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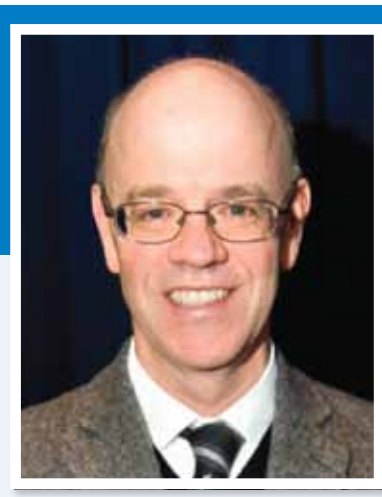
GUEST EDITORIAL by Professor Nicholas Glasgow, Dean of the ANU Medical School



ANU Medical School – celebrating the first decade

The Australian National University (ANU) Medical School reached an important milestone in 2013 when it admitted the 10th cohort of students to its program. Over the course of 2014 the Medical School is celebrating this achievement.

Those familiar with the history of the ANU will know that the University had been arguing for a medical school over several decades.

In April 2001, after public debate and a committee of inquiry lasting eight months, representatives of the Commonwealth and Australian Capital Territory governments and the Vice Chancellor of the ANU announced that the ANU was to develop Australia's 12th medical school. Professor Paul Gatenby was appointed Foundation Dean of the Medical School in early 2002 and shortly after this, the Australian Medical Council (AMC) made its initial accreditation visit to the School. The four-year, graduate entry, theme-driven program, delivered through problem-based learning approaches in the first two years, was outlined.

In June 2002 the ACT Government announced public funding support of the School including both capital funding and recurrent funding to develop facilities and employ staff at the Canberra Hospital and Calvary Hospital and to provide teaching support for the increased educational activities.

The initial announcements about the Medical School anticipated an intake of 60 students who were Australian or New Zealand citizens, or Australian permanent residents and that 25 of these students would hold Rural Bonded Scholarships. Prior to the first intake, these parameters changed with the Commonwealth Government increasing the number of domestic students from 60 to 80.

By 2003 the majority of faculty appointments had been made and preparations for the first intake of students well advanced. The first 80 students of the then Bachelor of Medicine / Bachelor of Surgery (MBBS) graduated in 2007.

In 2009 the Commonwealth Government further increased our intake to 90 domestic students.

Faculty meeting, University House 2003.

In January 2014 the Australian Medical Council re-accredited the medical program for six years and approved changing the program from the Australian Qualifications Framework (AQF) Level 7 program resulting in the award of the MBBS degree, to the AQF Level 9 Extended program resulting in the award of the MChD or Medicinae ac Chirurgiae Doctoranda (Doctor of Medicine and Surgery) degree.

Our School prospers because of widespread support within the ACT and communities within South East New South Wales. The support comes in many different forms – contributions to the program by volunteer patients, welcomes for our students undertaking clinical placements, willingness on the part of doctors and patients to have students present during consultations, support for educational and research activities on the part of those running health facilities and of course the very strong commitment to teaching our students made by our faculty, clinical teachers and professional staff. For this I am very grateful.

It is this support that underpins our success. Now this support and investment is bearing fruit.

Our health services are benefiting from a "home grown" medical workforce. To date we have graduated 599 students, many of whom continue to work in the ACT and surrounding region. A few have attained their specialty college fellowship, and the number of fellows will increase significantly over the next few years as they complete the final years of their respective training programs.

The excellence of our education has been recognised not only with the reaccreditation of our program for six years, but also through national awards by the Office of Teaching and Learning to several of our teachers and three innovative aspects of our program.

The Medical School is coming of age. We are embedded in the community and I look forward expectantly to what will happen over the next decade – our own graduates becoming leaders within our School, and our School's contributions in clinical service, education and research making tangible improvements to the health of all people in our community and region.

CAPITAL CONVERSATIONS with President, Dr Elizabeth Gallagher

Having just about served **my first month in the role of President,** and sitting down to write my first column, I have had to **reflect on my whirl-wind introduction** to the world of medical politics and the media! Having taken the helm the day after the Federal budget and then 2 weeks later – the ACT health budget made it a really steep learning curve.

Of course the most **controversial part of the recent budget is the proposed introduction of the $7 co-payment.** The AMA stance is that it is not against co-payments as such. In Canberra where we have the lowest rates of bulk billing in Australia – the majority of consultations do already attract a co-payment. Having asked around, it seems many GPs have made the decision they are **unlikely to charge the co-payment** to those patients they already bulk bill. This is a noble sentiment – but **why should doctors** be the ones to make that decision, and be **penalised** for doing so? Unfortunately, that sentiment is unlikely to carry across to prescriptions, pathology and radiology, so this **vulnerable group is unlikely to escape just based on the good will of their GP.** Who is going to collect the fee on behalf of pathology where the specimen is collected outside a collection centre? How are doctors, (and pharmacists, and pathologists and radiologists) going to keep track of when the 10 visits have been reached for those who are capped? All questions yet unanswerable, and yet which are key to the implementation of this new system. Even as a specialist, I bulk bill some of my patients, and it will affect us as well.

One big red flag which is waving – is how will this federal initiative **impact or overflow to services offered by ACT Health**? While the federal Government has stated it will allow the copayment to be charged for "GP type" attendances to A&E- at times this is a retrospective conclusion after a patient has been seen and assessed. The **practicalities of collecting this fee** at a public hospital, and deciding when **to waive it** seem insurmountable. This then begs the obvious question – will there be a **shift of presentations** of people that really need to see a doctor **to the Nurse-Led Walk-In Centres** in Belconnen and Tuggeranong? Then there is the question – should the **$7 be collected there** too?

The Federal Government stands committed to this initiative despite all the controversy. It has though, acknowledged that it may need some "tweaking" to get through the senate – and it is willing to at least **talk with stake holders, such as the AMA**. The next 12 months prior to its implementation are going to be **a time of negotiation and debate** – and what the final product looks like will be interesting. Watch this space!

The **ACT Budget was conservative** – to say the least. They have **not reneged** on any of their pre-election or pre-budget plans, at least this year. **Next year**, when the cuts to funding from the federal government kick in, **it may be a different matter**. ACT government has managed to **commit about 31% of the total budget to health**. This is a deficit budget, in order for it to keep promises – but most of their borrowing is for infrastructure development – not ongoing service provision. **Extra funding for inpatient beds** at both Canberra and Calvary is always welcome. Funding of **public bariatric surgery** is long overdue. In Obstetrics now it is not unusual anymore to **have young women with a BMI over 50** getting pregnant, and they never seem to have private insurance – or the ability to fund such surgery themselves. I am sure the current funding will only touch the tip of the iceberg there! Investment is also being made to **increase BreastScreen uptake**, **reduce surgical and endoscopy waiting lists , cancer care and mental health**. Funding has already been set aside for the new subacute hospital on the University of Canberra Campus.

The **Nurse-Led walk in centres are barrelling ahead** despite initial reports that it did not appear to reduce Category 4 and 5 patient presentations to A&E, and that it was more expensive per service provided that provided by a general practitioner. The costs would be even more if considered that 25% of patients were referred on, and therefore "double-handled". This is another space to watch, and it is very important that this service **continues to be assessed as to its cost-effectiveness**, whether it is achieving its aims, and whether this money may be more efficiently used **supporting after hours general practice.**

Tonight I chaired my **first board meeting** and I would like **to welcome Dr Guy Buchanan** as the newest member. I felt **reassured at the corporate knowledge around the table** with 2 previous presidents, Drs Iain Dunlop and Andrew Miller, and Dr Joanne Benson (who has been involved in AMA ACT since 1999), and Dr Suzanne Davey there for support. Luckily some of the more difficult issues such as the funding agreements with AMA federal are now sorted, so I can **concentrate on local issues affecting members and health care delivery in the ACT** without as many distractions as my predecessor had to deal with.

The new **AMA constitution** has meant a total overhaul of the old board structure. **Dr Iain Dunlop has been appointed as our first nominee director to the AMA Limited Board**. The directors' role in corporate governance has now been separated from the Federal Council, which frees **the council to concentrate their efforts on policy and advocacy**. As president, I am the ACT **representative on the council**, and am pleased to say that I have two well-known locals with me; Dr Andrew Miller as the Dermatology craft group representative and A/Prof Jeff Looi as the Psychiatry craft group representative.

The **National Conference** was held here in Canberra between 23rd and 25th May. The National Conference is one of **the key events in the policy development process**. You will find some interesting reports on the topics discussed later in this publication. I will therefore not repeat any of this, but will say that I **was honoured to be among the giants of our profession**. They are a truly inspiring group, but also **made me reflect on myself**, and why I do the job I do.

The opening ceremony is always touching, with all reading the **Declaration of Geneva**. This

was made even more pertinent when we were told of the **struggles of our colleagues in Turkey**. Many **Doctors who helped** people injured in recent protests in Istanbul are now **facing court**. A new Turkish health **law criminalises giving emergency medical care to protesters** and requires routine **reporting of all confidential patient information** to State authorities. The AMA, as well as the World Medical Association and other International Medical Associations have **registered their protests at this law** and it consequences **that does not allow doctors to care for those in need, impartially and without discrimination, and without fear of prosecution or punishment for complying with their ethical obligations in times of peace and conflict.**

I made an **introductory visit to Winnunga** to see the service they provide first hand. While I have visited a number of remote Community Health Centres in the Northern Territory, I had not had the opportunity to visit the one in my own back yard. I **was impressed by the quality and range of services offered** at Winnunga, and the organisational structures they have built up since they started back in 1988. It is truly an important place to **deliver holistic health care** for a disadvantaged group in our community**. Their decision not to charge the $7 co-payment** while understandable, will **significantly impact** on their income. Every year they are applying for grants and financial support to keep going, **funding is never certain despite** having a proven, and expanding model of heath care delivery. Government support has only been **guaranteed for another 12 months** with the new budget, and they are legitimately concerned about being able to continue all their services.

It seems like we have only just got over the last round of **VMO contract negotiations** with ACT Health, and yet we are already having to think about claims for the next round of negotiations. It is likely that many of our current contracts will have a common sunset date. **The AMA ACT VMO contract negotiation committee** will soon be sending out an invitation to our VMO members to **meet with us to discuss** anything you would like addressed in the next round. Having been involved in the last round, I was quite **disappointed with some of the misrepresentations** that flourished after the last round. While we even had **small success for those issues** that went before arbitration, there **were many claims that were resolved in our favour** during the initial discussions but never got the same publicity. I would therefore **encourage you to get involved** in this so we can be sure we represent our members' wishes.

So **here ends my first column**, which is more of a summary of my first month in office. I apologise to those of you who were used to the eloquent musings and analyses of my predecessor, but I am not blessed with such a literary talent! I am sure I will improve as time goes on. What **I do hope, is to meet as many of you as I can over the next 2 years**, and to get a good grasp of the medical world of Canberra. Please feel free to bail me up any time our paths cross, (or even to contact me especially) if there are **any issues you want me to know about**, or think need exploring further.

Health and the ACT Budget

As mentioned in the President's Report… Dr Elizabeth Gallagher, President of AMA ACT, said that the "ACT budget, that whilst recognising the difficulty the ACT was in largely as a result of Federal Government cuts to funding for services and the Commonwealth public service, the budget still delivered some small gains for health services and the population.

The government needs to be acknowledged for its commitment to health in the Territory and health initiatives in this budget represent some 31% of the overall budget commitment."

"Of particular note is the funding available for bariatric surgery; additional medical staff for the Emergency Departments and provision of extra inpatient beds to ensure that the additional patients seen in ED who need to be admitted, can be admitted. There are 31 new beds in this budget – 16 at Canberra Hospital and 15 at Calvary Hospital and a further six which will be taken up by expanding the Hospital in the Home program. Two extra beds in the Intensive Care Unit at Canberra Hospital and one at Calvary public hospital will certainly be welcome as it becomes increasingly busy and beds hard to find.

"The additional funding to promote more effectively BreastScreen services, as the Service has the capacity to see more women, but the take-up is not there. It would be of interest to know if women are being screened privately or if women in the target group are not being screened at all.

"Equally important and welcome is the additional funding for endoscopy procedures which will reduce the current waiting list.

"The AMA notes that the government is following through on its pre-election commitment to open the nurse-led Walk in Clinic in Belconnen. The AMA still has many concerns about the efficacy of such a service, and the cost of the service remains a concern. The clinic will facilitate fragmented care and the AMA believes that this is not in the interests of patient's well-being and promotes continuity of care and having a general practitioner. It is difficult to criticise the commitment to fund additional health services, although the AMA questions whether the walk-in centre is needed when further investment in general practice is the answer.

"The additional funding for Cancer care, suicide prevention strategies and services, outpatient clinics are all welcome.

"Whilst the additional beds are welcome in delivery suite and the birthing centre, more inpatient beds in the Centenary Hospital for Women and Children, are desperately needed, but missing from this budget."

The following initiatives were also included in the budget:

- Additional funds to support people with disability during the ACT NDIS trial and beyond, including capital funds to replace existing respite facilities. The funding includes $2.8 million over two years to provide emergency responses in disability services for those who urgently require a greater level of care and support and a further $555K will supplement the ACTs contribution to the NDIS trial in the ACT and will be allocated to areas of highest priority in the ACT disability care system.
- Community nursing provides support for the most vulnerable people in their homes and additional funding will extend this existing community nursing program in areas of maternal and child health.
- Funding for research into and promoting community awareness of suicide and suicide prevention as well as to improve suicide prevention services including support for people affected by suicide.
- Health infrastructure initiatives include:
- The University of Canberra Public Hospital, which will provide sub-acute health services as well as providing opportunities for teaching and research through partnerships with the University of Canberra.
- Funding for design and construction of a 25-bed facility that co-locates acute and rehabilitation beds on the same site.
- Funding for construction of a 700 vehicle car park at Calvary Bruce campus. This will increase parking availability by 530 vehicle spaces.
- "Expansion of services" and five additional beds and 15.4 FTE staff for health services for women and children.
- Funding for more staff and services at the Canberra Region Cancer Centre and expansion of lymphoedema services at Calvary hospital; more funds for emergency department services, Calvary ophthalmology services, endoscopy services and outpatient and imaging services.

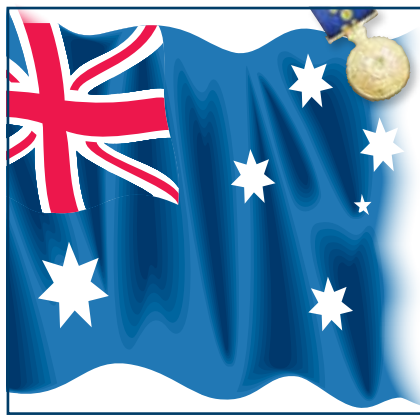
New leadership team for AMA

Sydney neurosurgeon, Associate Professor Brian Owler, was elected Federal President of the Australian Medical Association last week at the AMA National Conference in Canberra. A/Prof Owler has taken over from Dr Steve Hambleton whose three years in the top job have come to an end.

A/Prof Owler is a driving force and the face of the 'Don't Rush' anti-speeding campaign, and he appears on billboards and in television ads warning of the risks and damage associated with road accidents. He is also a prominent campaigner for stronger laws to minimise alcohol-related violence, and greater community education about the health harms caused by alcohol abuse. He actively promotes the benefits of vaccination.

A/Prof Owler said that one of his first priorities is to have talks with the Government about the AMA's concerns about patient co-payments and other Budget decisions, including public hospital and Indigenous health funding.

Melbourne hospital specialist, Dr Stephen Parnis, was elected Vice President. Dr Parnis has vigorously campaigned on emergency access targets in hospitals and improving work conditions for hospital doctors. He has also worked to reduce the harm caused by smoking and alcohol in the community, stamp out attacks on health workers, and improve end of life care.



CONGRATULATIONS

The Board, Council, members and staff of AMA (ACT) congratulate Assoc Professor Michael Levy AM and Dr Peter Hughes OAM on being awarded an Australian Honour in the Queen's Birthday Honours List.

These awards recognise the considerable contribution of both Michael Levy and Peter Hughes to the Canberra community and are well-deserved.

ACT Attorney-General reminds medical practitioners of their important role in certifying applications for mobility disability parking permits

ACT Attorney General, Mr Simon Corbell, has written to the AMA ACT seeking support and assistance in reminding medical practitioners of their important role in certifying applications for a mobility disability parking permit.

"Presently, there are approximately 18,000 mobility disability parking permits on issue to ACT residents. With a population of 381,743 this means 4.7% of ACT residents are holding a mobility parking permit," Mr Corbell writes.

"To be eligible for a mobility disability parking permit within the ACT, an applicant must be an ACT resident and meet one of the following eligibility criteria:

- Be unable to walk and always require the use of a wheelchair
- Have their ability to walk severely restricted by a permanent medical condition or disability; or
- Have their ability to walk severely restricted by a temporary medical condition or disability.

"For assessment purposes, the term "ability to walk is severely restricted" is if the person is:

- Unable to walk more than 100 metres without great difficulty or pain;
- Required to use crutches, a walking frame, callipers or other mobility aid; or is permanently blind.

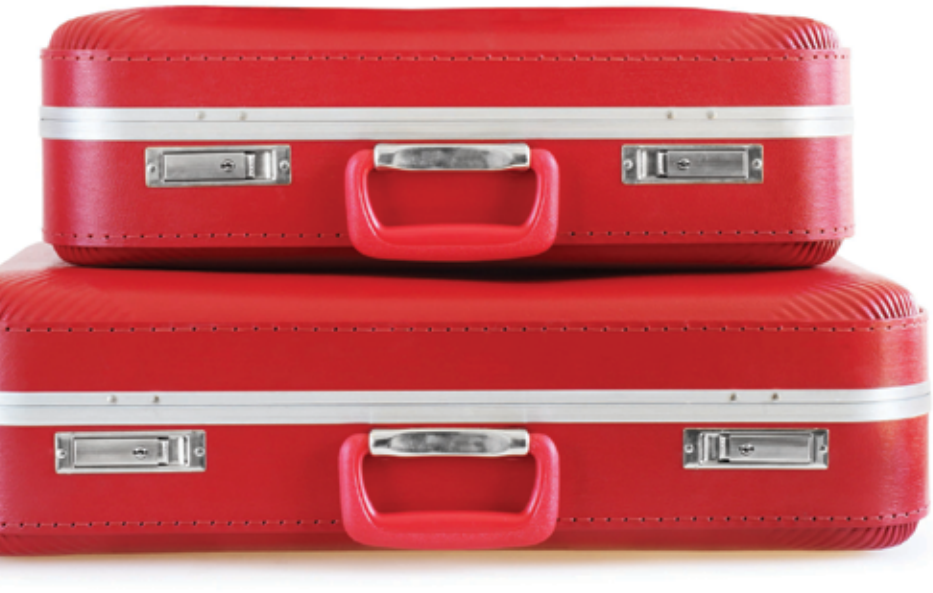
"The eligibility criteria are based on a person's functional impairment to their ability to walk. It is not based on intellectual, psychiatric, cognitive or sensory impairment unless, in addition to this impairment, the person also has a severe impairment to their ability to walk.

"There are three categories of mobility disability parking permits within the ACT:

- Temporary – is issued for a specific short term period of three months, six months or 12 months, depending on the applicant's condition. Temporary mobility disability parking permits are not renewable.
- Long term – is issued for three years where the applicant's condition may improve to the extent that the applicant may not require a permit sometime in the future. Medical certification is required to renew a long term mobility disability permit.
- Permanent – is issued for five years where the applicant's condition is permanent. No medical certification is required to renew a permanent mobility disability parking permit."

"To ensure that permits are issued to eligible people, every mobility disability parking permit application form must be signed by a qualified medical practitioner or, in the case of the applicant being permanently blind, by an ophthalmologist. Medical practitioners are asked to certify that the applicant is eligible for a mobility disability parking permit based on the criteria above. Medical practitioners are also required to record their registration number on the form, as the application will not be accepted without this information.

"The Road Transport Authority relieves heavily on the assistance of medical practitioners to ensure that only eligible people receive a mobility disability permit. Mr Corbell asks for your assistance in ensuring that you only certify a person as being eligible for a permit for a period not longer than is necessitated by the condition of the patient."



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AMA Gold Medal awarded to Dr Mukesh Haikerwal

Former AMA President and prominent GP Dr Mukesh Haikerwal has been awarded the AMA Gold Medal, the Association's highest honour, in recognition of his outstanding service to the medical profession and the community.

Presenting the Medal at the AMA National Conference Gala Dinner, outgoing AMA President, Dr Steve Hambleton, said Dr Haikerwal had been a leading figure in the medical profession for many years, and his long list of significant and enduring achievements warranted the Association's highest accolade.

"In the last two decades, Dr Haikerwal has been an extraordinarily active and committed member of the AMA, advancing the interests of members and patients at almost every level of the organisation," Dr Hambleton said.

Dr Haikerwal became an AMA Victoria State Councillor in 1995, rising to be State President in 2001 and, four years later, becoming Federal AMA President. He has held numerous important and demanding positions within the Association, including Chair of the Taskforce on Indigenous Health and the Committee on the Care of Older People, as well as serving on the General Practice, Public Health, Therapeutics, and Doctors in Training committees.

"During his long and distinguished record of service he has been at the forefront of many issues pivotal to the health care system," Dr Hambleton said.

"He played a significant role in securing the future of medical practice during the indemnity crisis, he led the profession in embedding the principle and practice of informed financial consent, he highlighted the glaring deficiencies in the care of Indigenous Australians, and called attention to the risks posed by the burgeoning number of medical school places without accompanying provision for the capacity of the training pathway.

"Not only this but, as AMA President, he confronted the spectre of medical racism, and led the AMA in condemning abuse of international medical graduates.

"Dr Haikerwal was also instrumental in putting the AMA at the centre of the e-health debate. He led the Association's enthusiastic support for the adoption of e-health.

"It is an issue that remains both essential, yet unresolved, but not for wont of effort by Dr Haikerwal, who continued to work hard on e-health following his presidency, most recently as the Clinical Lead for the National E-Health Transition Authority."

Dr Hambleton said that, since leaving the AMA Presidency in 2007, Dr Haikerwal has continued to be an influential figure.

In 2008-09, he was a Commissioner on the Australian Health and Hospitals Reform Commission, which recommended major changes including the introduction of activity-based funding in public hospitals and the establishment of local hospital networks.

He is a regular contributor to public debates and is looked to as a trusted advisor by Health Ministers across the political spectrum.

"Dr Haikerwal's contribution has extended beyond this nation's shores," Dr Hambleton said.

"He has been a member of the World Medical Association's Council since 2007, and in 2011 became the first Australian to be elected as Chair of the world body. In this position he has fostered the pursuit of ethical care, professional standards and the freedom of doctors to treat all people."

"Dr Haikerwal has been a keen and selfless supporter of the AMA for many years, and has been a generous mentor and source of support for many of the Association's leaders.

"Amid all this, he has continued to maintain a busy general practice, and showed tremendous courage and determination to resume work after suffering serious injuries in 2008."

Dr Haikerwal has been recognised for his outstanding contribution with a string of honours, including the Centenary Medal, Fellowship of the AMA, the AMA President's Award and being made an Officer of the Order of Australia.

Government and Opposition at National Conference

At Canberra Doctor we do try to keep you informed on what the politicians are saying. But sometimes we are frustrated.

Within a few days of both Health Minister Peter Dutton and Shadow Minister Catherine King speaking at last month's AMA National Conference, the proposed $7 copayment for GP visits suddenly became 'negotiable' by Prime Ministerial fiat. Needless to say, the proposed copayment was one of the main subjects in the speeches of both politicians, and as we write the fate of any copayment is unpredictable.

Minister Dutton spoke, as might be expected given the nature of the Budget as a whole, about curbing unsustainable expenditure growth. The present and future governments for some decades will have to manage increasing costs arising from increasing patient demand, a major component of which is aging of the population, a factor not open to any government control.

The Minister did make one new announcement. There will be a review of the 447 Authority Medicines on the PBS, commencing with those used in treatment of cancer.

He also spoke about workforce issues, where the number of Commonwealth-funded GP training places will be expanded from 1200 to 1500. Also, the Practice Incentive Programme payment to GPs for training medical students will double from $100 to $200 per three hour session. Infrastructure grants of up to $300,000 each will be offered to up to 175 general practices in rural and remote settings to build training facilities.

Shadow Minister Catherine King particularly attacked, as might have been expected, the then-current copayment proposals. She continued "Aside from the actual measures themselves one of the biggest criticisms I have of this budget is also the lack of adequate policy consultation and lack of policy depth."

Referring to her own professional background, Ms King added "I know how complex our health system is, and I know how hard it is to reform and to actually achieve change. One of the most fundamental mistakes policymakers can make is to try and make change from the top without bringing the sector with you, and to make change without the active engagement of clinicians."

She asserted "It's instructive that this government has had such a distinct lack of third party support for the majority of the changes it seeks to implement in this budget…The only thing this government appears to have tried to achieve from this budget is savings."

Copies of both speeches are available by email from the ACT AMA

AMA National Conference Short Reports
(and post scripts) – #1

General Practice: AMA exhorts government to review co-payment model

The recent AMA National Conference has issued a strongly worded statement in support of General Practice and challenged the government to review the proposed co-payment system. While not demanding that co-payments be dropped entirely, the statement includes several proposals to minimize the impact of the system on the most vulnerable.

These include provisions to waive the co-payment in exceptional circumstances without the doctor incurring a financial penalty and minimize the risk of vulnerable patients not accessing needed care.

"Overseas evidence shows that better health outcomes are delivered when barriers to primary care are low" said outgoing AMA president Dr Steve Hambleton.

He added that – "Front line primary care services are very efficient and are a low cost part of the Australian health system".

Other clauses in the resolution recognize the good job being done by general practice and the solid support it receives from diagnostic pathology and radiology together with the right of doctors to establish a fair fee. Further, that such a fee should allow for compliance costs of collecting the co-payment and determining eligibility for safety net provisions.

Dr Hambleton pointed out that encouraging patients to access this part of the health system reduces pressure on the hospital sector and can avoid the need for more expensive medical interventions. He also commented that the AMA is well-placed to assist the government to design a better system and that the government has stated that it wants to engage with the profession.

"We will be in contact with the Health Minister to set up meaningful discussions over the co-payments" he said.

GP co-payment could see a drop in Canberra's immunisation rates

Chief Minister and Minister for Health, Katy Gallagher, welcomed the latest immunisation results which show that ACT community has the highest rates of immunisation amongst one year olds in Australia.

However, these results will be monitored closely in light of the proposed introduction of a GP co-payment to make sure that immunisation rates don't drop in the lead up to the commencement of the co-payment in 2015.

"The ACT currently has a very high immunisation rate which is something we as a community can be proud of and 60 percent of vaccinations for children seven years and under are done in general practice," the Chief Minister said.

"The proposed $7 co-payment for GP services may make parents think twice before taking their new babies to the doctor for crucial vaccinations against diseases like polio, tetanus, diphtheria, whooping cough, hepatitis B, Haemophilus influenzaetype b, rotavirus and pneumococcal disease.

"Data for the past four quarters shows approximately 93 per cent of one and two-year-olds were fully immunised, compared with approximately 92 per cent of five-year olds.

"Immunisations are a vital part of our health system and have been consistently proven to be one of the most effective medical interventions against preventable disease.

"Immunisations not only protect those that have been vaccinated, but those who are too young or those that cannot be immunised due to other medical conditions," the Chief Minister said.

Postscript to National Conference: "$7 MBS co-pay fails to pass the means test"

Writes Dr Brian Morton in "Australian Medicine"

There has been so much focus on the $7 co-payment measure announced in the May Budget that the community seems largely unaware that the Government is also proposing that Medicare rebates for GP attendances, along with rebates for pathology and diagnostic imaging services, will be cut by $5. Every other MBS item will have also effectively be cut because of the freeze on indexation.

I'm not quite sure how Health Minister Peter Dutton thinks he is strengthening general practice. The Government is simply withdrawing significant support for patients to access frontline care and shifting more costs on to them.

In addition, the Government seems to have given little thought to the costs that will be imposed on practices as they endeavour to collect the $7 co-payment.

GPs visiting residential aged care facilities will be expected to collect $7 from each patient they see. Some practices will require more equipment, a larger reception desk, and more staff to process payments, manage bad debts and do the banking. There will be additional processing costs with EFTPOS fees and transaction costs. It will mean having to run a cash float and all the additional security concerns, cost and headaches that go along with that.

For one period of illness there will be multiple $7 co-payments that have to be collected. This will be particularly difficult for pathologists, as they rarely see the patient. If GPs are expected to collect the $7 on their behalf, that will only add to the administrative burden for practices.

With this proposal, the Government is asking all patients to contribute to their health costs.

If patients cannot afford this, the Government seems to think that GPs should act as some sort of de facto safety net. From 1 July next year, every time we waive the MBS co-payment we will be taking at least a $5 cut in our pay for the service – if a patient holds a concession card or is younger than 16 years the hit to income will be $13 to $16.10.

The Government is also going to exclude the $7 paid out-of-pocket from counting towards the new Medicare Safety Net! The Government's revised Medicare and Pharmaceutical Benefit Scheme safety nets will do less to catch those with large health care costs.

While the thresholds for the Medicare Safety Net will be reduced and streamlined, the proportion of out-of-pocket expenses that count, and the benefits payable, will be decreased. When it comes to medication, the thresholds are also set to be increased every year.

Patients with concession cards or children younger than 16 years will be expected to pay $70 out-of-pocket before the MBS co-payment will be waived. The Government appears to have given little thought to the needs of families or the pressure this will put on lower socio-economic groups.

This situation becomes even worse when several family members are sick at one time, or they need to make multiple visits, undergo numerous tests, and get several prescriptions, all in a couple of days. For people on benefits, cash flow will be a real problem.

If the Government hopes to get its co-payment measure through the Senate it is going to have to construct a better model. One that supports our sickest and most vulnerable, and the practitioners who care for them.

The AMA stands ready to assist the Government to get this right, to make sure there is better support for our vulnerable patients and for those who are at the frontline of their medical care.

Dr Morton is chair of the AMA Council of General Practice "Australian Medicine" is a publication of the AMA

AMA National Conference Short Reports
(and post scripts) – #2

"Overseas Conflicts and Disasters: the challenge of caring for those who serve"

Lieutenant General Peter Leahy, Major General Professor Jeffrey Rosenfeld and Commodore Duncan Wallace spoke at the AMA National Conference's "Overseas Conflicts and Disasters: the challenge of caring for those who serve" session, chaired by new AMA President Associate Professor Brian Owler.

Lieutenant General Leahy, who is Chair of the Soldier On charity, and Major General Professor Rosenfeld said changes in the nature of conflict and improvements in medical care, meant that many soldiers were surviving wounds that would once have been fatal, but were returning home with much more severe injuries including, amputations, fractures, hearing loss, traumatic brain injuries and multiple severe wounds. Factors such as high operational tempo may contribute to the risk of injuries physical and psychological. Groups such as Soldier On aimed to support physically and psychologically wounded ADF members, especially with those non-deploying to active duty or those transitioning to civilian life.

Commodore Wallace, a psychiatrist, said that, in addition to their physical wounds, many personnel suffered mental disorders. Commodore Wallace reported that 45,000 Australian Defence Force members have served in conflict zones or peacekeeping duties from 1999-2011. He said research showed anxiety disorders were more common among ADF members than the broader community especially Post-Traumatic Stress Disorder, with soldiers suffering depressive disorders at almost twice the rate of all Australians. Commodore Wallace stated the type of experience on deployment, in particular exposure to trauma or combat, is a risk factor for PTSD and other disorders. Therefore those personnel at particular risk of developing mental disorders will include: infantry, armoured corps, CER, combat medics and Special Forces. However, he indicated that there were barriers to ADF members accessing care, with preferences for self-care possibly diverting people from specialist care, although just less than 1 in 5 members did seek care. The ADF provides mental health and rehabilitation via the Defence Department and Department of Veterans Affairs, with new programs being developed to assist with recovery and return to work or civilian life.

Associate Professor Owler said many returned from overseas service with multiple co-morbidities and complex care needs, providing a challenge for carers and health services.

"The medical profession has shown an enormous commitment to the care of ADF personnel and veterans over many years. Many doctors have and are serving in the ADF, or are part of the framework of health services put in place by the ADF and the Department of Veterans' Affairs. But things can be done better, and the AMA is keen to work with the ADF, the Department of Veterans' Affairs and personnel and veterans themselves on ways to improve the delivery and integration of services, so that all get the care they need."

The resolution passed by the AMA National Conference has called for the development of AMA policy in a number of key areas:

- research to monitor the health of ADF personnel and veterans injured during ADF operations, to identify emerging health issues and better inform the future delivery of health services;
- arrangements for seamless health care delivery to ADF personnel and veterans, including the relationship between the Department of Veterans' Affairs (DVA), ADF health services and other health care providers;
- the development of a unique service/veteran health identifier to improve the coordination of health care for ADF personnel moved across to either DVA health care arrangements or Federal/State funded services; and
- exploring the potential to expand existing non-liability health care arrangements for veterans to a broader range of conditions beyond those currently identified.

(Note: the above has been adapted from AMA Media Release 25 May 2014 and Powerpoint Presentations of Lieutenant General Leahy and Commodore Wallace.)

Postscript to National Conference: AMA welcomes government support for veterans of contemporary conflicts

AMA President, A/Prof Brian Owler, has congratulated the Government on its $5 million commitment to undertake studies into the mental, physical, and social health of Australian Defence Force (ADF) personnel who served in contemporary conflicts.

The *Transition and Wellbeing Research Programme* will fund three studies:

- The *Mental Health and Wellbeing Transition Study* – a mental health and wellbeing transition study that will target both serving and ex-serving personnel to determine their mental, physical and social health status;
- The *Impact of Combat Study*, which will follow up those who were recently deployed in the Middle East between 2010 and 2012; and
- The *Family and Wellbeing Study*, which will investigate the impact of military service on the health and wellbeing of the families of serving and ex-serving personnel.

A/Prof Owler said the studies are recognition of the specific health impacts on Australian ADF personnel while serving in modern combat situations.

"The health of serving ADF personnel and veterans was a key focus at the AMA National Conference last month," A/Prof Owler said.

"The Conference called on the Government to conduct more research to monitor the health of ADF personnel and veterans injured during ADF operations.

"During 2012-13, the ADF was involved in 15 overseas operations in regions and countries such as the Middle East, Iraq, Afghanistan, and South Sudan, as well as those closer to home including East Timor, Papua New Guinea, Samoa, and Fiji."

According to the *Joint Standing Committee on Foreign Affairs, Defence and Trade report on the inquiry into the care of Australian Defence Force (ADF) personnel wounded and injured on military operations*, 20 per cent of the veterans of recent conflicts could be susceptible to post-traumatic stress disorder, and as many as 50 per cent of servicemen or women can expect to have some form of mental health issue at some point in their life.

The same inquiry identified the physical injuries sustained by ADF personnel in combat operations such as Operation Slipper in Afghanistan, which included:

- amputations;
- fractures;
- gunshot wounds;
- hearing loss;
- lacerations/contusions;
- concussion/traumatic brain injury;
- penetrating fragments; and
- multiple severe injuries.

"We must do everything we can to support those who return with service-related injuries," A/Prof Owler said.

"The research to be funded by the Government is important because it will allow us to identify emerging health issues and better inform the future delivery of health services.

"The AMA is also pleased that, from 1 July 2014, a new Medicare Benefits Schedule (MBS) item will be introduced for General Practitioners who use a screening tool in a health assessment for former ADF members.

"The new item will be available for former ADF members, including regular and reserve forces, for up to five years after being discharged.

"ADF members are often reluctant to disclose their injuries while serving, and some veterans keep them hidden for many years, which can often make their condition much worse.

"This new health assessment item was proposed by the AMA to the Department of Veterans' Affairs several years ago as an important initiative to encourage veterans to come forward and access treatment earlier," A/Prof Owler said.

More short reports (and postscripts) from National Conference next month

AMA calls on australian government to make representations to support Turkish and Sudanese doctors

The AMA has written to Prime Minister Tony Abbott asking the Australian Government to call on Turkish authorities to immediately drop legal action against Turkish doctors who provided emergency medical care to people injured during protests in Istanbul in May.

AMA President, A/Prof Brian Owler, said that the AMA has learned that the doctors, who are members of the Turkish Medical Association (TMA), face a court case commencing on 12 June.

A/Prof Owler said the AMA has asked the Australian Government to show support for international medical neutrality by requesting the Turkish Government drop the charges against the doctors.

"Throughout the world, in times of peace and conflict, doctors must be allowed to care for those in need, impartially and without discrimination, and without fear of prosecution or punishment for complying with their ethical obligations," A/Prof Owler said.

"These doctors were doing what they trained to do – care for the injured.

"The World Medical Association (WMA) and other international medical organisations have also protested about the action taken against the Turkish doctors.

"The AMA and the WMA have particular concerns about a new Turkish health law that criminalises emergency medical care and requires routine reporting of all confidential patient information to State authorities.

"The AMA National Conference last month supported the WMA position that Turkish authorities should safeguard international principles of medical neutrality and medical ethics and ensure doctors are not sanctioned on the grounds of complying with their professional duties.

"The AMA passed a resolution to advocate for the rights of doctors in Turkey to provide medical care to the ill, injured, and unwell in any situation without fear of physical, professional, or legal sanctions from their government and ministries.

"Support for the Turkish doctors would send a strong signal to the world that doctors and other health professionals should not be impeded in their duty of care to the sick and injured," A/Prof Owler said.

The AMA has also expressed its concerns directly to the Turkish Ambassador to Australia, His Excellency Mr Reha Keskintepe.

Dr Meriam Yehya Ibrahim must be released from Sudanese prison immediately says AMA

At the same time, the AMA is urging Prime Minister Tony Abbott to contact the President of the Republic of Sudan to request the immediate, unconditional release from prison of young Sudanese doctor, Dr Meriam Yeyha Ibrahim.

According to Amnesty International, Dr Ibrahim has been incarcerated since August 2013 for the 'crimes' of adultery, apostasy (abandoning a belief or principle), for having married a Christian man, for asserting she is a Christian, not a Muslim, and for refusing to recant her faith. She was raised an Orthodox Christian by her mother.

Dr Ibrahim has been sentenced to 100 lashes for adultery, and death for apostasy.

AMA President, A/Prof Brian Owler, said today that the AMA believes Dr Ibrahim is a prisoner of conscience.

In a letter to Prime Minister Abbott, A/Prof Owler said Dr Ibrahim's incarceration and sentence are barbaric and in violation of international human rights.

"Dr Ibrahim was imprisoned while pregnant, and recently gave birth to her daughter in prison," A/Prof Owler said.

"Her 20-month old son is also in prison with her.

"She is a prisoner of conscience, not a criminal, and should be released immediately.

"We urge the Australian Government to join the AMA, the World Medical Association, the British Medical Association, and other international organisations and governments in demanding that Dr Ibrahim's sentence be overturned and that she be set free," A/Prof Owler said.

In Sudan, a pregnant woman sentenced to death must be allowed to nurse her child for two years after the birth before the execution can proceed. Lawyers are currently appealing the case.

A/Prof Owler has also written directly to the President of the Republic of Sudan, His Excellency Omar Hassan Ahmad al-Bashir, raising the AMA's concerns.

Changes to Department of Veterans' Affairs (DVA) Gold, White and Orange Health Cards

Throughout June 2014, DVA Gold, White and Orange Health Cards will be reissued to all eligible DVA persons.

The new cards enable eligible persons to continue to access DVA funded health care services.

The most noticeable change to the card design is the new artwork, which incorporates the '100 years of ANZAC' centenary logo. Further details of changes to DVA Health Cards can be found on the DVA website at:

http://www.dva.gov.au/service_providers/treatment_cards/Pages/whats_new.aspx

Importantly, this will not impact on the way DVA funds for services provided.

Any questions regarding the new DVA Health Cards, can be directed to: Delys Heinrich, Director, Performance, Partners and Provider Engagement on (02) 6225 4555 or Dan Salvador, Assistant Director, Performance, Partners and Provider Engagement on (03) 9284 6611.

ACT shares top billing on 2014 tobacco scoreboard

At the AMA National Conference 2014, retiring President Dr Hambleton said "both the ACT and Tasmanian governments had shown a strong commitment to tobacco control. The Australian Capital Territory and Tasmanian Governments have done more than any of their counterparts to control smoking and encourage people to kick the habit, jointly earning themselves the National Tobacco Scoreboard Award for 2014."

"2014 celebrates the 20th Annual AMA and the Australian Council on Smoking and Health National Tobacco Scoreboard Award.

"The ACT scored highly as it prohibits all point of sale advertising, bans consumer rewards schemes for tobacco products and has further strong policies in place on tobacco sales, including bans on vending machines carrying tobacco products

"The ACT government does not accept donations or sponsorship from tobacco companies or allied interest groups and has recently released a discussion paper considering limiting the number of retailer licences, restricting hours of cigarette sales and a substantial increase in license fees to sell tobacco.

"The Australian Government deserves praise for maintaining its support for tobacco plain packaging legislation and other measures, and for maintaining support for regular annual tobacco excise increases. The recent Budget has, however, raised concerns about continuing funding support for Aboriginal tobacco control programs across Australia and some tobacco-related activities may be affected by further cuts to prevention programs.

"The emphasis in assessment for the awards appears to have swung from blocking access to protecting non-smokers with Victoria getting the Dirty Ashtray Award, largely from its failure to protect non-smokers. Smoking is still permitted in a wide range of locations, including partially enclosed areas, alfresco dining areas, outdoor areas of licensed premises, entrances and exits to buildings, areas adjacent to ventilation ducts and hospital grounds, giving a message of continuing social acceptability. Unfortunately several other states were noted to permit smoking on licensed premises.

"A message of social unacceptability appears more likely to have its impact on youthful beginners than that of distant mortality," said Dr Hambleton.

ACT welcomes acknowledgement of its efforts on smoking

Chief Minister and Minister for Health, Katy Gallagher welcomed acknowledgement from the Australian Medical Association (AMA) for the ACT Government's policies to reduce the amount of smoking in Canberra.

"The ACT Government has rolled out a strong policy agenda to make it harder for people to consume tobacco in the community in an attempt to cut smoking rates and encourage Canberrans to live a healthier lifestyle," the Chief Minister said.

"This award is important recognition for the hard work that the ACT Government has done to reduce smoking availability in the ACT and provides encouragement for this work to continue to further build on the positive results we have seen to date.

There are currently restrictions on smoking at ACT Health facilities, schools, restaurants and bars, outdoor eating and drinking areas and in cars carrying children. The Government is also moving towards smoking bans at public swimming pools, playgrounds, sporting fields, bus interchanges, university campuses, building entrances, and large public events.

"We have a social responsibility to create policies that aim to de-normalise smoking in our community, particularly targeting children to prevent them taking up the habit and falling into the addition into their adult life," the Chief Minister said.

"We know that smoking has direct links to chronic health conditions and can cause cancer so by reducing the amount that people smoke we are in turn making our community a healthy place to live while also reducing demand on chronic health services.

"I would like to thank the AMA for this award and their ongoing support of the ACT Government's health agenda and would like to assure the health profession that the ACT government will continue to work to stamp out smoking in public and make Canberra a healthy place to live.

President, Dr Elizabeth Gallagher will present the trophy to ACT Chief MInister, Ms Katy Gallagher, in the near future.

Anti-smoking action must continue

AMA President, A/Prof Brian Owler, recently said that all Australian governments must continue taking action to encourage people to stop smoking and discourage others, especially young people, from taking up the killer habit.

A/Prof Owler said the AMA has been a strong supporter of major public health initiatives and Federal and State legislation that has made it harder for Big Tobacco to promote its killer products to Australians.

"The ground-breaking tobacco plain packaging laws, which were supported by both sides of politics, put Australia at the forefront internationally in the battle against smoking," A/Prof Owler said.

"We must build on this momentum to limit tobacco marketing, stop people smoking, and save lives.

"This involves a combination of bold public health initiatives such as plain packaging, taxation, and laws that limit the places where people can smoke in public.

"It is important that people know the facts about the harmful health effects of smoking and the success of anti-smoking initiatives."

A/Prof Owler said it was disturbing to see misinformation about smoking rates and plain packaging being spread by the tobacco industry in recent days, and even more disturbing to read reports that some Government backbenchers are promoting repeal of the plain packaging legislation.

"Big Tobacco continues to put profits ahead of people's lives," A/Prof Owler said.

"The tobacco companies attack plain packaging because it is working, and they do not want other countries following Australia's lead.

"The AMA urges the Federal Government to resist overtures from the tobacco industry to wind back tobacco reforms, and to maintain successful public health campaigns that educate the public about the damaging health effects of tobacco and smoking.

"Australia has developed a reputation and standing as a world leader in tobacco control. We cannot allow that reputation to be undermined by the dirty tricks of Big Tobacco," A/Prof Owler said.

Background

Australian Bureau of Statistics Gross Domestic Product figures for March quarter 2014 show that between the December quarter 2012, when plain packaging laws came into effect, and the March quarter this year, consumer spending on tobacco products fell 5.3 per cent – and is now at the lowest level ($3.298 billion) since records began in 1959.

A Treasury analysis of a 25 per cent hike in the tobacco excise in May 2010 referred to evidence suggesting that around 200,000 smokers quit or attempted to quit smoking immediately following the excise increase – double the number of the previous month, and there were 100,000 fewer daily smokers in 2010.

In evidence to a House of Representatives Committee hearing, British American Tobacco CEO David Crow said that, following the excise increase, there was a 10.2 per cent fall in the volume of sales.

Overall, the Treasury report concludes there was an 11 per cent drop in tobacco sales following the excise increase, and an increase in attempts by smokers to quit. The tobacco industry provided figures indicating that some smokers responded to the excise hike by purchasing cheaper cigarettes and roll-your-owns.

In his report on plain packaging to the UK Government (*Standardised packaging of tobacco*), Sir Cyril Chantler admitted there were limitations to the evidence about the likely effect of plain packaging on tobacco consumption, and said a randomised controlled trial to test the effect would not be ethical to undertake.

But he said there had been a large number of studies that have tested the possible effect of standardised packaging on the behaviour of smokers and non-smokers (most significantly the 2012 Stirling Review).

Sir Cyril said there was no evidence to support tobacco industry claims that plain packaging would drive tobacco prices down and increase the trade in illicit products.

He said that early evidence from Australia does not show falling prices; rather, price rises have continued over and above tax increases. There is some evidence of trading down towards cheaper brands, but this appears to be a continuation of an ongoing market trend.

"I am not convinced by the tobacco industry's argument that standardised packaging would increase the illicit market," Sir Cyril said.

"There is no evidence that standardised packaging is easier to counterfeit, and indeed, in Australia, hardly any counterfeit standardised packages have been found to date.

"Having reviewed the evidence, it is in my view highly likely that standardised packaging would serve to reduce the rate of children taking up smoking, and implausible that it would increase the consumption of tobacco. Branded packaging plays an important role in encouraging young people to smoke.

"I am satisfied that the body of evidence shows that standardised packaging, in conjunction with the current tobacco control regime, is very likely to lead to a modest but important reduction over time on the uptake and prevalence of smoking, and thus have a positive impact on public health."

LGBT* Smoking rates double the general population

On the eve of World No Tobacco Day last month ACON expressed concern that smoking rates among LGBT communities are more than double those of the general population.

While rates have fallen slightly in recent years among gay men, and particularly among HIV+ men, smoking rates among lesbians and bisexual women have hardly budged over the past 10 years.

ACON Director of Policy, Planning and Research Alan Brotherton says this is a major health issue for LGBT communities that will have repercussions far into the future. "Smoking is the leading cause of preventable death in NSW," says Mr Brotherton. "It's not just the well-known consequences like emphysema, lung cancer and heart disease, but smoking is a major risk factor for many other cancers".

The current smoking rate in the general population is around 16%. By way of comparison:

- The *2011 National Drug Strategy Household Survey* showed 34.2% of homosexual/bisexual people were current smokers.
- The *SWASH survey*, which samples lesbians and other same sex attracted women every two years in NSW, shows smoking rates of around 35% on average across the four surveys from 2006 to 2012.
- The *2006 Private Lives Study* found that 35.4% of trans women and 44.1% of trans men were current smokers.
- The *2013 HIV Futures 7 study* reported rates of 30.2% among HIV positive people.

Smoking rates are highest among younger people, with around 42% of 16 – 24 year old lesbian and same sex attracted women being current smokers. Among older non heterosexual people (45 +) smoking rates are still double those of heterosexuals, at around 8%.

"These are alarming figures," says Mr Brotherton. "We need to better understand why these rates are so high, and why mainstream tobacco control initiatives appear to have had such a limited impact on our communities."

"Unfortunately, to date there hasn't been much research on this issue, but the limited studies available suggest LGBT people just don't rate smoking as an important health issue, or that there are other more pressing issues, such as anxiety, depression, family and relationships. There are even some studies that suggest it's seen as a positive expression of LGBT identity.

"Whatever the reasons, we do know that smoking is a major health risk, as well as a major cost, for many people. We need to do more to support our friends, partners and communities to reduce our rates of smoking."

ACON is finalising a health promotion strategy which will outline how the organisation plans to go about working with the community to find ways to address the issue. The strategy will be launched by mid July this year.

(ACON is New South Wales' leading health promotion organisation specialising in HIV and lesbian, gay, bisexual, transgender and intersex (LGBTI) health.

Incorporated in 1985 as the AIDS Council of NSW, ACON has been widely recognised as an innovative, successful organisation which has adapted to changes in the HIV epidemic and responded early to emerging health issues among our communities).

New myth busting resource launched for World No Tobacco Day

The Mental Illness Fellowship of WA (MIFWA) and the Australian Council on Smoking and Health (ACOSH) have collaborated to produce a new resource busting the myths around smoking and mental health.

Approximately 32% of people experiencing mental illness smoke, with prevalence increasing significantly for people experiencing severe mental illness.

Monique Williamson, CEO of MIFWA said, "Misconceptions about smoking and mental illness contribute to the continuing high prevalence of smoking, the associated health problems and reduced life expectancy of people experiencing mental illness".

"It is important to counter these myths with facts and research so that we can effectively address smoking in people experiencing mental illness and work together to close the life expectancy gap".

She added, "This new resource will be a useful tool for health professionals, carers and people experiencing mental illness to open the dialogue about quitting smoking and provide support and encouragement to do so.

Professor Mike Daube, President of ACOSH, said, "people experiencing mental illness have a reduced life expectancy of 14 years – 15.9 years for men and 12 years for women". "Smoking contributes substantially to this gap, with cardiovascular disease, cancer and respiratory diseases the cause of more than 77% of premature deaths in people experiencing mental illness."

The resource addresses common myths around smoking, including that smoking helps manage stress, that smoking by people experiencing mental illness is the "least of their problems," and that people experiencing mental illness don't want to quit smoking.

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