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Preparing for the training crisis and other important matters for doctors in training – By Dr Chloe Abbott

As the AMA has been aware for a number of years, the Federal Government initiative to increase doctors by uncapping the number of medical students, without the engagement of key stakeholders (most notably the State Governments and Medical Specialty Colleges), has resulted in what is now already being reckoned the 'training crisis'.

Whilst the issue of medical internships is a reasonably easy issue to advocate for, with a relatively simple message to portray through media to the public, requirements of well-structured planning for expansion of medical training pathways, which must be mapped to both community needs and availability of employment, is understandably, a much more convoluted process.

In fact, the AMA Council of Doctors in Training (AMACDT) learnt at the Annual Trainee Forum in 2013, this process is even more difficult when there is no data source that has information regarding the number of PGY3/4/5 doctors in the hospital system who are not on a formal recognized training program.

In 2014, the first AMACDT national meeting of the year was preceded by the annual trainee forum, which once again raised the data collection issue. This is proving to be a huge problem in the process of advocacy.

As Chair of the AMACDT, Dr James Churchill (former President of AMSA and current AMA Federal Councillor) sits on the panel of the newly created National Medical Training Advisory Network (NMTAN) – a Health Workforce Australia (HWA) initiative established 18 months ago in response to the findings of the HWA2025 publications.

These publications, whilst not perfect, are our most accurate source of supply and demand data over the next 10 years in the Australian medical workforce. Whilst the plan of establishing NMTAN is to create 5 year rolling training plans that match supply to demand in medical training (from medical student level through to specialty college training positions), a substantial number of questions regarding exactly how this process will happen, and perhaps more importantly, when it will happen remain unanswered.

The AMACDT continues to advocate for the growing number of junior doctors who anxiously approach bottlenecks in the system that have been predicted for years, yet consistently not acted upon by governments with short terms and visions regarding the health system.

Training issues aside, this year will see the AMACDT working with beyond blue on the mental health and wellbeing of doctors. In light of a survey last year revealing 1 in 5 medical students or doctors had had suicidal thoughts, the mental health and wellbeing of doctors is a huge priority within the AMA and AMSA. The consensus of the AMACDT was that the time for collection of data on this issue was over, and the focus now was to move towards action – with plans to support services already available and develop further mechanisms for addressing the mental health of doctors.

An issue that could not be ignored was the current situation in Queensland; an issue which has potential repercussions throughout every Australian state, and obviously the dire situation it places both the Queensland population and the Queensland medical workforce in. The AMACDT wrote to Queensland Health Minister Lawrence Springborg, and released a press statement to raise the alarm of the potential implications that mass resignation could have on the medical trainee workforce, resulting in media attention raising a new angle to the issue.

It will be a busy year for the CDT, and in the current climate of the Australian medical workforce, it has never been more important for doctors in training to have a representative voice through the AMA.

The successful 2013 'Scrap the Cap' campaign possibly had the greatest implications for Doctors in Training, who spend a great percentage of their wages on requirements for further education and College requirements. Every junior doctor in the country, AMA member or not, should be greatly appreciative that this tireless campaign was successful, and use it as a reminder as to why it is so important to have a voice through the AMA to represent issues that are affecting doctors.

As a mentor once said to me, "No one is going to advocate for the rights of medical professionals, except for medical professionals", a message I believe that every doctor should keep in mind in the unstable climate we face as a profession in years to come.

Dr Chloe Abbott is the ACT representative to the AMACDT and Chair of ACT Doctors in Training Forum

TERRITORY TOPICALS – from President, Dr Andrew Miller

Dr Andrew Miller

I recently attended a meeting of the ACT **Clinical Senate** whose purpose was to discuss the new Australian Commission on Safety and Quality in Health Care standards and the upcoming accreditation of Canberra Hospital. A cynical view of such exercises may be that they are a bureaucratic tick the box exercise of little clinical relevance; but I beg to strongly differ. Those who have read Daniel Kahneman's work would appreciate that in an occupational setting characterised by high turnover, pressure for expedient decision-making and a high frequency of similar decision making situations there is a high risk of error. If we then expand our parameters beyond decision making and include operational environments and risks of injury consequent on protocol breaches, you can see that what I am describing is the health care sector. Quality and safety are achieved by conscious effort and require a cultural commitment if they are to be maintained at a high standard.

The new accreditation process will be paying attention to systems and so will be less of a snap-shot that in the past, but we should all see this process as one of bringing quality to the forebrain; and we should all pledge to keep it there. Perhaps it is my flagellatory protestant upbringing , but I have always felt that having done something once, I should endeavour to do it better next time; and that there are undoubtedly others who do it better still. The new standards provide for a "met with merit" finding; and whilst I wouldn't suggest for a minute that we regard this as some sort of competition, I am sure that you would agree that the ultimate winners will be our community.

I was disappointed to hear at the **National Press Club address by NACCHO chairman Justin Mohamed** that Aboriginal community controlled health services, such as our own Winnunga Nimmityjah, continue to struggle under a huge burden of red tape. Their funding is through a rag tag piecemeal collection of grants and programmes that impose a heavy compliance burden, so significant that they drag resources away from health care provision. I can recall having a similar conversation with Julie Tongs at Winnunga last year. More disturbing, I can recall delegate after delegate at the National Aboriginal Health Summit in 1993 convened by Brendan Nelson, then AMA President, making exactly the same complaint and appealing for a review of funding and compliance measures.

Perhaps our prime minister should seek to make another bonfire, this time of red tape to liberate the health care sector, and try to bring some rationalisation to health funding and compliance measures.

What Justin was able to bring as a good news story were the results of a study demonstrating unequivocally that Aboriginal community controlled health services were making a real contribution not only to the health of their communities, but also providing very real economic benefits.

I was unsurprised but nevertheless disappointed to hear an ACT COSS media representative equate the **walk-in centres** with **after-hours medical care** in a recent radio interview. My and the AMA's views on these centres are well known and in complete concordance. The lack of understanding as to what constitutes after hours medical care, and the capabilities and competencies of the walk-in centres was alarming; to say nothing of the complete **disregard of the services of CALMS** and other health centres that offer comprehensive out of hours care. I can only presume that the comment came from a lack of information rather than being a politically motivated statement. People have always commented on my trusting disposition.

Whilst discussing the walk-in centres I find my mind turning to the Canberra Times report of 7 April regarding **health funding** by the ACT government. It does remain as one of the quaint mysteries of our territory that whilst the ACT has a high rate of private insurance (over 40% compared with a national average of about 33%), **territorians choose NOT to use** their health cover. The consequence is a proportionately greater reliance on public hospital funding, a greater drag on the public purse and the prospect of the territory's budgetary problems coming home to roost in the health care sector. My inference is not subtle; there are clearly areas of wasteful expenditure in the ACT health budget. It goes without saying, and the government and health directorate are well aware that our relationship with NSW; and the Southern and Murrumbidgee LHNs in particular need to be negotiated so that ACT taxpayers are not subsidising NSW health care. It is also understandable that new expenditures will need to be carefully costed, and a community benefit demonstrated; but I would be seriously concerned if these budgetary pressures resulted in a reduction in service delivery.

I am afraid that I have very little of a rural nature to report because I have been **banned from pumps and big machines/animals** by my dear wife and have become a rural spectator. I will admit that was a little nonplussed to find a huge wombat hole under our veranda after weeding a garden. The dogs all looked utterly unrepentant at the graphic demonstration of their lackadaisical guarding standards and merely offered to make it bigger.

As part of my new attempts to "smell the flowers" we went for a Sunday drive on the weekend; picnicking in Gunning and circuiting along the Cullerin range (on the old Hume Highway) to Breadalbane and thence on the Collector Road to Collector and home. I am sorry to report that I found Collector sadly diminished, but the countryside was beautiful and the journey most enjoyable. I even survived the wind farms without going mad, dizzy or blind.

The AMA members amongst you will soon be receiving your **notice of AGM**, this time including a **notice of an EGM** to address a constitutional change for the AMA-ACT. The purpose of these local constitutional changes is to harmonise our constitution with that of the national body and to provide for associate membership for our colleagues who are trained other than in an Australian university and who do not yet have full registration. Our **federal AMA constitution** has been the subject of intense debate for years and after many attempts a consensus for change has been reached and a new constitution agreed by the AMA leadership group and endorsed by the Federal Council. The local constitution changes will enable us to adjust our board structure and office bearers to the new national structure without disrupting our own governance. I urge all members to read the documentation sent out to you and to attend the EGM and following AGM. I look forward to joining you there.

AMA committed to resolving Queensland hospital doctor contract dispute

Further progress in resolving contract dispute

AMA President, Dr Steve Hambleton, said recently there had been further positive steps towards resolving the Queensland hospital doctor contract dispute.

"Last night (7 April), the Queensland Health Minister put forward a significantly revised offer, which attempts to address many of the sticking points that are preventing Senior Medical Officers (SMOs) and Visiting Medical Offices (VMOs) from accepting the contracts," Dr Hambleton said.

"The AMA welcomes the new offer from the Minister. It represents substantial progress and a real chance to settle this dispute.

"The new offer has the potential to rule out the need for mass resignations by disaffected doctors across the State.

"However, both sides still need to work cooperatively over the finer details of the contracts to ensure everything is in order," Dr Hambleton said.

The AMA understands that the key elements of the offer, in addition to the change to the Hospital and Health Boards Act that has already been agreed, are:

- the incorporation of the draft addendum, appropriately worded, into the contract;
- the Government will remove the word 'profitability' from clause 25(5) of the core contract;
- the Clinical Senate will advise and oversee the KPI process over the next two years; and
- the Government will establish a collective process for future contract negotiations via a proposed "Contract Advisory Committee", which will include the option of arbitration.

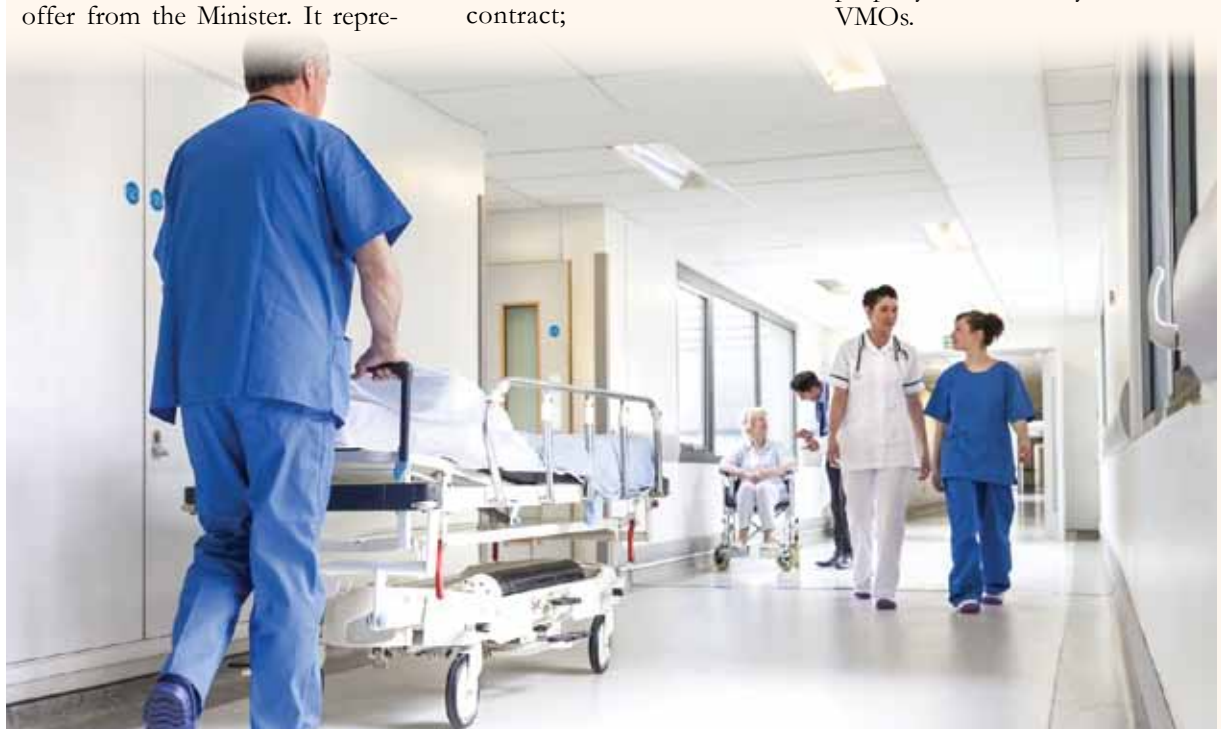
Dr Hambleton said that, in principle, the proposed revisions appear to address the key issues raised by the AMA and others with the Government.

"The devil will be in the detail, which we now need to get right," Dr Hambleton said.

"The Government, the unions, and the AMA now have an opportunity to show real leadership and return to get the detail of these proposals right so that they can be properly considered by SMOs and VMOs.

"The community wants this dispute settled, and the SMOs and VMOs want to get on with what they do best – treating and caring for patients.

"With goodwill from all sides, we are in a good position to resolve this dispute to the satisfaction of all parties."



Queensland hospital contract dispute is affecting medical training – AMSA

The Australian Medical Student's Association (AMSA) is seeking a swift resolution to the hospital contract dispute in Queensland.

AMSA President, Ms Jessica Dean, said that the disruption caused by the contract dispute would be detrimental to medical student training.

"Currently, there is a very real possibility that highly-qualified and dedicated senior doctors will resign en masse compromising medical student training," Ms Dean said.

"Already we have seen senior doctors resign over the dispute.

"Medical training is dependent on senior doctors sharing their knowledge and passing on their skills to junior doctors and medical students.

"Losing our senior doctors will jeopardise the training of the next generation of doctors in Australia.

"We need a solution, and we need it quickly before it adversely affects the future of health care in Australia."

"AMSA is urging all parties involved to ensure that a resolution is reached quickly," Ms Dean said.

"Medical students will be left in the lurch over the future of their training unless a solution is found.

"The dispute could result in an entire cohort of future doctors lost to the Queensland health system. The ripple effects on Queensland's health system will be seen for years to come if the contract dispute is not resolved soon."

IMPORTANT NOTICE FOR AMA (ACT) MEMBERS:

The Annual General Meeting will be held on **Wednesday 14 May 2014** at the **Hotel Brassey, Macquarie Street, Barton.**

An Extraordinary General Meeting will be held prior to the AGM and will commence at 7.00 pm for the purpose of considering amendments to the Constitution.

Members are advised that information has been mailed for both meetings in accordance with the provisions of the Corporations Act.

AMA (ACT) LIMITED

Duty of care for doctors in disaster response

AMA Position Statement on Ethical Considerations for Medical Practitioners in Disaster Response in Australia.

The AMA has released its revised Position Statement on Ethical Considerations for Medical Practitioners in Disaster Response in Australia.

The Position Statement outlines a doctor's duty of care in disasters, including natural and man-made disasters, pandemics, and terrorist activities.

AMA President, Dr Steve Hambleton, said that doctors and other health professionals are regularly called upon to help people directly or indirectly affected by an emergency or disaster.

"Doctors must respond to the immediate health needs of people affected by the disaster, and manage any associated long-term health effects in the population," Dr Hambleton said.

"During a disaster, doctors may face difficult and ethical dilemmas that do not arise in normal clinical practice.

"For example, there may be limited resources immediately available in relation to a large number of sick or injured people in various states of health, and the doctor has to prioritise which people receive treatment over others.

"This could involve making a decision not to actively treat a gravely ill or injured person in the prevailing circumstances in order to treat others who can be saved.

"In these situations, doctors also have a duty to protect themselves from significant harm, so they should not be expected to exceed the bounds of reasonable personal risk.

"In order to ensure the medical profession's preparedness to respond to a disaster, the medical profession must be involved in the development, implementation, and review of disaster response protocols," Dr Hambleton said.

The AMA *Position Statement on Ethical Considerations for Medical Practitioners in Disaster Response in Australia* is at https://ama.com.au/position-statement/ethical-considerations-medical-practitioners-public-health-emergencies-australia

The AMA has two other related Position Statements – the *Position Statement on Involvement of GPs in Disaster and Emergency Planning 2012* and the *Position Statement on Supporting GPs in the Aftermath of a Natural Disaster 2012*.

For further information on AMA position statements visit www.ama.com.au

New portable pool safety standards

The Australian Competition and Consumer Commission is reminding pool suppliers that the new mandatory safety standard for portable swimming pools commenced on 30 March 2014.

"All portable pools sold in Australia will need to meet new mandatory labelling requirements. After 30 March, suppliers will not be permitted to sell any surplus stock that does not comply with the new labelling requirements," ACCC Deputy Chair Dr Michael Schaper said.

"These important labels alert consumers to information on active supervision, safe storage and state and territory pool fencing laws."

"This reminder follows the ACCC's engagement work with suppliers to prepare them before the requirements took effect," Dr Schaper said.

The mandatory standard was set 15 months ago. Since then the ACCC, in partnership with state and territory agencies, has been directly engaging with relevant industry groups. This has included providing guidance directly to suppliers, as well as publishing material online and via social media channels.

Failure to comply with a mandatory safety standard is a breach of Australian Consumer Law and can result in a product being recalled, as well as fines, penalties or legal action. Suppliers are responsible for ensuring their stock meets all the requirements of the mandatory standard.

The ACCC and state and territory consumer protection agencies have been conducting preliminary monitoring of the portable pool industry, with over 560 stores inspected nationally.

"Nationally, surveillance results indicate that over 40 per cent of pools available for sale are already compliant with the new requirements. We are reminding suppliers, especially small businesses and independent retailers, to check their stock between now and this Sunday," Dr Schaper said.

The ACCC and the state and territory consumer protection agencies will be conducting further marketplace surveillance in the coming months to check compliance with this new mandatory standard.

Of importance is the notice that: if the depth of the portable swimming pool is 300 mm or more, or if the portable swimming pool is capable of being filled to a depth of 300 mm or more, the warning message must include the following statement:

"WARNING!

Children have drowned in portable swimming pools.

- Ensure active adult supervision at all times.
- Do not leave children unsupervised in or around the pool—keep them within arms' reach.
- *Pool fencing laws apply to this pool.* Consult your local government authority for fencing requirements.

Further information on the portable pools mandatory standard is available on the **Product Safety Australia** website.

Private health role in general practice must be targeted and limited

AMA Position Statement on Private Health Insurance and Primary Care Services 2014.

The AMA has released its new *Position Statement on Private Health Insurance and Primary Care Services 2014*.

AMA President, Dr Steve Hambleton, said the AMA believes it is time for the Government, Private Health Insurers (PHIs) and the medical profession to look at models that would support a greater role for GPs in caring for privately insured patients.

Dr Hambleton said that GPs provide holistic and well-coordinated care for patients, including preventive health.

"By supporting a greater role for GPs in private health insurance arrangements, there is the potential for the coordination of patient care to be improved, for care to be provided in the most appropriate clinical settings, and unnecessary hospital admissions to be avoided," Dr Hambleton said.

"Private health insurers provide their members with access to services such as telephone coaching, exercise physiologists, dieticians, and physiotherapists to better manage their chronic conditions.

"While these programs can potentially be of benefit to patients, they generally work in isolation from the usual GP who understands the patient's overall care needs.

"This is a significant problem with the potential to fragment patient care.

"The AMA supports limited and well-targeted reforms that have the potential to improve patient care and save the health system money.

"We do not support any move to completely deregulate the funding of GP services by PHIs, or any changes that would undermine the principle of universal access to health care."

Areas that the AMA believes could be explored are wellness programs, maintenance of electronic health care records, hospital in the home, palliative care, minor procedures, and GP directed hospital avoidance programs.

Any model implemented would need to:

- recognise and support the usual GP as the central coordinator of patient care;
- adopt a collaborative approach to care, with the usual GP retaining overall responsibility for the care of the patient;
- provide patients with appropriate access to care based on their clinical needs;
- preserve patient choice;
- protect clinical autonomy; and
- recognise the rights of medical practitioners to set their own fees.

"The AMA believes that any move to expand the role of private health insurers (PHIs) should be carefully planned and negotiated with the profession to ensure that the outcome is in the best interests of patients, and does not compromise the clinical independence of the profession or interfere with the doctor-patient relationship," Dr Hambleton said

The AMA *Position Statement on Private Health Insurance and Primary Care Services 2014* is available at https://ama.com.au/position-statement/private-health-insurance-and-primary-care-services

No evidence that wind farms harm health – AMA

AMA Position Statement on Wind Farms and Health 2014.

The AMA has released its *Position Statement on Wind Farms and Health 2014*.

AMA Vice President and Chair of the AMA Public Health Committee, Professor Geoffrey Dobb, said the available Australian and international evidence does not support the view that wind farms cause adverse health effects.

"The infrasound and low frequency sound generated by modern wind farms in Australia is well below the level where known health effects occur," Professor Dobb said.

"And there is no accepted physiological mechanism where sub-audible infrasound could cause health effects.

"People living near wind farms who experience adverse health or wellbeing may well do so because of heightened anxiety or negative perceptions about wind farms.

"The reporting of supposed 'health scares' or the spreading of misinformation about wind farm developments may contribute to heightened anxiety.

"The regulation of wind farm developments should be guided entirely by the evidence regarding their impacts and benefits.

"Community consultation and engagement at the start of the process is important to minimise misinformation, anxiety, and community division.

"From a public health perspective, it is important to note that electricity generation by wind turbines does not involve the production of greenhouse gases, other pollutant emissions or waste, all of which can have significant direct and indirect health effects," Professor Dobb said.

The AMA *Position Statement on Wind Farms and Health 2014* is at https://ama.com.au/position-statement/wind-farms-and-health-2014

Expert proposes re-think on strategies to prevent whooping cough in newborns, including vaccination of parents, grandparents, and siblings and use of older vaccines

The Australian and other governments should rethink strategies to prevent whooping cough in newborn infants, including booster vaccination of siblings in addition to parents, grandparents and other close contacts of the baby, says a whooping cough expert.

Addressing the Australasian Society for Infectious Diseases (ASID) meeting in Adelaide (26-29 March), paediatrician and vaccine expert Dr Tom Snelling, Telethon Kids Institute, Perth, Australia, also proposed that Australia considers reintroducing one dose of the older 'whole cell' vaccine which provides the most durable protection; and that a booster vaccine should be given to children at 18 months, as already happens in most developed countries.

Currently in Australia, the whooping cough vaccine is recommended (and government funded) in a 3-dose schedule for infants at 2, 4 and 6 months of age, with boosters given at 4 years and at 10-15 years of age.

Pertussis saw notifications increase 4-5-fold in the years 2008-2012, with the greatest increase among school and preschool-aged children.

"Improved detection of cases is part of the explanation. We propose that the switch from whole cell to acellular vaccines may also be partly responsible," says Dr Snelling.

"Data from our group and others show that protection from acellular vaccines is relatively short-lived, and animal studies suggest that while effective for personal protection, acellular vaccines are less effective than whole cell vaccines for reducing transmission of infection to others."

While vaccination of all pregnant women is already recommended in several countries and funded in the UK, in Australia this is not the case. In Australia, there is a permissive recommendation for vaccination in pregnancy, but no clear recommendation and no central funding. Dr Snelling believes Australia and other countries should go further than this in their attempts to stop whooping cough in newborns, the group in which mortality is highest.

"There is a considerable reservoir of infection among older children and adults," says Dr Snelling.

"Booster vaccinating everyone is probably not going to be cost effective. However, it is likely we can improve protection for newborns by targeted vaccination or 'cocooning', in which the pregnant mother-to-be, the father, grandparents and siblings are vaccinated in order to prevent transmission to the newborn infant."

Recent research by Snelling, along with Dr Helen Quinn and colleagues at National Centre for Immunisation Research and Surveillance and NSW Health showed that if both parents had received a booster dose of pertussis vaccine their newborn was about half as likely to develop pertussis compared to infants in households where neither were immunised; however no benefit could be shown if vaccination of the mother was delayed until after delivery.

"This was the first study to show that newborn infants can be indirectly protected by vaccinating parents," says Snelling, who with Quinn and colleagues has submitted the research for publication in a medical journal.

He adds: "The UK and USA have moved ahead of Australia to clearly recommend routine immunisation in pregnancy. I think on the basis of our data Australia should follow suit before the next epidemic occurs. In the meantime we may have data from the UK or US that proves what we suspect – that immunising in pregnancy is, in fact, the optimal strategy."

Booster vaccination of siblings is a controversial proposal, as Dr Snelling is suggesting all siblings of the newborn should also be given a booster vaccination if they have not been vaccinated in the previous 2-3 years before the birth of their new baby brother or sister. This would include most 3 year olds and most primary school aged children. Work from his group and others have shown that older siblings are an important and under-recognised source of infection for young infants, and that children become susceptible to infection 2 to 3 years after their last vaccine dose. However, without government funding, vaccinating all close contacts of the child to be born could prove costly for families, with booster doses currently costing around AUD$50 each.

In terms of the type of vaccine used, Australia and many other countries have switched to new acellular vaccines as they are less reactogenic (ie cause less short term side effects) than the older whole cell vaccines. Snelling states that a major problem with pertussis is that its intrinsic infectivity is so high that most of the population needs to be immune to infection to prevent transmission. "We were closer to this goal with some of the good quality whole cell vaccines than we are with acellular vaccines. It is likely that substituting even a single acellular dose with a whole cell dose would improve the effectiveness of the current strategy," he says. "Doing this, along with vaccinating routinely in pregnancy, vaccinating other close contacts of the newborn, and giving a booster vaccine in the second year of life, could all be strategies Australia adopts until such time as a new vaccine is developed that is more efficacious than the current acellular vaccines."

Dr Snelling's proposals to give booster vaccines to siblings of newborns who have not been vaccinated in the past 2-3 years, and use older whole cell vaccines, are not currently recommended anywhere. He concludes: "While pertussis has declined in Australia since the last epidemic in 2012, its periodic resurgence in other wealthy countries means it is likely that Australia will have ever larger epidemics without new strategies."

GP super clinics 'not so super' – AMA

The AMA welcomes reports that the Government is taking action to discontinue any further expansion of the previous Government's failed GP Super Clinics program.

AMA President, Dr Steve Hambleton, said the AMA has been a vocal critic of the Super Clinics since they were first proposed.

"The GP Super Clinics have proved to be anything but super," Dr Hambleton said.

"They have absorbed huge amounts of valuable health funding that would have been better spent in other ways in the health system.

"Super Clinics were supposed to provide primary care services in areas where patients had poor access to GPs, but some have been built in places where they compete with successful long-established general practices.

"They were supposed to fill health gaps, but the record on that has been very mixed.

"The AMA recommends that any unspent or recovered GP Super Clinic funding should be directed to help upgrade existing general practices in the form of Primary Care Infrastructure Grants.

"The Auditor-General last year found the Infrastructure Grants to be delivering excellent results.

"Under the Primary Care Infrastructure Grants program, $117 million has been allocated over four years to upgrade 425 GP facilities.

"By contrast, the Auditor-General found that two GP Super Clinics alone had cost taxpayers $50 million, and several more had needed substantial top-up funding.

"The Auditor-General also found that there were inadequate processes in place to assess what effect Super Clinics would have on existing primary health services, whether they provided value for money, and whether they were achieving any meaningful improvements in access to health care.

"The Government is doing the right thing by bringing this bad experiment to an end," Dr Hambleton

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 AMA ACT secretariat on **6270 5410**
or download the application from the Members' Only section of the AMA ACT website: **www.ama-act.com.au**

VALE

The President of the AMA, directors, members and staff extend their condolences to the family and friends of late colleagues, *Dr Michael Denborough* and *Dr Alan Merrifield*.

Condolences are also extended to *Dr Lindsay Grigg* on the recent death of his wife, *Mary*.

AMA (ACT) LIMITED

AHPRA guidelines on advertising – follow up

In the last edition of "Canberra Doctor' we advised on the new and revised guidelines from AHPRA.

AMA (NSW) prepared the following for the benefit of its members and has kindly permitted its publication in "Canberra Doctor".

"AHPRA has released some questions and answers to clarify its position on social media use following the release of its updated guidelines and codes of conduct for medical practitioners.

"The advertising guidelines were the most contentious as they appeared to count positive comments about doctors, on websites they were not associated with, as testimonials.

"AMA (NSW) is aware that online comments are ubiquitous and that they are beyond the control of any one individual if they appear on websites he or she does not operate.

"Add that to the difficulty of permanently deleting anything from the Internet and that the guidelines could be enforced by disciplinary bodies, the outrage generated is completely understandable.

The Health Practitioner Regulation National Law prohibits a health practitioner from using a testimonial in an advertisement.

"As written, the updated guidelines on advertising originally appeared to require doctors to contact websites they did not control and ask for positive comments about them to be taken down.

"Requesting removal of positive comments was listed as taking 'reasonable steps' in order to comply with the guidelines.

"However, question four of the new information released by AHPRA limits the scope of what an individual doctor will be held accountable to under the new guidelines:

What if someone else publishes a testimonial without my knowledge? How can I be held responsible for what other people say about my services?

Advertisers are responsible for removing testimonials published on a website or in social media over which they have control. Practitioners are not responsible for removing (or trying to have removed) unsolicited testimonials published on a website or in social media over which they do NOT have control.

"That said, question six describes an example of how a comment made by someone else at a website an individual is not responsible for may become problematic for a doctor.

Can comments that I don't control become advertising?

Testimonials that are not initially made in an advertising context can be used as advertising if you actively draw attention to them, such as by sharing, forwarding, retweeting or otherwise using a comment about your clinical performance to advertise your practice, even if the comment was initially made somewhere other than on a site you control. Promoting your practice using testimonials made in other contexts could breach the ban on using testimonials in advertising.

For more information on how AHPRA distinguishes between websites and social media accounts under a person's control and those that aren't, please see the questions and answers from AHPRA.

Another breast imaging provider found to have engaged in misleading conduct

The Federal Court has found that breast imaging provider Safe Breast Imaging Pty Ltd (SBI) has engaged in misleading or deceptive conduct and made false representations about its breast imaging services in proceedings brought by the Australian Competition and Consumer Commission (ACCC).

The Court also found that Joanne Firth (who was the sole director and the person responsible for the promotion and management of the company) was knowingly concerned in SBI's conduct.

SBI provided customers with breast imaging using a device known as the Multifrequency Electrical Impedance Mammograph (MEM device). The ACCC alleged that from 17 April 2009 until around August 2011, SBI falsely represented that breast imaging using the MEM device could provide an adequate scientific basis for:

- assessing whether a customer may be at risk of breast cancer and the level of such risk; and
- assuring a customer that they do not have breast cancer.

The Court found that these representations were false, misleading and deceptive.

The Court also found that SBI had no adequate scientific basis for representing that breast imaging done using the MEM device was a substitute for mammography, and consequently that these representations were also false, misleading and deceptive.

These representations were made on the company's website, a video placed on the internet, pamphlets and through a Google Adwords campaign.

In addition, SBI had represented that the interpretation of customers' images and preparation of reports was performed by a medical doctor named in the report provided to the customer. The Court found that these representations were false, misleading and deceptive as, in some instances, the doctors named in the reports had not interpreted the customer's images and had not written the reports. In other instances, the persons named as doctors in the reports were in fact not medical doctors.

In relation to these medical practitioner representations, Justice Barker commented that "the ordinary reasonable hypothetical consumer was likely to understand that Safe Breast Imaging was offering a medical breast imaging service and would expect a service of this nature to be provided with medical oversight." The Court also found that "It is also plain from the evidence that Ms Firth had knowledge of the falsity of the medical practitioner representations."

"Not only did Safe Breast Imaging falsely represent to women that it could assure them they did not have breast cancer and that SBI's imaging was a substitute for mammography, but SBI also tried to gain greater credibility by overstating the role that doctors played in the service," ACCC Chairman Rod Sims said.

"This judgment and the decision last week in the ACCC proceedings against Breast Check are a clear warning to the medical services industry that claims about medical services must be accurate and supported by credible scientific evidence," Mr Sims said.

A hearing will be held in the Federal Court in Perth on 10 June 2014 to determine the relief that will be ordered.

The ACCC is seeking declarations, injunctions, an order for publication to assist in remedying the contraventions, pecuniary penalties, an order disqualifying Ms Firth from managing corporations and costs.

Recently the Court had found that another breast imaging provider, Breast Check Pty Ltd, had made false, misleading and deceptive representations that the devices used in providing its breast imaging services could assess whether a customer was at risk from breast cancer and assure customers that they did not have breast cancer, and could be used as a substitute for mammography.

Gen X obesity a major problem for healthcare workforce

Researchers at the University of Adelaide have confirmed that if current trends continue, Generation X will overtake Baby Boomers for poor health, including rates of obesity and diabetes, which could have huge implications for Australia's healthcare and the workforce.

In a paper published recently University of Adelaide researchers compared the health status of Baby Boomers (born from 1946–1965) and Generation X (1966–1980) at the same age range of 25-44 years.

They found Generation X had significantly poorer levels of self-rated health, and higher levels of obesity and diabetes compared with Boomers, with no real difference in physical activity between the two groups.

"Generation X appears to have developed both obesity and diabetes much sooner when compared with Baby Boomers, which is a major concern on a number of fronts," says co-author and University of Adelaide PhD student Rhiannon Pilkington, who is a member of the University's Population Research & Outcome Studies group, School of Medicine.

Generation X is more than twice as likely to be overweight or obese and have diabetes at 25 to 44 years of age, compared to Baby Boomers at the same age in 1989.

The prevalence of obesity in men is nearly double, with 18.3% of Generation X males obese compared to 9.4% of Baby Boomers at the same age. The gap is not as profound for women, with 12.7% of Generation X females classified as obese compared to 10.7% of Baby Boomers at the same age.

"This study adds to the growing evidence world-wide suggesting that each younger generation is developing obesity and related chronic health conditions earlier in life," Ms Pilkington says.

"Although the two groups in our study did not seem to have any difference in levels of physical activity, our lifestyles and food environments have changed drastically over recent decades.

"Transport options and workplaces encourage sedentary behaviour, and food high in fat and sugar is often more readily available than a healthier alternative. This may account for why the younger generation is developing unhealthy weight levels at an earlier age," she says.

Ms Pilkington says that together, Baby Boomers and Gen X form almost 77% of Australia's workforce.

"There is the potential for obesity-related health problems to propel many from the workforce early, or to drastically reduce their ability to work. If ongoing generations continue down this path of developing what were once considered to be age-related conditions earlier in life, the consequences for healthcare costs will be enormous."

This study has been supported by the Australian Research Council (ARC).

Heart attack influences the will to quit smoking

Cigarette smoking remains a major risk factor and preventable cause of heart disease, yet despite advances in assisting people to quit this dangerous habit, little is known as to what finally triggers the urge and final straw to quit for good.

Heart Research Australia recently supported a study conducted at Royal North Shore Hospital to investigate how having a heart attack can be a reason for behaviour change, and can be seen as a teachable moment, which is a naturally occurring health event that personally affects a person and motivates them to adopt risk-reducing health behaviours. The study, which was published in the "Journal of Smoking Cessation", involved 116 patients with suspected heart attacks, and explored why smokers are more able to stop smoking once they have a major health event like a heart attack, even though they were unable to do so previously.

Prof Geoffrey Tofler, cardiologist and lead author of the study, said "Almost two thirds (65%) of the 116 patients (84 men and 32 women) who were hospitalised at Royal North Shore and North Shore Private Hospitals were able to stop smoking after the heart attack, and this was well maintained for one year (61%). The impact of the heart attack was stronger than when the patients only had angina, and their quitting was also more likely to occur if the patient was living with a non-smoker."

Prof Roger Bartrop, psychiatrist and study investigator, stated that the finding that the strongest motivator for quitting was the heart attack and its consequences, supported the importance of the personalized impact of the heart attack. "Three-quarters (77%) of those who had quit at one month did so without additional aids. The benefit of having a non-smoking partner on quitting emphasized the value of a positive home environment." Registered Nurses Ann Kirkness and Helen Glinatsis, who conducted most of the interviews, also noted that the initial quit rate was greater among those who attended cardiac rehabilitation.

The researchers have extended this idea of the heart attack as a teachable moment, by producing a simulated, personalized video, whereby a smoker with no prior heart disease can view him or herself as a smoker who potentially suffers a heart attack with consequences for their loved ones. In an initial evaluation of this simulated video approach, Robin May, psychologist and lead author, reported that half of the subjects (8 of 13) were abstinent at 3 months, and this quit rate was sustained at 12 months. This novel approach to using simulated videos to assist with smoking cessation is being explored in a larger randomised trial, which is currently recruiting smokers to assist in their research. Anyone interested in participating can contact Robin May on Tel: 02 9462 9177.

"Smoking is one of the leading risk factors of heart disease and yet it is one of the most preventable risk factors as well! This is why Heart Research Australia is passionate about supporting and funding research into the behavioural influences that could trigger a person to quit this dangerous habit and empowering people to start living a heart healthy lifestyle", said Floyd Larsen, CEO at Heart Research Australia.

Visit www.heartresearch.com.au for further information.

IHPA conference

The Independent Hospital Pricing Authority (IHPA) is hosting the Activity Based Funding Conference 2014 from the 23 to 25 June 2014 in Melbourne. This year's conference will focus on applying Activity Based Funding (ABF) at the local level, as Australia continues to implement ABF nationally in public hospitals.

The conference is set to deliver a mix of local and international presenters to discuss health reform and the application of ABF.

International speakers include German casemix and infectious diseases specialist Dr Michael Wilke and Cathy Schoen, Senior Vice President at The Commonwealth Fund in New York.

The conference will also feature an update on IHPA's work over the past year by IHPA's Chair, Shane Solomon, and a panel session with Commonwealth, state and territory government representatives to provide an update on progress across Australia.

Authors are invited to submit abstracts on one of the following topics by Friday 9 May:

- Implementing Activity Based Funding – a clinician's perspective
- Subacute care in an Activity Based Funding setting
- Hospital case studies – Implementing Activity Based Funding at the hospital level
- The building blocks of Activity Based Funding – high quality coding and costing information
- Understanding the National Efficient Cost and funding for small rural hospitals

To submit an abstract or register to attend the conference, please visit www.abfconference.com.au.

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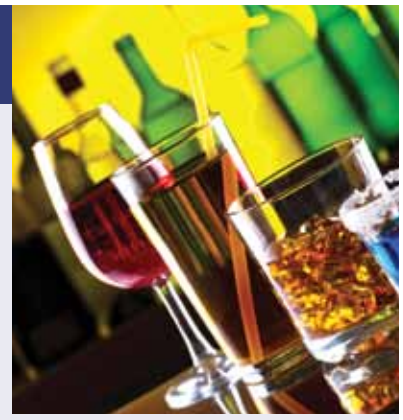
IHPA

Alcohol poll launched



Dr Steve Hambleton, AMA Federal President recently launched the annual FARE Alcohol Poll.

Dr Hambleton said: "This poll provides a unique and valuable insight into Australians' attitudes and behaviours regarding drinking. Much of the Poll's findings are not available from other national surveys and sources, so there is a place for this poll in Australian research and policy development. The poll does provides a valuable an insight into the drinking culture that pervades Australian society. It highlights people's drinking behaviours and what attitudes drive the behaviours. But, importantly, it also highlights what others' views are about those behaviours and their beliefs about how Australia's drinking culture can be addressed.

Dr Hambleton said: "The AMA has a strong history of advocacy and awareness-raising about harmful alcohol use. Over the years, the AMA has been tackling Australia's deeply entrenched culture of drinking.

"We send strong messages through the media. We lobby our politicians at both the Federal and State level. And we inform the community with policy and publications that are freely available on our website.

"We shine a bright light on the harms of Australia's drinking culture, and advocate for change.

"Just recently, we called for a National Summit on alcohol harms. Last week I discussed the idea in person with the Prime Minister. While he does not support the Summit he is very conscious of the alcohol harms debate and has assured us he will be raising it at COAG.

"As a practising doctor and head of an organisation representing Australia's medical professionals, I am particularly concerned by some of the results of the poll.

"Alcohol is just about everywhere. There are licensed premises and sellers within easy travelling distance to us all. Positive and glamorous images and messages about alcohol are also just about everywhere, thanks to the ubiquitous advertising and marketing of alcohol.

"The AMA believes that the promotion and advertising of alcohol is a particularly strong and pervasive influence on the culture of drinking, especially in a way that recruits young people and sustains the culture.

"The FARE Poll shows that the AMA isn't alone in this view. For example:

- nearly three-quarters (71 per cent) of Australians believe that alcohol advertising influences the behaviour of people under 18 years; and
- 22 per cent of Australians have noticed alcohol advertising or promotion on social media – an increase from 14 per cent in 2013.
- "And we all know what age demographic most uses social media."

The AMA believes that:

- advertising and promotion of alcohol to young people should be prohibited through appropriate government regulation, not left to 'voluntary' industry self-regulation, and
- alcohol sponsorship of sporting events should be phased out.

"Again, the AMA is completely in step with community views on alcohol advertising.

"The FARE Poll shows that:

- 67 per cent of Australians support a ban on alcohol advertising on weekdays and weekends before 8.30pm, and
- 55 per cent believe that alcohol sponsorship should not be allowed at sporting events, which is an increase from 47 per cent in 2013.

Alcohol industry boosts awareness of advertising and promotion regulation

ABAC, a government/industry group, which manages the Alcohol Beverages Advertising Code, has launched a television advertisement to raise awareness of current controls over alcohol advertising and emphasise how anyone can make a complaint.

ABAC spokesman, Mrs Denita Wawn, said research showed there was low awareness across Australia about existing regulation including that anyone has the right to complain about alcohol ads.

The alcohol industry is required to submit its TV advertising for ABAC pre-vetting to assess that messages and images comply prior to broadcast – unlike any other type of TV advertisement in Australia.

Regardless of pre-vetting, anyone can still make a complaint about alcohol advertising if they believe an advertisement doesn't meet the Code's standards relating to:

- Not having a strong or evident appeal to minors;
- Responsible and moderate portrayal of alcohol
- Responsible depiction of the effects of alcohol; and
- Safe use of alcohol.

The advertisements will air on Free TV and Subscription TV.

MDA national and MIGA announce proposed merger of equals

The Boards of MDA National and MIGA announced last month they have reached agreement to merge, creating a stronger medical defence organisation that will "build on the heritage of each and invigorate our service offering to the members and clients."

The merger is subject to the approval of the members of both MDA National and MIGA as well as regulatory and court approvals.

The merged organisation, to be known as Medical Defence Australia Ltd, will build on the existing national footprints of each of MIGA and MDA National and will have a combined membership that is significantly larger and more geographically diverse while maintaining the strong capital ratio of its insurance business, a joint statement said.

"The proposed merger will create an organisation with strong national representation with Members and Clients across Australia with a commitment to providing superior services and protection to doctors in public and private practice, medical student members, dental professionals, corporate health entities and eligible midwives", the statement continued.

MDA national chairman, Associate Professor Julian Rait, said the proposed merger will create an opportunity to deliver enhanced services to the members and clients of both MDA National and MIGA.

"We see great potential for significant benefits through the merger. It will enable us to bring together the best of our expertise, services and products from organisations with a tangible and demonstrated commitment to quality and service."

"The combined financial resources of MDA National and MIGA will create an opportunity for us to build an exciting and strong medical defence organisation which recognises the primary requirements of our members and clients for a premium medico-legal support framework with industry leading products backed by a financially secure organisation."

"In addition, we are committed to being more innovative, personal and responsive to deliver superior service that will take us forward into the future."

MIGA chairman, Dr John O'Loughlin, said the new organisation will have an increased capacity to compete more effectively in Australia's medical indemnity market.

"Economies of scale and efficiencies are expected to be achieved over time with a streamlining of the resources and infrastructure which support our national service to members and clients."

"There is a strong excellent cultural fit between MDA National and MIGA, particularly the focus on quality of member and client services and benefits. There are also good synergies in terms of size, financial performance and capital strength. The merged group will be able to provide an even better standard of advocacy and protection for the profession."

Move bowel screening out of the letterbox: Call for a new approach to Australia's 2nd biggest cancer killer

A leading bowel cancer organisation has called for GPs to take control of the National Bowel Cancer Screening Program saying the current mail-out of screening kits is not effective enough.

The Gut Foundation wants general practitioners to drive an expanded national program to cut the rate of bowel cancer in a move it says will be cost effective.

Gut Foundation President Professor Terry Bolin said, "Unfortunately, despite strong government efforts, the rate of participation in the National Screening Program is only 35 per cent and is declining each year. With one of the highest rates of bowel cancer in the world and with 40 new cases diagnosed every day, Australia needs to do more."

The National Screening Program relies on the mail out of Faecal Occult Blood Test (FOBT) kits to Australians from the age of 50.

Professor Bolin said, "We need to bring this forward to age 40 and have it managed by doctors who already conduct other screening programmes. This approach is supported by a Gut Foundation pilot program carried out by GPs in Wagga last year which included 51 patients aged 40-49. Of that group 2 had early cancers, 4 had large polyps and 4 had multiple polyps – all likely to become cancer. The removal of polyps is the key to preventing bowel cancer. "

A cost benefit analysis conducted for the Gut Foundation compared annual and biennual FOBT with colonoscopy at the age of 40, 50 and then 5 yearly thereafter. The results indicate that annual FOBT is the most cost effective (costing 149.8 million dollars) with a net benefit of 2.6 billion dollars.

This was largely accounted for by trebling of better survival with annual FOBT for (40.9 versus 139.5), fewer deaths with screening (102 versus 309) and a cost effectiveness ratio ($15,719 versus $27,620)

"We believe that incorporating colorectal cancer screening through general practice together with screening for breast cancer, diabetes, prostate cancer, hypertension and hyperlipidaemia is a sensible approach.

"We can predict that there is an increased risk of bowel cancer in only 1 in 5 cancers, this increase being due to family history of polyps or cancer.

The other 4 out of 5 have no obvious risk factor with lifestyle factors which include physical inactivity, cigarette smoking, obesity, low fibre intake and low vegetable and fruit intake together with alcohol have significant impact.

"There is therefore a case to be made for improving dietary advice through general practice which will benefit not only colorectal cancer but also cardiovascular health.

"Reducing the screening age to 40 years, has the potential to save 600 lives per year," Prof Bolin said.

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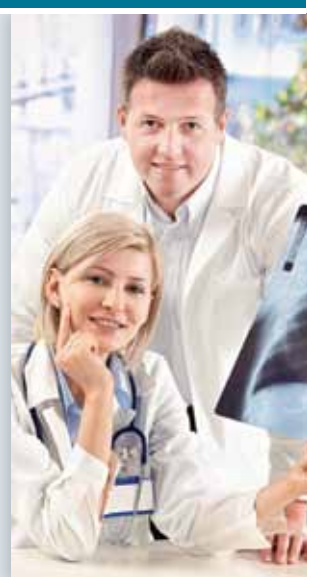

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