and strategies for reducing your risk. Following the live webinar, a recorded version will be made available on the Avant resources page.



Food allergy and anaphylaxis: the need for education and training

Food allergy and anaphylaxis have become an increasing public and personal health burden in developed countries over the last decade.

In the most accurate estimate of food allergy in Australia performed thus far, the Victorian HealthNuts study food challenge proven incidence of food allergy (FA) at age 12 months was much higher than previously suspected; FA overall (10%); peanut allergy (3%); raw egg (8.8%) and sesame seed (0.8%). Effective strategies for primary prevention are lacking, and secondary prevention is limited to strategies to reduce the risk of unintentional exposure. Food immunotherapy remains at the investigational stage, with high rates of side effects in those on research trials and relapse in the vast majority when daily consumption of the triggering food is ceased.

As we are currently unable to prevent or cure food allergy, education regarding management is critical. Unfortunately, the demand for education outstrips the current resources available for face-to-face training. To meet these challenges, the Australasian Society for Clinical Immunology and Allergy (ASCIA) has developed a number of educational resources including

- Online training courses designed for health professionals, school and childcare staff and the general community;
- National standardised emergency Action Plans;
- Adrenaline autoinjector prescription guidelines; and
- Updated allergy prevention guidelines for schools and childcare.

Over the last 4 years, ASCIA has partnered with various state education and health departments to develop the school and childcare e-training courses available free of charge from the ASCIA website. There has been over 100,000 registrations for ASCIA's school and childcare training since the programme was first launched in March 2010. Additional programmes have been specifically designed to meet the needs of medical practitioners, nurses, pharmacists and dietitians and are accredited by professionals associations. We encourage those involved in the care of patients with food allergy and anaphylaxis to update their knowledge and skills in this area. In the meantime, parents of children with food allergy/anaphylaxis are encouraged to visit their GP yearly to renew ASCIA Action Plans for the new school year, to be re-trained in the use of their adrenaline autoinjector device (if prescribed), and check if any new problems have arisen that might suggest the need for availability of an adrenaline autoinjector (e.g. new regular asthma, new or more serious allergic reaction).

RESOURCES

ASCIA online training
https://etraining.allergy.org.au
ASCIA Anaphylaxis Resources
http://www.allergy.org.au/health-professionals/anaphylaxis-resources
ASCIA Guidelines for the prevention of anaphylaxis in schools, pre-schools and childcare
http://www.allergy.org.au/health-professionals/papers/prevent-anaphylaxis-in-schools-childcare

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Action needed to give indigenous children a healthier start to life

AMA Indigenous Health Report Card 2012-13 - "The Healthy Early Years – Getting the Right Start in Life"

The AMA Indigenous Health Report Card 2012-13, *The Healthy Early Years – Getting the Right Start in Life*, was released by Assistant Minister for Health, Senator the Hon Fiona Nash, at Parliament House recently.

AMA President, Dr Steve Hambleton, said it is the right of every Australian child to have the best start in life but in Australia today not every child benefits from this right.

"In their early years, children need to be safe, have adequate opportunities for growth and development, and have access to adequate health, child development, and education services," Dr Hambleton said.

"Many of our children are missing out, but none more so than Aboriginal and Torres Strait Islander children.

"There have been some improvements in recent years with many Aboriginal and Torres Strait Islander children making a successful transition to healthy adult life, but there are still far too many who are being raised in community and family environments that are marked by severe early childhood adversity.

"This adversity in early life can affect educational and social functioning in later life, and can increase the risk of chronic illness.

"Without intervention, these problems can be transmitted from one generation to the next – and the cycle continues.

"Good nutrition, responsive care and psychosocial stimulation can have powerful protective benefits to improve longer-term health and wellbeing.

"Strong culture and strong identity are also central to healthy early development.

"The costs to individuals, families, and society of Aboriginal and Torres Strait Islander children failing to reach their developmental potential continue to be substantial.

"Robust and properly targeted and sustained investment in healthy early childhood development is one of the keys to breaking the cycle of ill health and premature death among Aboriginal peoples and Torres Strait Islanders.

"We are seeing improvements through government commitment and cooperation on closing the gap initiatives, but much more action is needed

"It is crucial for the momentum to be sustained by renewing the COAG National Partnership Agreements on Indigenous Health and on Indigenous Early Childhood Development for another five years," Dr Hambleton said.

The AMA makes several recommendations in the Report Card to improve the health and wellbeing of Aboriginal and Torres Strait Islander children in their early years, including:

- a national plan for expanded comprehensive maternal and child services that covers a range of activities including antenatal services, childhood health monitoring and screening, access to specialists, parenting education and life skills, and services that target risk factors such as smoking, substance use, nutrition, and mental health and wellbeing;
- the extension of the Australian Nurse Family Partnership Program of home visiting to more centres;
- support for families at risk with interventions to protect infants and young children from neglect, abuse and family violence;
- efforts to reduce the incarceration of Aboriginal people and Torres Strait Islanders;
- efforts to improve the access of Aboriginal people and Torres Strait Islanders to the benefits of the economy, especially employment and entrepreneurship;
- efforts to keep children at school;
- building a strong sense of cultural identity and self-worth;
- improving the living environment with better housing, clean water, sanitation facilities, and conditions that contribute to safe and healthy living; and better data, research and evaluation culturally appropriate measures of early childhood development and wellbeing.

Assistant Minister for Health, Senator Fiona Nash.

The AMA Indigenous Health Report Card, *The Healthy Early Years – Getting the Right Start in Life*, is available at https://ama.com.au/2012-13-ama-indigenous-health-report-card-healthy-early-years-getting-right-start-life

Examples of good news stories in addressing early childhood adversity for Aboriginal and Torres Strait Islander children can be found at https://ama.com.au/2013-ama-indigenous-health-report-card-good-news-stories

Thank you from Canberra Doctor

The 'Canberra Doctor' team thanks all the contributors and advertisers of 2013 for their support. It is much appreciated and we can't do it without you.

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AMA (ACT) LIMITED

Canberra dermatologists get under the skin of ACT politicians to promote skin health awareness

AMA ACT President and Canberra dermatologist, Dr Andrew Miller, recently conducted skin checks on members of the ACT Assembly to help promote the vital importance of self-examination and early detection in the prevention of skin cancer.

Dr Miller and his colleague, Dr Catherine Drummond, checked the skin of politicians including Chief Minister Katy Gallagher, Opposition Leader Jeremy Hanson, Deputy Chief Minister Andrew Barr, and Shadow Treasurer Brendan Smyth.

Dr Miller said that early detection of non-melanoma and melanoma skin cancers can reduce the need for extensive surgery and save lives.

Ahead of the checks, Dr Miller told media, "our simple message to the people of Canberra is 'Know Your Skin'.

"We urge people to get into the habit of self-examination and, if they notice any changes in their skin, to see their GP immediately for a check-up and advice.

"Tomorrow we intend to get right under the skin of the ACT's political leaders – but for all the right reasons".

"The Chief Minister, the Opposition Leader, the Deputy Chief Minister, and the Shadow Treasurer have generously donated their time – and their skin – to help send a powerful message to the people of Canberra to be vigilant about the dangers of skin cancer."

Ms Katy Gallagher and Dr Catherine Drummond.
Mr Jeremy Hanson and Dr Andrew Miller.

Major Federal Government fund dumps tobacco shares

A major Federal Government fund is dumping $100 million of tobacco company shares as the Commonwealth moves to distance itself from the industry.

The Commonwealth Superannuation Corporation revealed at a Senate Estimates hearing late last month that it is divesting itself of its tobacco holdings, following similar action taken by the Future Fund earlier this year.

Australian Greens health spokesman Senator Richard Di Natale welcomed the move as an important advance in removing public funds from tobacco companies.

"It makes absolutely no sense for public money to be invested in such an insidious industry," Senator Di Natale said. "The announcement is a win for common sense."

The Greens and public health groups have been campaigning to force public entities to sever financial links with the tobacco industry, and Sentor Di Natale said the Corporation's decision was a welcome one.

The Future Fund decided in February to divest itself of shares in 14 entities involved in tobacco production after coming under sustained public and political pressure over the holdings, worth around $222 million.

In a statement announcing the decision, Chair of the Fund's Board, David Gonski said the Board had "noted tobacco's very particular characteristics, including its damaging health effects, addictive properties and that there is no safe level of consumption".

Shared e-health records an exclusive club

Little more than 11,000 shared health summaries have been created under the previous Government's electronic health record system.

A Senate Estimates hearing was told that around 1.13 million people so far have registered for a Personally Controlled Electronic Health Record (PCEHR), but minimal take-up by medical practitioners has meant that few shared health summaries have been created.

The result underlines AMA concerns that the system as currently configured is too complex and cumbersome for medical practitioners to use, and there are not sufficient incentives to encourage greater take-up.

Department of Health Secretary Jane Halton defended the rate of take-up of the PCEHR, which she said was "reasonable" and in line with experience in the Northern Territory with the adoption of its electronic health record system.

"In terms of our expectations about what is a reasonable take-up rate, I think the answer is, compared to our domestic experience, yes, it is reasonable; and compared to what I know about international experience, yes, it is reasonable," Ms Halton told the Estimates hearing on 20 November.

The hearing was told that 6,040 health care provider organisations, including individual general practices and health networks such as the Queensland public hospital system, had registered with the system.

The number included 4,714 general practices.

But Health Department officials admitted that the limited adoption of the scheme so far meant that only about 400 patients could have their discharge summaries uploaded to the PCEHR by their hospital.

The Coalition has been highly critical of the PCEHR and the cost (so far estimated to be around $1 billion) of establishing e-health systems.

But Ms Halton said progress should be measured not only in terms of the number of shared summaries created so far, but also the enormous amount of work that had gone into establishing the building blocks of a uniform national electronic health system, including the development of unique identifiers.

"Let's be clear. The $1 billion is comprised of a number of elements. The large majority of the billion dollars is actually [spent on] things like the standards that underpinned the use of all IT systems in the health space," the Health Department Secretary said. "Those things are fundamental to the operation of electronic systems in states and territories. The PCEHR is actually the smaller proportion of that amount. The majority of it is actually creating the things that prevent a 'rail gauge' problem in terms of electronic commerce, communication and clinical information."

The hearing also heard that private organisations hired by the Department had delivered the bulk of the patient registrations to date, with minimal take-up coming from public notices or information from Medicare Locals.

Reduce 'personal control' to make electronic health records useful

AMA President Dr Steve Hambleton has been appointed by the Abbott Government to a three-member panel to review the system and advise on changes to improve its usefulness and encourage greater adoption by patients and the medical profession.

There needs to be a "fundamental change" in the Commonwealth's troubled electronic health record system to reduce patient control if it is to be used and adopted by doctors, the AMA has warned.

In a blunt assessment of the failings of the Personally Controlled Electronic Health Record (PCEHR), the AMA said that the overriding emphasis on patient control in the present system had come at the expense of clinical utility, with doctors wary of relying on health records where information may be hidden or incomplete.

Since the system went live in mid-2012, little more than one million people have registered for a PCEHR, and barely 11,000 shared health summaries have been uploaded by doctors, fuelling concerns that it is in danger of becoming a very expensive failure.

In its submission to the review, which is due to report to Health Minister Peter Dutton by the middle of this month, the AMA warned the system risks being rejected outright by many doctors unless the emphasis on patient control is scaled back and the integrity of information contained in the record is assured.

"We support people taking greater responsibility for their own health, and the PCEHR has the potential to assist with this," AMA Vice President Professor Geoffrey Dobb said. "But patient control should not mean that the PCEHR cannot be relied upon as a trusted source of key clinical information."

The AMA's overriding concern is that patients have the ability to remove or restrict access to information in the PCEHR, meaning that it cannot be relied upon as a comprehensive and accurate source of clinical information.

"The current PCEHR arrangements allow patients to restrict access to information, and patients can remove documents without trace," Professor Dobb said, warning this was a fundamental flaw in current arrangements that undermined the system's clinical usefulness.

"To encourage use of the PCEHR, GPs, community specialists and emergency department specialists must be confident that it contains accurate, up-to-date information," he said. "Without a fundamental change to increase clinical confidence, the PCEHR does not serve the best interests of patients. As a result, it would be rejected by many doctors and would fail."

The AMA Vice President said less patient control would not compromise privacy, because there were already strong safeguards in the enabling legislation to prevent third parties having access to electronic records without a valid reason, and there were heavy penalties for any breaches.

In its submission, the AMA also recommended that the PCEHR be an opt-out rather than opt-in system, as this would ensure a high degree of consumer participation and encourage doctors to commit to using the system.

"Doctors would be much more likely to fully embrace the new system if a majority of their patients had a PCEHR," Professor Dobb said.

Among other improvements, the AMA has recommended increased assistance for medical specialties and health care organisations in developing the capability to view and upload documents to the PCEHR; ensuring that medical software provides seamless access to the system, as well as ease in uploading documents and information; and making sure that any new functions added to the PCEHR fit within the existing workflow and do not create additional work for clinicians.

Building a medical workforce for Australia's future

AMA Position Statement on Medical Workforce and Training

The AMA has released its *Position Statement on Medical Workforce and Training 2013*.

AMA Vice President, Professor Geoffrey Dobb, said the health of the Australian population relies upon care from a highly skilled, well-trained medical workforce.

Professor Dobb said the AMA has spent considerable time, involving extensive discussion with stakeholders, to produce a comprehensive Position Statement to help guide the future development of medical workforce and training policies to improve community access to high quality medical care.

"The AMA believes there needs to be unprecedented cooperation and coordination – between all levels of government, and between all key medical training stakeholders – to build a highly trained medical workforce in appropriate numbers to serve the future health needs of the Australian community," Professor Dobb said.

"Medical workforce policy and planning must align with community demand for high quality health care.

"Planning for training our future medical workforce must aspire to maximum efficiency, sufficient funding, equity of access to medical services for all Australians, self-sufficiency in medical workforce supply, and an appreciation of global medical workforce trends.

"It takes time to train a high-quality medical workforce - planning for the future must start now," Professor Dobb said.

The Position Statement addresses a number of key challenges facing medical workforce and training in Australia including:

- a global shortage of medical practitioners, with some specialties affected more than others;
- maldistribution of medical practitioners, in terms of both geographic distribution and specialty;
- bottlenecks in the medical training pipeline, caused by increasing numbers of medical graduates and a historically fragmented medical training system;
- systematic underfunding of prevocational and vocational training positions by jurisdictions, exacerbating the existing bottlenecks in the medical training pipeline; and
- heavy reliance on recruitment of international medical graduates to ameliorate workforce shortages, particularly in regional and rural areas.

The Position Statement outlines the key principles that the AMA believes should guide medical workforce and training within Australia. Training must be:

- supported by accurate data and projections;
- driven by community need;
- improved by better co-ordination;
- enhanced by efficiency;
- supported by sufficient funding;
- empowered by equity of access;
- underpinned by self-sufficiency; and
- linked to global medical workforce trends.

Professor Dobb said that the Commonwealth has significantly increased medical student numbers from 7746 in 2000 to 16,868 in last year.

"The Commonwealth and the State and Territory governments must continue to build on the significant investments they have made in prevocational and specialist training, to ensure that future graduates can complete specialist training and deliver the medical services the community needs.

"There is growing pressure on the medical training pipeline, and Health Workforce Australia (HWA) is projecting that, by 2016, Australia will be facing a shortage of specialist training places unless urgent action is taken.

"The AMA welcomes the work that HWA is doing to develop a long term medical workforce training plan.

"For this plan to work, all Commonwealth, State and Territory governments need to reach agreement on:

- the number of quality medical school, intern, prevocational and specialist medical training places needed, based on the analysis provided by HWA;
- respective financial contribution each government will make;
- robust performance benchmarks to measure achievement against HW2025 targets and COAG commitments, with regular reporting by HWA on progress against these targets; and
- the development, in consultation with the profession, of performance benchmarks to ensure that the quality of medical training is sustained.

The AMA *Position Statement on Medical Workforce and Training 2013* is at https://ama.com.au/position-statement/medical-workforce-and-training-2013

AMA supports new scientific evidence-based resource to promote immunisation

AMA President, Dr Steve Hambleton, said the AMA welcomes the Australian Academy of Science's new *Science Q&A* app as an important addition to the immunisation evidence base to help parents make informed decisions about the health of their children.

The app – launched in Melbourne by Dr Hambleton, Academy President, Professor Suzanne Cory, and world-renowned immunologist, Professor Sir Gustav Nossal – is a companion to the highly successful Academy booklet, *"The Science of Immunisation"*, launched jointly by the Academy and the AMA last year, which has been circulated to more than 7,000 GPs nationally and accessed by hundreds of thousands of people via the Academy website.

Dr Hambleton said it is important that parents have easy access to quality scientific evidence to help them make informed decisions about immunisation.

"Immunisation has saved millions of lives around the world and in Australia," Dr Hambleton said.

"It has brought great comfort and security to the health of the community and the Australian way of life.

"Many serious life-threatening diseases are now rare because of immunisation, but we cannot be complacent about public health.

"It is vital that we continue to provide families and the community with the highest quality scientific evidence on immunisation.

"The Academy's new app has been researched and developed by Australia's leading scientists.

"It is an important new resource that will help dispel the non-scientific myths and misinformation circulated by anti-vaccination groups in the community.

"The app features strong scientific evidence, clear explanations, and easy-to-understand language that will reassure people, including conscientious objectors, about the safety and efficacy of immunisation.

"It is another useful tool for community GPs, who are the public face of immunisation for Australian families.

"Parents should always speak freely with their family doctors about any concerns they may have with their child's immunisation program," Dr Hambleton said.

Australian Academy of Science President, Professor Suzanne Cory, said that the Academy is strongly committed to ensuring that every Australian has the opportunity to base their decisions on the best available evidence.

"This app puts the best scientific evidence at parents' fingertips, giving them confidence that they're making the best decisions for their child," Professor Cory said.

Internationally acclaimed immunologist, Professor Sir Gustav Nossal, said it is important for all parents to have their children immunised.

"Not only does this safeguard the children from serious and potentially fatal infections, but high immunisation coverage at community level ensures that viruses and bacteria do not have enough fertile 'soil' on which to grow, so that risk of infection is minimised by 'herd immunity'", Professor Nossal said.

Dr Hambleton said that 2013 has seen strong action by governments to increase Australian immunisation rates, including:

- in November 2013, the NSW Administrative Decisions Tribunal ordered the anti-vaccination Australian Vaccination Network (AVN) to change its name after finding it was likely to mislead parents into thinking it provides fair and balanced information;
- of the decision, the then NSW Fair Trading Minister Anthony Roberts said *"… this is about being open and upfront about what you stand for, not hiding behind a name which could mislead the community about a very significant public health issue … the time has come for the AVN to find a name which reflects its anti-vaccination stance ...";*
- in August 2013, the Australian Government introduced new rules that require children to be 'fully immunised', be on a recognised immunisation catch up schedule, or have an approved exemption to be eligible for the Family Tax Benefit Part A supplement; and
- in July 2013, the Australian Senate supported a motion from the Australian Greens urging the AVN to disband, condemning its 'harmful and unscientific scare campaign that is helping undermine national immunisation rates'.

For details on how to access the new app, click on the Science Q&A icon on the Australian Academy of Science website at www.science.org.au

Anti-vax group ordered to inject some reality into its name

In a victory for the NSW Government, the NSW Administrative Decisions Tribunal has directed the Australian Vaccination Network to ditch its title and develop a name that accurately reflects its scepticism about vaccinations after it ruled that it was misleading.

The decision is the latest victory in efforts to boost the nation's immunisation rates amid warnings that vaccination coverage in some parts of the country was so low that there was risk of a sustained outbreak of serious diseases such as measles and whooping cough.

It follows the introduction of new laws in NSW that, from 1 January, will allow childcare centres to refuse enrolment for children whose parents cannot provide proof of vaccination or an approved exemption, and comes after the nation's Health Ministers agreed to work on developing nationally-consistent immunisation requirements.

Concerns about the nation's vulnerability to serious infectious diseases have been stoked by evidence that in parts of the country, particularly northern NSW and south-east Queensland, vaccination rates among young children have slipped to as low as 81.1 per cent – well below the level considered necessary to ensure a level of herd immunity.

AMA President Dr Steve Hambleton said it was no coincidence that low vaccination rates were recorded in areas where anti-vaccination groups were active, and he welcomed the Tribunal's ruling to force the AVN to be more open about its opposition to immunisation.

NSW Fair Trading Minister Anthony Roberts told the Sydney Morning Herald the ruling was an important result for the community.

"This is about being open and upfront about what you stand for, not hiding behind a name which could mislead the community about a very significant public health issue," Mr Roberts said. "The time has come for AVN to find a name which reflects its anti-vaccination stance."

The Tribunal's Deputy President, Nancy Hennessy, found that the AVN was sceptical about vaccination, and that its main purpose was to disseminate information and opinions highlighting the risks of vaccination, yet its name suggested a pro-vaccination, or at least balanced, approach to the issue.

Ms Hennessy suggested the group consider adding the words "risks" or "sceptic" to its name to ensure people understood what its purpose was, the report in the SMH said.

The Tribunal's decision came more than a year after the AVN won a Supreme Court appeal against an order by the Health Care Complaints Commission that the AVN include a disclaimer on its website that its information should not be considered as medical advice.

The appeal was won on a technicality after the AVN successfully argued the Commission had exceeded its authority in issuing the order.

United medical profession calls on Queensland to ditch toxic contracts

Senior members of the medical profession from across the country have united in their condemnation of the Queensland Government's decision to force Senior Medical Officers in the State's public hospital system onto individual contracts that strip them of basic workplace rights and protections.

The AMA Federal Council, which brings together senior members of the medical profession from all the states, territories and specialty groups, as well as representatives of doctors in training, salaried medical officers and medical students, has unanimously resolved to oppose the Queensland Government's decision to introduce the "unfair and unbalanced" contracts from 1 July 2014.

At a meeting late last month, the Council considered the changes and resolved to condemn them as a retrograde step that would harm doctors and patients in Queensland public hospitals.

AMA President Dr Steve Hambleton said a succession of enterprise agreements covering Queensland's Senior Medical Officers had been instrumental in enabling the State to overcome a long-standing shortage of doctors in the public hospital system.

Dr Hambleton warned that the shift to unfair individual contracts that did away with key employment provisions and protections risked an exodus of senior medical staff that would threaten to undo recent advances in access to care.

"The proposed new individual contracts will strip away key employment rights and undermine the progress Queensland has made in growing its public sector medical workforce," the AMA President said.

The contracts remove key fatigue measures such as mandated rest breaks and limits on hours, as well as denying access to protections such as unfair dismissal, dispute resolution and grievance procedures.

Queensland Health's problems attracting and retaining senior medical staff came to a head in the middle of last decade with revelations about the conduct of Bundaberg Base Hospital head of surgery Dr Jayant Patel.

Dr Patel was last month given a two-year suspended sentence after being convicted on several counts of fraud after misrepresenting his experience and qualifications, and his case drew attention to the risks involved in relying heavily on overseas recruits to fill gaps in the medical workforce.

Following the scandal, Queensland Health substantially upgraded employment conditions for public hospital medical staff, boosting its ability to recruit and retain staff.

Dr Hambleton said the move to draconian individual contracts was a retrograde step that would undermine the progress that had been made, and must be reversed.

The harm the Government's policy will inflict on the Queensland's ability to attract and retain staff has already become apparent.

New Zealand's Association of Salaried Medical Specialists has issued an extraordinary warning to its members, urging them to "steer clear" of any offers to work in Queensland.

The Association's Executive Director Ian Powell wrote to members urging them to "strongly reconsider" plans to work in Queensland public hospitals, cautioning that "if you take up a position…you will have fewer rights, fewer protections and less negotiating strength".

The warning is particularly significant because New Zealand has become an important source of senior medical staff for Queensland's public hospitals in the past six years.

Dr Hambleton called on the Queensland Government to reconsider its plans.

"Any loss of senior doctors from the public hospital system would limit patient access to medical care, and make it harder to train the next generation of doctors entering the system to provide care for Queenslanders."

Private Mental Health Alliance launches principles for collaboration, communication and cooperation between private mental health service providers

The Private Mental Health Alliance (PMHA) has launched its Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers (Principles).

It stated that it had a vision for a mental health system that addresses the need for consumers and carers to have a robust referral pathway and process that promotes better communication between providers of mental health services in the private sector. It is confident that implementation of the Principles will help to improve outcomes for people with a mental illness and their carers.

These Principles have been developed through a highly collaborative process. They have been officially recognised as an Accepted Clinical Resource by The Royal Australian College of General Practitioners and carry the endorsement of the following organisations.

- Australian Medical Association
- The Royal Australian and New Zealand College of Psychiatrists
- Australian Psychological Society
- Australian College of Mental Health Nurses
- Australian Association of Social Workers
- Occupational Therapy Australia
- Australian Private Hospitals Association
- Private Healthcare Australia
- Private Mental Health Consumer Carer Network (Australia)
- Mental Health Professionals Network
- General Practice Mental Health Standards Collaboration

The Principles are an important resource for mental health professionals Continuing Professional Development (CPD) programs and CPD events, particularly those that might relate to establishing and working in private practice.

Education and training providers including universities may find the Principles particularly useful for developing and delivering their mental health curricula.

An electronic version of the Principles can be obtained from the PMHA website at: http://www.pmha.com.au/PublicationsResources/Principles.aspx

PMHA very much believe there is scope to build on this work. Feedback on the Principles and suggestions for future work and tools that could support the Principles would be very welcome and should be forwarded to ptaylor@pmha.com.au

Continued dispensing by pharmacists – an update and fact sheet

'Continued dispensing' is a joint Commonwealth Government and Pharmacy Guild of Australia initiative that allows pharmacists to supply a standard pack of an eligible

PBS medicine to patients who request it without a prescription from a medical practitioner.

The Federal and State AMAs lobbied hard to oppose legislation to allow 'continued dispensing' within the Pharmaceutical Benefits Scheme, including writing to all Federal parliamentarians to explain the risks to patients, however the legislation was passed last year.

Legislation in the ACT has now also been amended to specifically provide for 'continued dispensing'.

The eligible medicines under 'continued dispensing' are:

- oral hormonal contraceptives for systemic use.
- lipid modifying agents, specifically the HMG CoA reductase inhibitors ('statins') as listed in the Schedule of Pharmaceutical Benefits.

Oral hormonal contraceptives

- Levonorgestrel
- Levonorgestrel with Ethinyloestradiol
- Norethisterone
- Norethisterone with Ethinyloestradiol
- Noresthisterone with Mestranol

Lipid modifying agents

- Atorvastatin
- Fluvastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

The practice guidelines issued by the Pharmaceutical Society for Australia states pharmacists can supply these medicines by continued dispensing if they consider:

- there is an immediate need for supply of the medicine to facilitate continuity of therapy, and it is not practicable for the patient to obtain a prescription for the medicine from an authorised prescriber;
- the medicine has been previously prescribed for the patient, their therapy is stable, and there has been prior clinical review by the prescriber that supports continuation of the medicine;
- there is an ongoing need for supply and the medicine is safe and appropriate for that patient.

The pharmacist must also be able to identify the most recent prescriber of the requested medicine and their practice address.

The practice guidelines also state that pharmacists will need to balance the risk to patients of delaying review by their medical practitioner with the benefit of continuity of therapy.

Pharmacists must advise the patient's medical practitioner within 24 hours that the medicine has been supplied without a prescription. Information must include:

- patient details
- date medicine supplied
- medicine details
- reason for supply by continued dispensing
- declaration co-signed by the patient indicating their understanding and consent to the supply.

Pharmacists must not supply these medicines to a patient if the medicine has already been supplied by any pharmacy by continued dispensing in the previous 12 months.

Continued dispensing is supplementary to existing urgent or emergency supply provisions existing in each State and Territory.

Feedback

The AMA wants to hear about your experiences with continued dispensing.

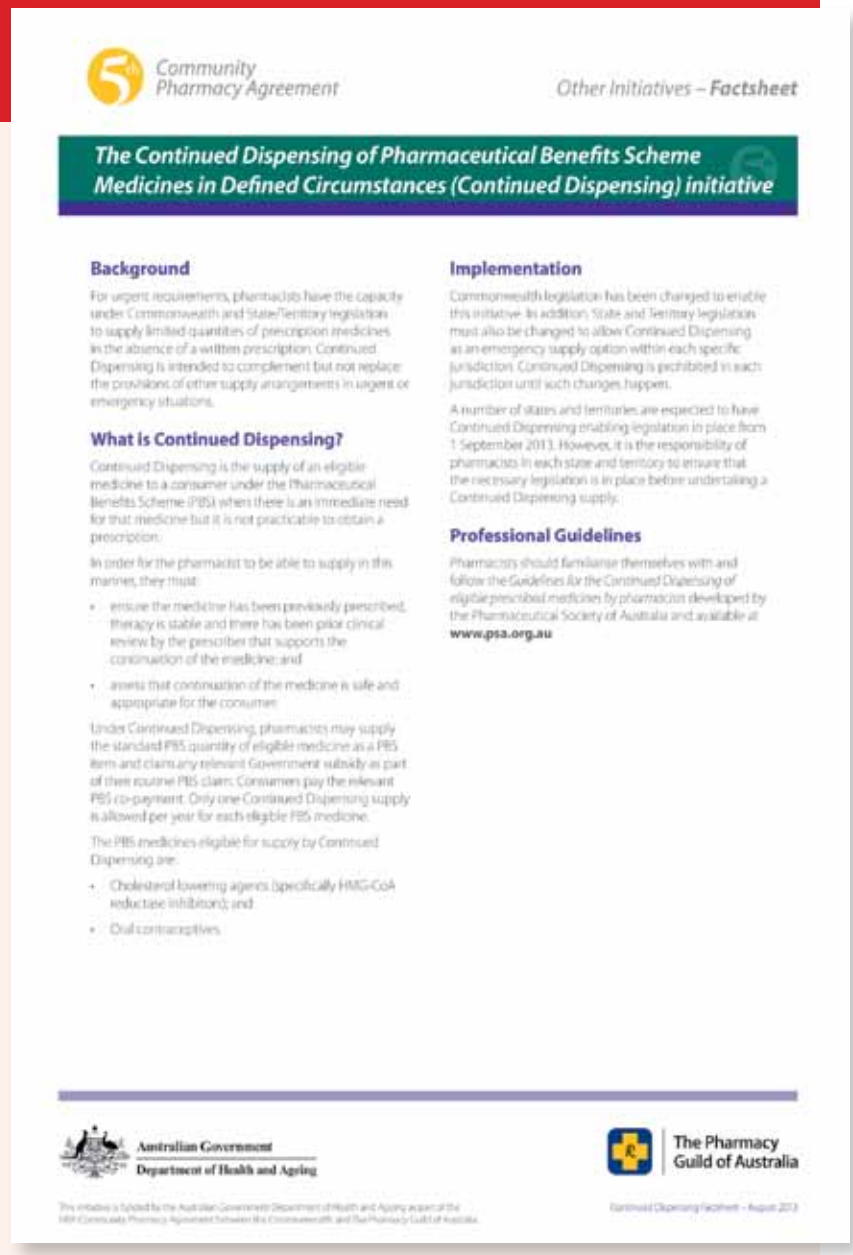
In particular:

- Have you been contacted by pharmacists to establish that you have recently reviewed the patient for that medication?
- Is the information provided to you by pharmacists after continued dispensing has occurred useful?
- Has there been an impact on the management of your patient?

Please forward any comments to: execofficer@ama-act.com.au and/or ama@ama.com.au

For further information on the changes to the ACT legislation use the link below:

http://www.legislation.act.gov.au/sl/2008-42/current/pdf/2008-42.pdf



Community Pharmacy Agreement

Other Initiatives – Factsheet

The Continued Dispensing of Pharmaceutical Benefits Scheme Medicines in Defined Circumstances (Continued Dispensing) initiative

Background

For urgent requirements, pharmacists have the capacity under Commonwealth and State/Territory legislation to supply limited quantities of prescription medicines in the absence of a written prescription. Continued Dispensing is intended to complement but not replace the provisions of other supply arrangements in urgent or emergency situations.

What is Continued Dispensing?

Continued Dispensing is the supply of an eligible medicine to a consumer under the Pharmaceutical Benefits Scheme (PBS) when there is an immediate need for that medicine but it is not practicable to obtain a prescription.

In order for the pharmacist to be able to supply in this manner, they must:

- ensure the medicine has been previously prescribed, therapy is stable and there has been prior clinical review by the prescriber that supports the continuation of the medicine; and
- assess that continuation of the medicine is safe and appropriate for the consumer.

Under Continued Dispensing, pharmacists may supply the standard PBS quantity of eligible medicine as a PBS item and claim any relevant Government subsidy as part of their routine PBS claim. Consumers pay the relevant PBS co-payment. Only one Continued Dispensing supply is allowed per year for each eligible PBS medicine.

The PBS medicines eligible for supply by Continued Dispensing are:

- Cholesterol lowering agents (specifically HMG-CoA reductase inhibitors); and
- Oral contraceptives.

Implementation

Commonwealth legislation has been changed to enable this initiative. In addition, State and Territory legislation must also be changed to allow Continued Dispensing as an emergency supply option within each specific jurisdiction. Continued Dispensing is prohibited in each jurisdiction until such changes happen.

A number of states and territories are expected to have Continued Dispensing enabling legislation in place from 1 September 2013. However, it is the responsibility of pharmacists in each state and territory to ensure that the necessary legislation is in place before undertaking a Continued Dispensing supply.

Professional Guidelines

Pharmacists should familiarise themselves with and follow the Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists developed by the Pharmaceutical Society of Australia and available at **www.psa.org.au**

Australian Government Department of Health and Ageing

The Pharmacy Guild of Australia

Careers Service reminder

As we come to the close of another year the AMA Careers Advisory Service would like to thank all those doctors and medical students who have accessed the service to date and welcome those who haven't as yet to take some time over the holiday break to visit our website and check out the range of services and information available to you for use throughout your medical career.

With all employment campaigns completed for 2013 we encourage those who will be applying for intern, RMO and vocational training positions in the 2014 campaigns to start thinking about your applications now and get ahead of the crowd in accessing our application tools - resume review, cover letter review and interview skills and assistance. Each of these services can be purchased at either the member or non-member rate via the website along with further information about each service.

The AMA Careers Service also provides advice and assistance for your career pathway. For example, if you are a junior doctor considering which vocational training program you want to apply for, GPs and Specialists looking for a change of scene or even a change in direction, retiring doctors who aren't quite ready give up work completely and looking for transitional employment opportunities etc. the AMA Careers Service can provide information and assistance on how best to approach these queries and the options available to you.

Our Doctors in Training Profile section of the website has been very popular since its addition in July 2013 and we encourage all medical students and junior doctors to visit these profiles for some additional insight into the different career paths available to you as medical practitioners. We also encourage all practising doctors to share your story through your contributions to this section of the website and support your peers who have already contributed to this valuable tool.

We look forward to hearing from you soon and best wishes and safe travels to you all over the holiday season.

Kathryn Cassidy

AMA National Careers Consultant

AMA Careers Advisory Service

Website: www.careers.ama.com.au

Hotline: 1300 884 196

Email: careers@ama.com.au

Winner of AMA ACTs "Art In Butt Out" competition is finalist in national stamp designing competition

"Canberra Doctor" is pleased to report that the winner of the 2013 "Art In, Butt Out" competition for young designers, Sally Witchalls, is now a finalist in a national competition to design a postage stamp for Australia Post. Sally is a year 8 student at Canberra High School.

Sally's winning entry in the AMA ACT competition was distributed on 60,000 milk cartons in Canberra during September.

With Australia hosting the G20 Summit in Brisbane in 2014, year 7 to 12 students from around the country were invited to showcase their creative skills by designing a 60 cent stamp for Australia Post. The commemorative stamp will be released in conjunction with the G20 Summit in 2014. Sally's G20 stamp design has been selected as one of 5 national finalists. The winning design from the

five finalists is selected by popular vote from the public.

Sally is the only student from the ACT who is a finalist. There are no prizes in the competition, only the accolade of having the design utilised for such a good purpose.

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Qantas Club membership rates for AMA members

Joining Fee: $230 (save $140)
1 Year Membership: $372 (save $113)
2 Year Membership: $660.30 (save $214.69)
(all rates are inclusive of GST)

To renew your Qantas Club Corporate Membership contact the secretariat to obtain the AMA corporate scheme number.

For new memberships download the application from the Members' Only section of the AMA ACT website: **www.ama-act.com.au**

For further information or an application form please contact the ACT AMA secretariat on **6270 5410** or download the application from the Members' Only section of the AMA ACT website: **www.ama-act.com.au**

AMA Careers Advisory Service

Are you are a doctor looking for a change in career, in either the clinical or non-clinical setting?

Not sure where to start and how your current skill set will apply?

Contact your AMA Careers Consultant via the online feedback form at: **http://careers.ama.com.au** by email at: **careers@ama.com.au** or by phoning our hotline: **1300 884 196**

AMA Staff Assist

– helping you get the right staff for your practice

AMA ACT is pleased to announce its new service "AMA STAFF ASSIST"

This new fee-for-service initiative has been designed to assist AMA members recruit nursing, admin and book keeping staff.

AMA STAFF ASSIST will advertise the vacancy, assess the competencies required for the position, recommend a minimum salary rate, assess candidates and recommend a short-list of candidates for interview. Following the successful selection of a new staff member, AMA STAFF ASSIST will provide the employing member with a template workplace agreement if desired.

For further details on this new service, please contact Christine Brill on 6270 5419 or by email: execofficer@ama-act.com.au

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