AUSTRALIAN
# Medicine
The national news publication of the Australian Medical Association

# Reboot e-health records, Govt told

## Personal control undermines clinical value: AMA , p4

## Inside





AMA
ISSUE 25.24 - DECEMBER 2 2013

AUSTRALIAN
# Medicine

**Managing Editor:** John Flannery
**Editor:** Adrian Rollins
**Production Coordinator:** Kirsty Waterford
**Contributors:** Sanja Novakovic

**Graphic Design:**
Streamline Creative, Canberra

**Advertising enquiries**
Streamline Creative
Tel: (02) 6260 5100 Fax: (02) 6260 5200

*Australian Medicine* is the national news publication of the Australian Medical Association Limited. (ACN 008426793)

42 Macquarie St, Barton ACT 2600

Telephone: (02) 6270 5400
Facsimile: (02) 6270 5499

Web: www.ama.com.au
Email: ausmed@ama.com.au





# IN THIS ISSUE

## NEWS



## REGULAR FEATURES

# PSR re-set and operational

BY AMA PRESIDENT DR STEVE HAMBLETON

"I am confident that people who are reviewed under the scheme will be afforded procedural fairness and natural justice by their peers"

The AMA has always been a strong supporter of the Professional Services Review (PSR) scheme. We know that the Medicare and Pharmaceutical Benefits Schemes assist Australians to gain access to affordable medical services and medicines, and it is important that there are sound audit and peer review arrangements to ensure that benefits are paid appropriately.

Peer review is fundamental to the AMA's support of the PSR scheme, and it is why we engaged with the Health Department and went into bat for it.

It is critical that decisions about the clinical relevance of a service that has attracted a Medicare rebate or a prescription that has attracted a pharmaceutical subsidy are made by medical practitioners, based on medical facts.

Members will recall that, during 2011, the PSR scheme was under significant threat. The AMA heard members' concerns about the transparency of PSR processes and procedural fairness. There were even calls for the peer review scheme to be replaced with a legal process.

At the same time, problems with the internal operations of the agency required an independent review, and a Federal Court case forced the annulment of the PSR panel.

Compounding this, a high degree of media attention implied that the matters handled by the PSR were more widespread than they actually were, which had a negative effect on the public perception of the whole profession.

And then there was a Senate Committee inquiry into the scheme.

During this time, the AMA did what it does best.

Our current Chair of Council Dr Iain Dunlop, our current Chair of the Council of General Practice Dr Brian Morton, and I, worked closely with senior leaders within the Department of Health, the PSR, and the Department of Human Services - under the auspices of the PSR Advisory Committee (PSRAC) - to re-set the PSR Scheme.

The AMA did not want to lose the PSR scheme to the lawyers. Lawyers are good with the law and administrative facts, but only doctors are good with medical facts.

We saw it was important for the whole profession to know that we acknowledge and support accountability within the system. It is equally important for those people who are reviewed under the scheme to have a complete understanding of how the scheme works, and what they can expect at each stage - and that they will be treated fairly.

All persons under review deserve procedural fairness and natural justice. Justice needs to be done, and seen to be done.

Under the guidance of the PSRAC, we now have:

- a Memorandum of Understanding between the Minister and the AMA, setting out the roles and responsibilities of the Department of Health, the PSR agency and the AMA in relation to the scheme, and the various operational aspects of the scheme;
- a document - *Your Guide to the PSR Process* - that explains in detail the PSR process. This allows people under review to understand each stage and what is expected of them, and their rights;
- guidelines that set out in detail the arrangements for the Director's investigation and the processes for people under review negotiating a Section 92 Agreement;
- a newly-constituted PSR panel and Deputy Directors, and operational guidelines for them to follow when they are reviewing a peer; and
- documented arrangements for the Director convening PSR Committees.

The staff at the PSR agency are all trained and skilled for their roles. The PSR Deputy Directors have received training to ensure that persons under review receive procedural fairness, a full explanation of the outcomes of their review, and the reasons for Committee decisions.

I am confident that all of these activities have set the PSR scheme back on track.

I am confident that people who are reviewed under the scheme will be afforded procedural fairness and natural justice by their peers.

The profession can again have confidence in the PSR scheme.

TO COMMENT CLICK HERE

# Reduce 'personal control' to make electronic health records useful

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

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

Since the system went live in mid-2012, little more than one million people have registered for a PCEHR, and barely 11,000 shared health summaries have been uploaded by doctors [see "Shared eHealth records an exclusive club", p5], fuelling concerns that it is in danger of becoming a very expensive failure.

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

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

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

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

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

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

...CONTINUED ON PAGE 5

# Shared e-health records an exclusive club

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

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

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

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

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

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

The number included 4714 general practices.

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

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

AMA President Dr Steve Hambleton has been appointed by the Abbott Government to a three-member panel to review the PCEHR and report on changes and improvements by mid-December.

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

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

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

**Adrian Rollins**

TO COMMENT CLICK HERE

# Reduce 'personal control' to make electronic health records useful

...CONTINUED FROM PAGE 4

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

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

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

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

**Adrian Rollins**

TO COMMENT CLICK HERE

# AMA gives prescription on red tape cuts

The AMA has called on the Commonwealth to axe the PBS authority prescription system, give doctors a single Medicare provider number, streamline Medicare payments and reform Medicare Locals as part of a review of the role and scope of Government.

In a submission to the Abbott Government's National Commission of Audit, the AMA has recommended seven reforms that it argues would free doctors up from hundreds of hours of administrative work each year, allowing them to spend more time with patients while saving the taxpayers millions of dollars.

Lodging the submission, AMA President Dr Steve Hambleton said that medical practices were being "strangled" by unnecessary rules and regulations, with many doctors spending more than nine hours a week complying with red tape.

"Doctors cannot see as many patients as they could because of the time needed to deal with mountains of paperwork or waiting on the phone for authority prescription approvals."

"This is blocking patient access to much-needed medical care and advice. The solution is simple: free up doctors' time so they can do what they do best – care for patients."

The Commission, chaired by Business Council of Australia President Tony Shepherd, has been directed to advise on areas of waste and duplication in the operation of Government and provision of services, and is expected to recommend swingeing cuts in many areas, particularly where responsibility is shared between several layers of government.

In its submission, the AMA highlighted long-standing doctor complaints about the PBS authority prescription system and recommended that it be scrapped.

It said doctors spent time equivalent to 25,000 patient consultations waiting for their calls to the DHS authority free call service to be answered.

The AMA said the pointlessness of the system was underlined by the fact that only 2.8 per cent of calls to the service did not result in prescription authorisation.

Another suggestion was to change the rules governing the Medicare provider number system to give doctors a single national number, rather than force them to obtain a separate number for each practice or hospital they work at.

The AMA has also recommended a simplification of the Medicare billing system to eliminate double-handling and allow the Medicare rebate for a service to be paid directly into the medical practitioner's account, rather than through the patient's account.

The Commission of Audit has also been urged to consider the role of Medicare Locals to ensure that they provide a genuine and useful support for general practice, rather than simply being a conduit for Government funding or a competitor with existing GP services.

The AMA has reiterated its call for improvements in Medicare chronic disease items, urging the Commission to consider streamlining current arrangements to make them far less cumbersome and complex, and has called for Centrelink and the Department of Veteran's Affairs to redouble their efforts to simplify the administrative requirements imposed on doctors.

It has also suggested that registration processes for the Personally Controlled Electronic Health Record system be simplified.

Dr Hambleton said that the excessive regulatory burden on doctors needed to be slashed.

"The majority of general practices and other medical specialist practices are small to medium businesses that must meet all the usual business red tape associated with taxation, payroll and personnel management," he said. "[In addition], they must meet red tape requirements to enable their patients to get access to funding provided through the Medicare Benefits Schedule and other Government funding."

The Abbott Government was elected on a pledge to get rid of waste and cut red tape, and Health Minister Peter Dutton has signalled that although there would be no extra funds for health spending, he wanted to see a reallocation of spending priorities to free up more funds for frontline health services.

In line with this, at a meeting with Dr Hambleton in October, the Minister indicated that the authority prescription system was likely to come under scrutiny.

**Adrian Rollins**

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

## FREE Online Webinar

**Free online webinar for health professionals about the Medical Technology Industry Code of Practice Wednesday, 4 December, 12.30pm**

Health professionals are invited to a free online webinar about the Medical Technology Code of Practice, the voluntary industry code for the medical technology industry. The Code provides an ethical framework for medical technology companies to follow in their interactions with health professionals.

The Medical Technology Association of Australia (MTAA) is hosting the webinar on Wednesday 4 December from 12.30pm-1.15pm AEDT. The session will run for 30 minutes, with time for participant questions at the end. Topics to be covered include Code requirements for company interactions with health care professionals in areas such as company sponsored training, third party educational conferences, gifts, hospitality, research and educational grants and fellowships. Interested health professionals can register for the webinar at the MTAA website (http://www.mtaa.org.au/)

# United medical profession calls on Queensland to ditch toxic contracts

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"The Federal AMA urges the Queensland Government to abandon its proposed changes and work with AMA Queensland and the Australian Salaried Medical Officers Federation to reach employment arrangements that work best for the doctors, their patients and the Queensland health system," he said.

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

**Adrian Rollins**

TO COMMENT CLICK HERE

# GPs are nation's front line in tackling chronic disease

There has been a surge in visits to GPs by patients with chronic illnesses, underlining AMA calls for an overhaul of Medicare rules for the treatment of people with complex and multiple conditions.

Figures compiled by the University of Sydney's Bettering the Evaluation and Care of Health (BEACH) program show that last year more than a third of all GP consultations involved treatment of chronic illnesses.

Illustrating the extent to which GPs are increasingly being asked to treat multiple complaints at a single visit, the BEACH study, *A decade of Australian general practice 2002-03 to 2012-13,* found that general practitioners managed, on average, 155 problems for every 100 appointments.

The dimensions of the issue have been highlighted by a separate BEACH report, *General practice activity in Australia 2012-13*, which includes an examination of the demands patients with type 2 diabetes are making on GP time.

Lead author Associate Professor Helena Britt said 8 per cent of all GP visits involved patients with type 2 diabetes, and such consultations took about double the average time.

The study found that patients with type 2 diabetes were much more likely than the general population to see a doctor, and they invariably suffered multiple chronic conditions that were complex to manage and frequently required lengthy consultations.

Associate Professor Britt said people, on average, saw a GP 5.6 times a year, but among those with type 2 diabetes, the average was eight visits a year.

She said that, of the 1.2 million diagnosed with type 2 diabetes, 97 per cent had at least one other chronic condition, and 40 per cent had five or more. She said high blood pressure, high cholesterol, hypertension, osteoarthritis, ischaemic heart disease and depression were "the most common".

Associate Professor Britt said the ageing of the population was also adding to the chronic disease burden, and increasing the demands on GPs.

"As the population ages, chronic diseases are accounting for an increasing proportion of GP workload," she said. "Compared with 10 years ago, there are now more visits for depression, diabetes, atrial fibrillation and hypothyroidism."

All up, the BEACH program found that, on average, 55.7 chronic problems were managed for every 100 GP visits.

AMA President Dr Steve Hambleton said the report showed that not only were general practitioners dealing with more problems at each visit, they were also critical in connecting patients with other forms of care.

The BEACH study found that, in 2012-13, GPs made 7.6 million more referrals to other health practitioners than they had a decade earlier, including an extra 3.7 million to medical specialists and an extra 3.5 million to allied health services, such as physiotherapists, psychologists and dieticians.

...CONTINUED ON PAGE 9

# GPs are nation's front line in tackling chronic disease

...CONTINUED FROM PAGE 8

Dr Hambleton said the finding showed that GPs were effectively coordinating care across a range of disciplines.

"These reports underline the unique leadership role of GPs in the health system," he said. "GPs are ensuring that people are receiving the right care at the right time from the right health professional."

Dr Hambleton said the reports showed the extent of demands made on GPs – almost 127 million GP services were claimed through Medicare in 2012-13, an average of around 2.5 million a week.

But he said attempts to reduce GP workload by hiving off more functions to other health professionals, such as pharmacists, were misguided.

Last month, the nation's Health Ministers approved a plan to give autonomous prescribing rights to a range of non-medical practitioners in order to ease access to GPs.

But Dr Hambleton questioned the assumptions underlying the policy and warned the change risked fragmenting care and exposing patients to harmful consequences.

"Any moves to allow other health professionals to do the work of a GP must be resisted," he said. "Instead, GPs must receive stronger support to maintain and build on their key role as community demand inevitably increases in coming years."

Dr Hambleton said one of the most important ways to achieve this was to reform Medicare rules regarding the treatment of patients with chronic illnesses.

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

His concerns have been borne out by a study published in *The Australian Health Review* that found the proportion of GPs providing consultations of 40 minutes or longer fell from 72 per cent in 2006 to 62 per cent in 2009. Over the same period, the number of such consultations provided per GP fell 26 per cent.

Lead author Michael Taylor and his colleagues speculated that the red tape burden and anxiety about satisfying Medicare requirements contributed to the decline, and warned that there is little evidence yet that reforms introduced in 2010, including larger fees for longer consultations, were having an effect.

Dr Hambleton said the Government should adopt the AMA's comprehensive plan for boosting chronic care, *Improving Care for Patients with Chronic and Complex Care Needs* (http://ama.com.au/node/5519).

"The AMA plan enhances existing arrangements and supports patients to spend more time with their GP when they need to," he said. "It provides patients with streamlined access to a broad range of allied health and other support services, and it supports a more proactive approach to the delivery of care.

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

**Adrian Rollins**

TO COMMENT CLICK HERE

# Medicare puts the screws on doctor income

Australian GPs are being short-changed in comparison with many of their overseas colleagues, underlining complaints that Medicare rebates have failed to keep pace with rises in the cost of providing medical care.

An international study of relative earnings by the Organisation of Economic Cooperation and Development has found that Australian GPs earned, on average, 1.7 times the average wage in 2011, putting them at the lower end of remuneration received by general practitioners in developed countries.

The OECD's Health at a Glance report (http://www.oecd.org/health/health-systems/health-at-a-glance.htm) found that self-employed GPs in the United Kingdom enjoyed the highest remuneration, earning 3.4 times the average wage in 2011, while their counterparts in Ireland, Canada and the Netherlands each earned three times the average income.

The least flush GPs were those working in Hungary, who earned just 1.4 times the average wage, though the OECD warned this was probably an under-estimation because the figure only included general practitioners who were on the public payroll.

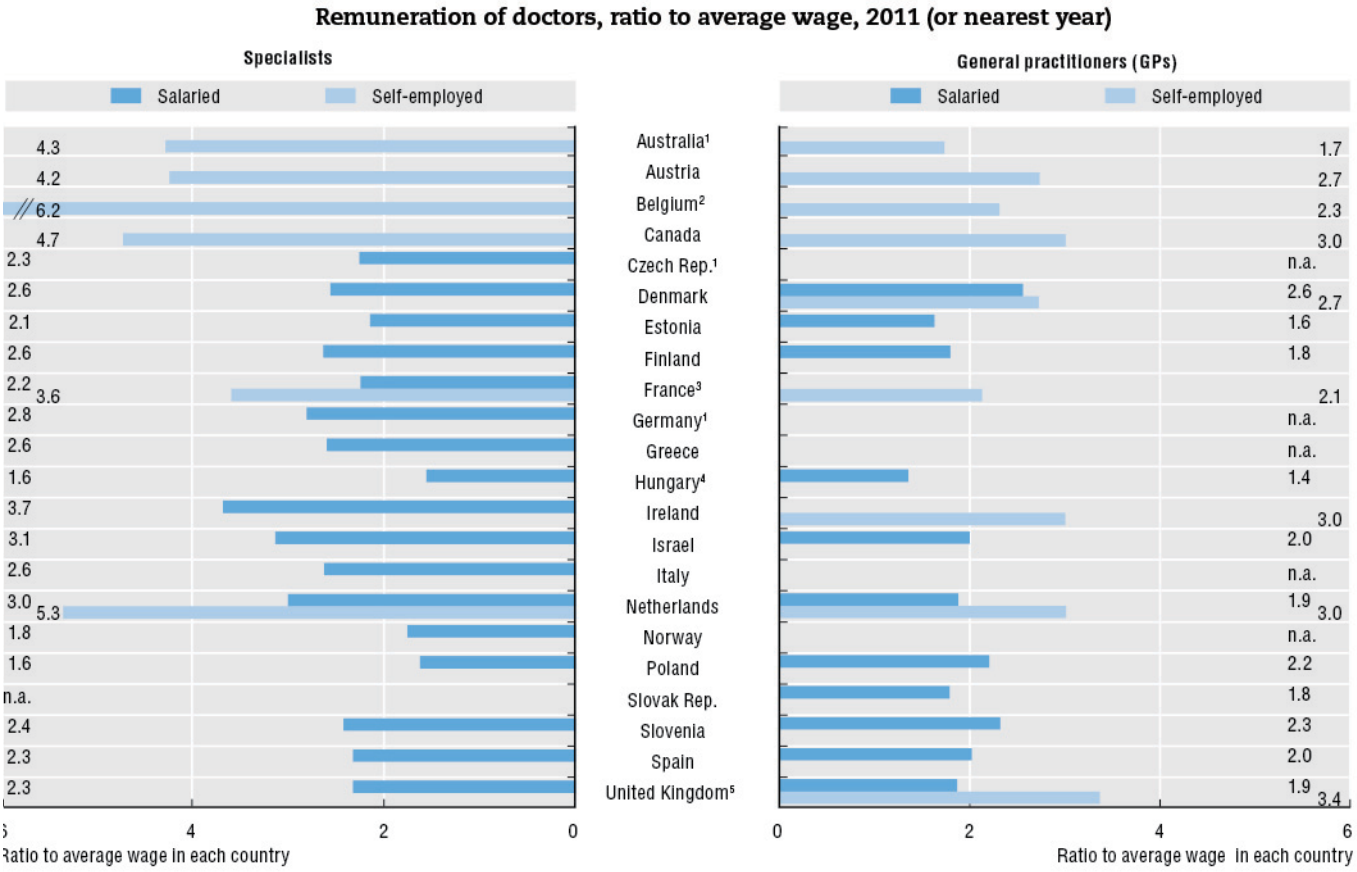
Brisbane GP and AMA President Dr Steve Hambleton told the *6 Minutes* news service the findings came as no surprise, given that the Medicare system had been "extraordinarily successful in keeping incomes down in Australia".

Bulk billing rates reached a record high of 82.4 per cent of all GP services in the first three months of the year, and the Labor Government froze Medicare rebates for an extra eight months, delaying the increase due last month to July next year, saving the Commonwealth an extra $664 million.

...CONTINUED ON PAGE 10

# Medicare puts the screws on doctor income

...CONTINUED FROM PAGE 9




.. Physicians in training included (resulting in an underestimation).
!. Practice expenses included (resulting in an over-estimation).
3. Remuneration of self-employed physicians is net income, rather than gross income (resulting in an underestimation).
4. Public sector employees only (resulting in an underestimation).
5. Specialists in training included (resulting in an underestimation).
*Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.*

The AMA President said the decision meant more of the burden of health care costs was being pushed onto GPs and their patients, and paid no heed to the relentless rise in the cost of running a practice and providing medical services.

"These are tough fiscal times and GPs have been very generous with their time and margins to keep costs down for their patients," Dr Hambleton said. "The Government has been relying on the goodwill of doctors for too long." In a finding that will surprise few, the OECD report showed specialists were considerably better off than their GP colleagues.

In Australia, they earned 4.3 times the average wage in 2011, putting them on a par with their peers in Canada and Austria and well ahead of most of their international counterparts. But their relative earnings were still considerably lower than specialists in Belgium (where they received 6.2 times the average wage) and the Netherlands (5.3 times the average).

In further sobering reading for Australian practitioners, the OECD analysis suggested Australian practitioners were unlikely to close the earnings gap to the better-remunerated overseas colleagues any time soon.

The Organisation found that remuneration growth for both GPs and specialists in Australia was modest by international comparison, growing at an average annual rate of 3.7 per cent and 3.9 per cent, respectively, between 2005 and 2011.

By comparison, earning growth during this period was close to 4.5 per cent in Mexico and the Netherlands, and above 5 per cent in Israel and Belgium.

The bright spot for Australian GPs was that this country was one of the few in the developed world where the annual gain in their remuneration broadly kept pace with that of specialists.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Post-antibiotic era could be at hand

Revelations that more than 20 new born babies at one of the nation's largest health services were carrying a potentially fatal superbug have underlined AMA calls for the responsible prescription and use of antibiotics.

*The Age* newspaper has revealed that Vancomycin-resistant enterococcus (VRE) has colonised the gut of 21 babies in intensive and special care units at the Monash Medical Centre and Casey Hospital.

Though none of the babies has yet fallen ill, there are concerns any infection could be difficult to treat, and strict infection controls are being observed among staff caring for the babies.

The incident, and a Macquarie University study that found some bacteria have developed resistance to antiseptics and disinfectants commonly used in hospitals, have underlined concerns about the spread of antibiotic-resistant bacteria and the need for vigilance in the use of such medications.

The AMA last month joined with NPS MedicineWise and several other health organisations to warn that over-use of antibiotics posed a threat to all.

AMA President Dr Steve Hambleton said the unnecessary or incorrect use of antibiotics encouraged the development of dangerous antibiotic-resistant bugs.

Dr Hambleton said antibiotics should only be prescribed when clinically appropriate, such as when there is likely to be a substantial benefit to the patient, and should only be used in accordance with clinical guidelines.

He added that it was important that patients understood that antibiotics are only effective against bacterial infections and were not a treatment for colds or influenza, and said patients must take the whole course of any antibiotic prescribed.

In addition to its public advocacy on responsible antibiotic use, the AMA has also been working with the Australian Veterinary Association to address concerns about the use of antibiotics in animals, particularly those farmed for food.

Antibiotics are widely used in farming in other countries, including in the United States, contributing to fears of a rapid build-up of antibiotic resistance among bacteria commonly found in both humans and animals.

Britain's Chief Medical Officer Professor Dame Sally Davies warned earlier this year that the rise of antibiotic resistance posed a "catastrophic threat" that could make even minor and routine medical procedures deadly, and Australasian Society for Infectious Diseases President Associate Professor David Looke said widespread and unfettered use of antibiotics was driving an "alarming" upsurge in antibiotic resistance.

Fears that the post-antibiotic era has already arrived have been fuelled by the experience of doctors in New Zealand, where a patient who died in July was found to be infected with a bacterium resistant to all known antibiotics.

New Zealand man Brian Poole had been working in India and Vietnam when he fell ill, and was flown back to Wellington for treatment. He was found to be carrying a strain of the *Klebsiella Pneumoniae* bacterium that was resistant to every antibiotic testing on it in the laboratory.

Treating physicians said they had "never seen anything like it", and warned it was likely to become an increasingly common experience for doctors as antibiotic resistance spread.

For more information on the appropriate use of antibiotics, visit www.nps.org.au/antibiotics

**Adrian Rollins**

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

# Foetal alcohol syndrome

A 20 minute documentary highlighting the dangers of drinking during pregnancy has been produced for public distribution by a Townsville-based charity.

The video, simply titled *Foetal Alcohol Syndrome,* has been produced by the Townsville Hospital Foundation to raise awareness of the dangers of drinking alcohol during pregnancy, including in the Indigenous community.

The DVD, which was produced in collaboration with Townsville Hospital's former Director of Neonatal Intensive Care Dr John Whitehall, provides a compelling insight into the tragic and devastating effects of foetal alcohol syndrome on children, their parents and the broader community.

It includes confronting real-life accounts of the lives of those living with foetal alcohol syndrome, as well as interviews with their mothers and information from doctors and other health professionals.

It is primarily targeted at teenagers and young mothers, and aims to drive home the message that expectant mothers should not drink during pregnancy.

Foundation Chairman Judge Stuart Durward said the DVD was a "very significant" public health information resource aimed at building awareness about foetal alcohol syndrome and changing attitudes and behaviour regarding drinking during pregnancy.

"Our strongest message is that foetal alcohol syndrome and its effects are 100 per cent preventable," Judge Durward said.

For further information, contact Andrea McLeod at Andrea_McLeod@health.qld.gov.au

# ASH butts out

The AMA has paid tribute to the achievements of campaign group Action on Smoking and Health, which is shutting down after 20 years of anti-smoking advocacy.

The group, which has worked closely with the AMA for many years, has been at the forefront of efforts to reduce smoking since its inception in 1994, making a significant contribution to driving Australia's smoking rates down to among the lowest in the world.

The proportion of men smoking has fallen by almost a third since ASH was founded, from around 28 per cent in 1995 to 20.4 per cent in 2011-12. Among women, about 22 per cent were lighting up in 1995, compared with 16.3 per cent in 2011-12.

In a statement announcing its disbandment, the ASH Board of Directors declared that "smoking rates in Australian adults and children are at their lowest ever levels, in large part because of the combined efforts of ASH, Cancer Councils, the Heart Foundation and others".

Anti-smoking measures taken in the past two decades include bans on smoking in workplaces and public venues, regulations to include graphic health warnings on tobacco products, extensive Quit advertising campaigns and last year's world-first plain packaging laws for tobacco products.

The ASH Board of Directors said the organisation was formed by the progenitors of Cancer Council Australia and the Heart Foundation to fill a perceived gap in tobacco control efforts, and added that this was no longer the case.

It said both organisations now attached a "high priority to the many aspects of tobacco control".

"ASH's invaluable work in advocating for policy reform in tobacco control will continue through Australia's well connected network of agencies dedicated to driving smoking rates down even further," it said.

In recent years, ASH has been a co-sponsor, with the AMA and the Australian Council on Smoking and Health, of the annual Dirty Ashtray Award, presented at the AMA National Conference to the State or Territory judged to have done the least to advance tobacco control.

AMA President Dr Steve Hambleton said that, through events such as the Dirty Ashtray Award, ASH had done much to wean millions of Australians off the smoking habit.

"The AMA and ASH cooperated on numerous campaigns to highlight the health effects of smoking and expose the dirty tricks used by the tobacco industry to encourage people to maintain or take up the killer habit," Dr Hambleton said.

The AMA President congratulated ASH on "its tireless efforts to improve public health in Australia and wishes its staff, especially outgoing long-serving CEO Anne Jones, all the best in their future endeavours".

After serving almost 20 years with ASH, Ms Jones is to be a consultant to the International Union Against Tuberculosis and Lung Disease.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Don't slacken effort on organ donation drive: AMA

The AMA has urged the Federal Government to remain "actively engaged" in efforts to boost the nation's organ donor rate.

AMA President Dr Steve Hambleton said efforts in recent years to educate the community about organ and tissue donation and promote its benefits had helped lift donation rates.

But Dr Hambleton warned recent progress could stall unless the Abbott Government built on the momentum generated by its predecessors.

There were a record 354 organ donors last year, and 1053 recipients, according to the organisation DonateLife, but hundreds more people were left on lift support after missing out on a vital transplant because there are not enough donors.

Dr Hambleton said the recent improvement in the donation rate, which has reached 15.6 donors per million population, was encouraging, but much more was needed.

"Australia is a world leader for successful transplant outcomes, and there are currently around 1600 people on the Australian organ transplant waiting lists," the AMA President said. "We can and must do better if we are to save more lives and improve more lives."

"It is important that the Government remains fully and actively engaged in the ongoing campaign to lift Australia's organ and tissue donation rates."

Experts attending the international Organ Donation Congress in Sydney late last month said the issue of obtaining family consent was critical to boosting donor rates.

Senior faculty members of the US Gift of Life Institute told the *Herald Sun* one of the most effective ways to boost donation rates was to train health workers on how to discuss organ donation with family members.

The Institute said that in the two years since it had started conducting training programs for Australian health workers, more than 600 had received training and the family consent rate had risen from 50 to 64 per cent.

The Congress heard about Croatia, where the donation rate has soared since the turn of the century from just 2.7 donors per million in 2000 – one of the world's lowest rates – to 35 donors per million.

Head of Croatia's Institute for Transplantation and Biomedicine Dr Mirela Busic told the *Herald Sun* the biggest factor driving the turnaround was improved engagement with families.

"The most important thing is providing support and training [for] specialists on how to approach the family," Dr Busic said.

**Adrian Rollins**

TO COMMENT CLICK HERE

# DECEMBER HEALTH EVENTS

The dates and events listed are major awareness days, conferences, weeks and months related to health. If you know of an upcoming national health event please email the details to ausmed@ama.com.au

| Sun | Mon | Tue | Wed | Thur | Fri | Sat |
|---|---|---|---|---|---|---|
| **1**<br>World AIDS Day<br>NSW Red Ribbon Appeal<br>Give Now Week | **2** | **3**<br>International Day of Persons with Disabilities | **4** | **5**<br>International Volunteer Day | **6** | **7** |
| **8** | **9** | **10** | **11** | **12** | **13** | **14** |
| **15** | **16** | **17** | **18** | **19** | **20** | **21** |
| **22** | **23** | **24** | **25**<br>Christmas | **26** | **27** | **28** |
| **29** | **30** | **31**<br>New Year's Eve | | | | |

# Schoolies warned not to be foolies

The AMA has urged young people celebrating the end of school to look after themselves and each other while having fun during the annual 'schoolies' festivities.

As teenagers from around the country converge on major holiday spots in Australia and overseas, AMA President Dr Steve Hambleton said the celebrations were a special time for school leavers, giving them an opportunity to relax and party after working hard under a lot of pressure.

But Dr Hambleton warned it was easy for what should be a happy occasion to quickly turn sour if celebrations got out of hand and people hurt themselves or others by drinking heavily, engaging in risky sexual behaviour, failing to cover up in the sun or posting photos and stories on social media that may be humiliating or hurtful.

"Marking the end of school and the beginning of a new stage of life should be about positive experiences and good memories, not accidents and misadventures," the AMA President said. "If you're over 18, it's okay to enjoy a few alcoholic drinks with friends, but young people should not put themselves, their friends, or others at risk of alcohol-related harms."

Heavy drinking impairs judgement and fuels impulsive behaviour, and is often associated with violence and dangerous acts, as well as risky sexual activities and potentially harmful social media use.

"Misuse of alcohol can lead to accident, injury and antisocial and embarrassing behaviour," Dr Hambleton said. "Hasty decisions in the heat of the moment can lead to problems like sexually transmitted infections, [and] humiliating and harmful stories and images can be instantly circulated via smart phones and social media."

The AMA President said it was important during Schoolies celebrations that people cared for one another.

"It is important to not only look after yourself, but also your mates," he said. "If they're drinking too much and acting inappropriately, let them know. If they are involved in a dangerous or risky situation, help them out or find someone who can."

Dr Hambleton said that, in addition to these precautions, those travelling overseas to attend end of school celebrations need to be aware of additional risks such as serious infectious diseases and the possibility that drinks were being spiked with harmful substances like methanol, which is a a potentially deadly poison.

**Adrian Rollins**

TO COMMENT CLICK HERE

## INFORMATION FOR MEMBERS

## Guide for Practitioners: Notifications in the National Scheme

The Australian Health Practitioner Regulation Authority (AHPRA) has prepared a guide and a series of information sheets to explain to doctors what happens when it receives a notification about a practitioner from the Medical Board of Australia.

The publication, *A Guide for Practitioners: Notifications in the National Scheme*, and the information sheets can be viewed and downloaded at: http://www.ahpra.gov.au/Notifications/Fact-sheets.aspx

The guide for practitioners was written by AHPRA, in conjunction with the various national boards, to explain to health practitioners the complaints process.

AHPRA Chief Executive Officer Martin Fletcher said that the majority of health care practitioners were highly skilled and deeply committed to providing safe care, and acknowledged it could be very confronting for them to be the subject of a notification.

The guide describes what occurs when AHPRA receives a notification from the Medical Board.

This information will complement the direct correspondence that individual practitioners will receive if a notification is made about them.

The AMA first called for the development of the Guide in its submission to the Senate Finance and Public Administrative References Committee in April 2011.

The document sets out the notification process, including the time limits that apply.

It is intended to enable practitioners to better understand the process and what is required of them, as well as providing a means to verify that their matter is being handled in a manner consistent with AHPRA processes.

# AMA IN THE NEWS

**Your AMA has been active on policy and in the media on a range of issues crucial to making our health system better. Below is a snapshot of recent media coverage.**

## Print/Online

**_Catalyst_ complaint tally grows, _The Australian_, 15 November 2013**

The number of complaints about a controversial two-part ABC television program on cholesterol and the use of statins to help fight heart disease has risen to 90. The AMA and the National Heart Foundation have condemned the national broadcaster over claims made in the program.

**AMA slams health fund breast website, _Courier Mail_, 15 November 2013**

Health fund NIB has purchased website breast.com.au as part of its controversial push to expand into the medical tourism market. AMA President Dr Steve Hambleton condemned the website, which he said attempted to commoditise health care.

**Early warning can save grief for schoolies, _Adelaide Advertiser_, 16 November 2013**

Parents are being urged to warn their children of the serious criminal consequences they face for any foolish acts as they celebrate their final days of high school. AMA President Dr Steve Hambleton said that, while schoolies need time to relax and party, celebrations should not get out of hand.

**No rush as Owler eyes top AMA role, _Sun Herald_, 17 November 2013**

Paediatric neurosurgeon Dr Brian Owler, who heads the NSW arm of the Australian Medical Association, will make a tilt for the Federal Presidency of the powerful lobby group.

**Abbott Government targets welfare rorts, _Sunday Mail_, 17 November 2013**

Social Services Minister Kevin Andrews has indicated that a crackdown on disability payments is coming, and the safety net would only be there for people who had a genuine disability. AMA President Dr Steve Hambleton said doctors knew their patients well and had no reason to second guess them in making their diagnoses.

**Call to stop smacking, _Hobart Mercury_, 18 November 2013**

Smacking should be discouraged and drinking banned until age 21 to protect Australia's children, a health group has recommended. While not endorsing a specific lift in the drinking age, AMA President Dr Steve Hambleton noted that the brains of young people continue to develop until around 25 years of age.

**Superbugs, _The Age,_ 21 November 2013**

Doctors have warned Australians to reconsider plans to travel overseas for elective surgery, after a New Zealand man living in India and Vietnam contracted a superbug that no known antibiotic could treat. AMA President Dr Steve Hambleton said there were no official figures on the number of Australians who travelled overseas for surgery, but it was a growing trend.

**Family consent key to more organ donors, _Courier Mail_, 22 November 2013**

Australia's organ donation rate would continue to rise if the issue of obtaining family consent was made a focus of efforts to boost the number of donors, an international organ donor conference was told. AMA President Dr Steve Hambleton said there were about 1600 people waiting for donated organs.

**Party Rules, _The Australian_, 22 November 2013**

The Schoolies rite of passage does not have to be a health hazard, AMA President Dr Steve Hambleton said, though he warned good times could quickly turn bad through unacceptable or dangerous behaviour as a result of excessive alcohol consumption.

**Loaded gun in flu shots for kids, _The Sunday Telegraph_, 24 November 2013**

The adult flu vaccine Fluvax has been administered to 43 children younger than five years by GPs this year. AMA President Dr Steve Hambleton said any practitioner who made a decision to give Fluvax to such children had to be held responsible for the outcome.

...CONTINUED ON PAGE 16

# AMA IN THE NEWS

...CONTINUED FROM PAGE 15

## Radio

**Dr Steve Hambleton, 891 ABC Adelaide, 13 November 2013**

AMA President Dr Steve Hambleton discussed the health effects of caffeine consumption and of quitting the drug. He said caffeine was an addictive substance that could cause nausea, fatigue, and muscle stiffening.

**Dr Steve Hambleton, Radio National Canberra, 16 November 2013**

AMA President Dr Steve Hambleton discussed the Jayant Patel case, in which the former Bundaberg Base Hospital surgeon was initially charged with manslaughter and grievous bodily harm. The charges were subsequently dropped, and Dr Patel has instead been convicted of fraud. Dr Hambleton said the episode had prompted a major overhaul of Queensland's health bureaucracy.

**Dr Steve Hambleton,ABC NewsRadio Sydney, 22 November 2013**

AMA President Dr Steve Hambleton discussed a report showing that Australian doctors prescribe anti-depressant medications at the second-highest rate in the world.

## TV

**Dr Steve Hambleton, Channel 10 Sydney, 17 November 2013**

AMA President Dr Steve Hambleton discussed the opening of Australia's first euthanasia clinic. He said the AMA was opposed to physicians being involved in actions that end a patient's life, but supported the provision of information to patients.

**Dr Steve Hambleton, Channel 10 Melbourne, 21 November 2013**

AMA President Dr Steve Hambleton discussed cardiovascular disease. He said that new research from the US indicated that 56 per cent of men reported chest pains, shortness of breath, and palpitations a month before suffering a cardiac arrest.

**Dr Steve Hambleton,ABC News 24, 22 November 2013**

AMA President Dr Steve Hambleton discussed the OECD *Health at a Glance* study which found Australians take more cholesterol medication than any other developed country. He said the results were surprising.

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

# Essential GP tools at the click of a button

The AMA Council of General Practice has developed a resource that brings together in one place all the forms, guidelines, practice tools, information and resources used by general practitioners in their daily work.

The GP Desktop Practice Support Toolkit, which is free to members, has links to around 300 commonly used administrative and diagnostic tools, saving GPs time spent fishing around trying to locate them.

The Toolkit can be downloaded from the AMA website (http://ama.com.au/node/7733) to a GP's desktop computer as a separate file, and is not linked to vendor-specific practice management software.

The Toolkit is divided into five categories, presented as easy to use tabs, including:

- online practice tools that can be accessed and/or completed online;
- checklists and questionnaires in PDF format, available for printing;
- commonly used forms in printable PDF format;
- clinical and administrative guidelines; and
- information and other resources.

In addition, there is a State/Territory tab, with information and forms specific to each jurisdiction, such as WorkCover and S8 prescribing.

The information and links in the Toolkit will be regularly updated, and its scope will be expanded as new information and resources become available.

Members are invited to suggest additional information, tools and resources to be added to the Toolkit. Please send suggestions, including any links, to generalpractice@ama.com.au

# AMA in action

The Federal AMA hosted a Federal Council Meeting, at which AMA President Dr **Steve Hambleton** presented the Chair of the AMA Council of General Practice Dr **Brian Morton** with the President's Medal, in recognition of the outstanding contribution he has made to the AMA. Dr Morton and previous Treasurer Dr **Peter Ford** were awarded the President's Award at this year's National Conference.

AMA ACT President Dr **Andrew Miller** conducted skin cancer checks at the ACT Legislative Assembly with Dr **Catherine Drummond**, inspecting the skin of several members of the ACT Assembly, including Chief Minister **Katy Gallagher** and Opposition Leader **Jeremy Hanson**.

AMA NSW President Dr **Brian Owler**, as part of his campaign to improve road safety, met with Australasian New Car Assessment Program Chairman **Lauchlan McIntosh** and Chief Executive Officer **Nicholas Clarke** to discuss opportunities to work together to reduce road accidents.

Outgoing Doctors in Training Chair Dr **Will Milford** spent time in Canberra showing his successor, former AMSA President Dr **James Churchill**, the ins and outs of the role. Dr Churchill will assume the position from 1 January 2014.

While in Canberra, Dr Hambleton, Dr Morton and Chair of the Federal Council, Dr **Iain Dunlop** attended the Professional Services Review Advisory Committee, meeting with Professional Services Review Director **Bill Coote**.

TO COMMENT CLICK HERE

Dr Andrew Miller checking ACT Opposition Leader Jeremy Hanson's skin

AMA President Dr Steve Hambleton with PSR Director Bill Coote , AMA CGP Chair Dr Brian Morton and Chair of Council Dr Iain Dunlop

# AMA in action

Dr Miller with Chief Minister Katy Gallager and Opposition Leader Jeremy Hanson talking to media


Dr Hambleton on ABC News discussing statin prescribing in Australia

AMA Chair of Doctors in Training Dr Will Milford with incoming DIT Chair Dr James Churchill

# AMA in action


AMA NSW President Dr Brian Owler (middle) with Australasian New Car Assessment Program Chairman Lauchlan McIntosh and Chief Executive Officer Nicholas Clarke

## On the road again

While in Canberra for last month's Federal Council meeting, Executive Councillor and AMA NSW President A/Prof Brian Owler met with the heads of the Australasian New Car Assessment Program (ANCAP) to discuss road safety and health issues.

ANCAP Chairman Lauchlan McIntosh and ANCAP CEO Nicholas Clarke were particularly interested in A/Prof Owler's involvement in the RTA/AMA NSW Road Safety 'Don't Rush' campaign.

In the campaign, A/Prof Owler, a neurosurgeon, features in television and billboard advertisements promoting road safety in NSW.

ANCAP and other motoring groups are interested in learning from the 'Don't Rush' campaign with a view to running a national road safety campaign.

ANCAP is keen for the AMA to be a key player in a national education program around the dangers and health consequences of poor driving.

ANCAP provides consumers with independent and transparent advice and information on the level of occupant protection provided by vehicles in serious front and side crashes.

Dr Hambleton awarding Dr Brian Morton the President's Award

Dr Hambleton doing a radio interview on the steps at Parliament House

AMA ACT President Dr Andrew Miller with Chief Minister Katy Gallagher and Joan Bartlett CEO of Cancer Council ACT

# Shock funding cut silences top voice on alcohol, drugs

The Abbott Government has axed funding to one of the nation's oldest peak public health organisations, potentially silencing an independent source of advice on the minimisation of harm from alcohol and other drugs.

In a shock decision, Assistant Minister for Health Fiona Nash informed the 46-year-old Alcohol and Other Drugs Council of Australia (ADCA) on 25 November that all Commonwealth funding to the organisation was being cut, effective immediately.

The decision has sent shockwaves through the health sector and has fuelled speculation that other organisations may also soon lose their Government support.

ADCA was blindsided by the Government's decision, having received written assurance from the Health Department in April that its funding, worth around $1.6 million a year, was secure through to mid-2015.

Immediately following Senator Nash's surprise announcement the ADCA Board held an emergency meeting at which it decided to put the organisation into voluntary administration while its ongoing viability is assessed.

ADCA was established in 1966 as the peak body representing organisations working to minimise the harm caused by alcohol and drugs, and has become a significant source of information and advice for successive governments, as well as a vocal advocate in major public debates.

President of the ADCA Board, Liberal MP Dr Mal Washer, decried the decision as a "socially backward step".

"The reason given is financial reasons," Dr Washer told *The Australian Financial Review*. "That's the excuse, and they have a big health budget and what have you, so they try to throw down a few of these agencies. It's very sad that this service is going to be chucked out."

The Government backbencher said the closure of ADCA was a "devastating blow" that "effectively erases decades of corporate knowledge".

Among the services and programs operated by the Council was the National Drug Sector Information Service, a repository of almost 100,000 resources on alcohol and other drugs, making it one of the most comprehensive such libraries in the world.

Other projects included Drug Action Week, the National Inhalants Information Service and the Register of Australian Drug and Alcohol Research.

"In 46 years, this is the only Government that has decided it can do without ADCA's advice," the organisation's patron, Professor Ian Webster, said. "The Government needs to reconsider its short sighted decision. Every day, media outlets are full of stories of alcohol and other drug-related violence, crime, the disadvantaged, homelessness and poverty. The cost to the community is crippling, yet governments seem oblivious to it."

"Governments of all persuasions have for years approached ADCA for advice on alcohol and other drug matters, trusting its reputation as a reliable, balanced source," the organisation said in a statement. "While such advice may not have always been palatable to them, it has always been unbiased and evidence-based."

Shadow Health Minister Catherine King condemned the Government's decision, which she said "truly beggars belief".

"The Government can't simply wish away the problems ADCA addressed," Ms King said. "It has decades of policy and advocacy experience in this sector, and the decision to abolish it beggars belief. The financial contribution the Commonwealth made was relatively small for its output, which is why this decision truly beggars belief."

Australian Greens health spokesman Dr Richard Di Natale accused the Government of trying to stymie debate about illicit drugs policy.

"The Abbott Government is determined to hide evidence, sideline experts and silence advocates," said Senator Di Natale, who is a former drug and alcohol clinician. "Frighteningly, axing the ADCA could herald just the beginning of funding cuts, with the sector losing its peak body and front line of defence."

The ADCA Board said it would work closely with the Administrator, Henry Kazar of Kazar Slaven Chartered Accountants, and would endeavour to maintain "minimal" support services.

"The Administrator recognises the significant role played by ADCA in the sector," the Board said, adding that Mr Kazar was due to report "in the near future" on the Council's viability.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Nation needs to tackle "appalling" alcohol toll

The Government's principal drugs policy adviser has called for tax hikes, restricted pub opening hours and a debate on raising the minimum drinking age to tackle the "appalling" damage being inflicted by alcohol abuse.

The Australian National Council on Drugs has released an *Alcohol Action Plan* detailing the steps governments and the community urgently need to take to reduce the harm being caused by alcohol.

Council Chair and former Howard Government Minister Dr John Herron said the enormous number of deaths, injuries, illness and psychological harm linked to alcohol could no longer be tolerated.

"The level of alcohol-related damage occurring in our communities is simply appalling," Dr Herron said. "The health, social and economic costs associated with alcohol use simply cannot be allowed to continue at the current level."

To illustrate his concerns, the Council cited research showing that 20 per cent of people drink at levels that put them at risk of lifelong harm from injury or disease, 8 per cent report having been the victim of alcohol-related assault, and that hazardous and harmful alcohol consumption costs the country $15.3 billion a year.

The Council said it was particularly concerned about the extent of drinking among younger people, with evidence that 60 per cent of children aged between 12 and 17 years reported drinking alcohol in the past year.

Illustrating the scale of harm caused by alcohol among the young, research cited by the Council showed 22 per cent of all hospitalisations of young people, and 13 per cent of deaths, were attributable to alcohol. More than half of all alcohol-related road accident injuries involve people aged between 15 and 24 years, as do almost a third of all hospitalisations for injuries suffered during alcohol-fuelled physical assaults.

Dr Herron said Australia had an entrenched culture of drinking and intoxication, and it was time to put aside the usual objections to tighter restrictions on the availability and promotion of alcohol.

"Whenever we speak of culture change, the industries that profit most from this culture run the same old fear campaign of a nanny state takeover," he said. "Seatbelts, random breath tests and gun laws do not represent a nanny state, and nor do sensible alcohol policies and programs."

In its Action Plan, the Council calls for an informed debate on raising the minimum legal drinking age, urges state and local governments to take into account public health and safety considerations when considering liquor licensing laws and applications, and asks the Federal Government to reconsider proposals for the introduction of a volumetric tax on alcohol, which would push up the price of wine.

"No single response to alcohol will be sufficient," the Council said, adding that this was why it had identified eight "comprehensive and overlapping" areas for action.

**Adrian Rollins**

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

# Free tool to track registration requirements

The AMA has developed a free online tool to help doctors to keep track of the information they need to meet the Medical Board of Australia's annual continuing professional development CPD requirements.

Each September, practitioners, when renewing their Medical Board registration, may be required to provide evidence they have complied with the Board's CPD requirements.

The AMA CPD Tracker has been developed to enable doctors to progressively gather and organise the information needed to substantiate declarations made to the Board about CPD, so that evidence can be quickly and easily produced on demand.

The AMA CPD Tracker can be used to:

- List courses completed, including the organisation that accredited the CPD activity;
- Store all certificates of completion;
- Keep a log of practice-based reflective activities, including clinical audits, peer reviews and perfomance appraisals; and
- Log hours spent on online learning, reading journals, teaching and other activities.

The system keeps a tally of hours, enabling practitioners to keep track of what needs to be completed before the end of the registration year.

The Tracker has been developed taking full account of the requirements set out in the Medical Board's Continuing Professional Development Registration Standard.

The service is free to AMA members. Non-members can subscribe for an annual fee of $250.

To register for the product, please sign up here.

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

A controversial anti-vaccination group has been ordered to change its name after a New South Wales tribunal ruled that it was misleading.

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

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

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

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

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

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

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

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

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

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

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

**Adrian Rollins**

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

## Indigenous medical student scholarship

**The AMA is inviting applications for its $9000 Indigenous Peoples' Medical Scholarship for 2014.**

AMA President Dr Steve Hambleton said increasing the number of Aboriginal and Torres Strait Island doctors and health professionals was integral to closing the gap between Indigenous health and life expectancy and that of the rest of the population.

Dr Hambleton said the Scholarship had helped many Indigenous men and women to complete their medical training since its inception in 1995, and was contributing to the growth in the number of medical students from Aboriginal and Torres Strait Island backgrounds.

"There is evidence that there is a greater chance of improved health outcomes when Indigenous people are treated by Indigenous doctors and health professionals," the AMA President said. "The numbers of Indigenous doctors are steadily increasing, but every effort needs to be made to help make it possible for Indigenous people to study medicine."

The scholarship is open to students who are currently enrolled full time at an Australian medical school, and who are eligible for ABSTUDY.

**Applications for the scholarship close on 30 January, 2014.**

For details on how to apply, visit:

https://ama.com.au/indigenous-peoples-medical-scholarship-2014

# It's emotional: taking care of a patient's feelings

When time is pressing and the waiting room is overflowing, it can be tempting for doctors to skim over a patient's emotional concerns, or put off such discussions until the end of the consultation.

But the advice of Professor Stewart Dunn is "don't".

Years of experience, backed by empirical evidence, has shown that putting the discussion of emotional concerns first – particularly in high-stakes consultations like those involving the diagnosis of cancer - not only improves patient experience and confidence, it also saves doctors' time.

"It is often thought that talking about the emotional side of things will be long and open-ended, will crowd out talk about medical issues, and lead to longer consultations", Professor Dunn, Professor of Psychological Medicine at Sydney Medical School and Royal North Shore Hospital, said. "But the opposite is actually true."

A study Professor Dunn co-authored in 2001, based on a randomised trial involving 400 cancer patients, found that consultations where emotional concerns were addressed first reduced patient anxiety by a third, their recall of information provided during the consultation doubled, and the duration of such consultations was on average almost four minutes shorter than those where emotional issues were not discussed first.

He said the findings underlined the importance for doctors of addressing both the medical and emotional needs of their patients.

Identifying and being upfront about emotional concerns, especially in the case of cancer, was the best approach for both patients and doctors, he said.

"These are often difficult discussions around such questions as, 'Am I going to die?', 'Is treatment going to cure me?', and 'Are there things I can do to prolong my life'," Professor Dunn said.

He said that, when they started their studies, medical students usually had high-level social skills, but the development of these was often overlooked during the following four to six years of very demanding and intensive study of technical medical knowledge and skills.

"This is good for patients, because you want your doctor to be very responsible and able in clinical management, but you also want them to be responsive on the emotional side of things," Professor Dunn said.

He said it often took years of experience for doctors to be able to attend to a patient's medical issues while also paying regard to their emotional needs.

The trick, he said, was to address emotional concerns and provide support while remaining clinically objective.

"When you 'lean back' you maintain objectivity about the disease, and you don't get too caught up in the patient's emotional state, but you want to 'lean in' enough to make the patient understand that you acknowledge their emotional concerns," Professor Dunn said, adding that it often took doctors "years of experience" to develop the judgement and skills to achieve this.

He said increasing attention was being paid during doctor training to the development of social skills, and Sydney Medical School ran simulation exercises, often involving professional actors, to teach students how to address and manage this important aspect of practise.

Professor Dunn said the problem was not that doctors lacked empathy, but a proportion was uncomfortable talking with patients about their emotional concerns, and such training gave them an opportunity to develop their social skills and understanding.

He said this was not just an issue for doctors, and that patients also needed to make sure they were better prepared when seeing their doctor.

In a public lecture he delivered on 20 November, Professor Dunn said the wealth of medical information that was now publicly available meant that both doctors and patients often came to consultations with an "enormous overload" of information, and important emotional concerns might be overlooked by technical discussions.

While doctors had a responsibility to manage the conduct of the consultation, he suggested patients should come prepared with questions about their condition and possible treatments, take notes or ask for permission to make a recording of the consultation, and not hesitate to ask for more information.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Australians live long, fat, pill-popping lives

Australians are some of the fattest people in the developed world, and are among the most likely to be on antidepressants or cholesterol lowering medications.

But the country's high quality health system means Australian can expect to live longer than most and have among the best prospects in the world for surviving cancer or a heart attack while paying no more than the average for their health care.

These are among the key findings of the Organisation for Economic Cooperation and Development in its annual check-up of health care among developed countries.

In a result that underlines warnings from the AMA and other health groups about the increasing dangers posed by the nation's expanding waistline, the OECD's *Health at a Glance 2013* report found that Australians are among the fattest people on the planet, with 28.3 per cent of adults classified as obese, fourth behind the United States (36.5 per cent), Mexico (32.4 per cent), and New Zealand (28.4 per cent).

Being significantly overweight is not just uncomfortable – a recent Global Burden of Disease study indicated that it may have serious health implications, particularly when associated with the consumption of fatty and sugary foods. The study found that 10 per cent of burden of disease in Australia is related to poor diet, particularly insufficient consumption of fruit, vegetables, nuts and seeds, and too much salt.

Not only were Australians more likely to be fatter than most, the OECD report showed that they were also more likely to be taking antidepressants or statins.

It found that Australians pop more cholesterol-lowering pills than anywhere else in the developed world.

The OECD reported that the daily dose of statins in Australia was 137 per 1000 people, markedly higher than second-placed United Kingdom (130 per 1000) and well above the OECD average of 91 per 1000.

The use of cholesterol-lowering medication in Australia has grown remarkably – the daily dose was about 45 per 1000 in 2000.

The OECD speculated that national variation in the extent of statins use could be only partly explained by differences in population cholesterol levels, and that it was probable that "differences in clinical guidelines for the control of bad cholesterol also play a role".

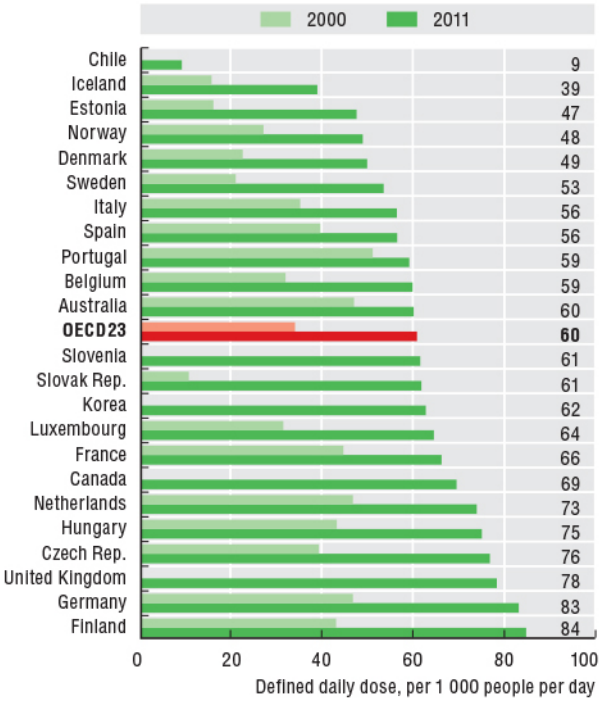
Similarly, Australia's high use of anti-depressants could be partially explained by "the extension of the set of indications of some antidepressants to milder forms of depression, generalised anxiety disorders or social phobia," the Organisation suggested.

Its analysis found that Australians took a daily dose of 89 antidepressants per 1000 people, second only to Iceland (106 per 1000) and closed to double the OECD average of 56 per 1000).

Acknowledging the debate about the risks of over-diagnosis, the OECD noted that

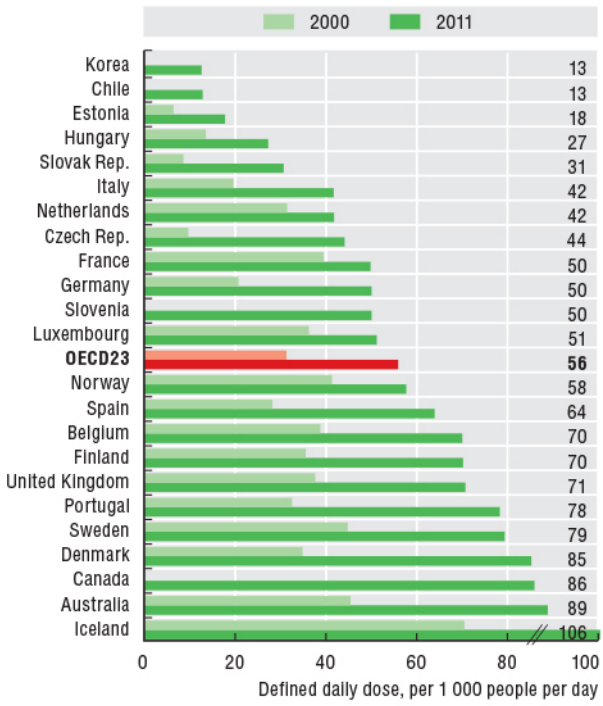
...CONTINUED ON PAGE 25

**4.10.3. Antidiabetics consumption, 2000 and 2011 (or nearest year)**




Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.
StatLink http://dx.doi.org/10.1787/888932917731

**4.10.4. Antidepressants consumption, 2000 and 2011 (or nearest year)**




Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.
StatLink http://dx.doi.org/10.1787/888932917750

# Patel gets two years jail for fraud, but leaves the country

Former Bundaberg surgeon Jayant Patel has left Australia after being given a suspended jail term for his conviction on four counts of fraud.

In one of the final pieces in the long-running saga which began in the middle of last decade, Queensland District Court Judge Terence Martin on 21 November found that Dr Patel had "calculatedly deceived your way" into his position as director of surgery at Bundaberg Base Hospital in 2003.

But Judge Martin directed that his two-year prison sentence be wholly suspended, taking into account the two-and-a-half years Dr Patel had already spent in jail for convictions later overturned by the High Court.

Previously, a jury had acquitted Dr Patel of manslaughter and another was unable to reach a verdict when he stood trial on charges of causing grievous bodily harm.

Dr Patel came to the attention of authorities in 2005 amid claims linking him to the deaths of numerous patients at Bundaberg Base Hospital, and the-then Queensland Government ordered a Royal Commission into his conduct.

Attention has also been drawn to the scandal after the current Queensland Government announced plans to force Senior Medical Officers working in the State's public hospitals onto individual employment contracts.

The AMA has condemned the move, which threatens to unwind improved employment conditions negotiated in 2005 as a way to boost the ability of Queensland public hospitals to attract high-quality medical practitioners after the Patel case highlighted the dangers of employing sub-standard international recruits.

As reported in the 18 November edition of *Australian Medicine*, doctors in New Zealand are already being warned to avoid offers to work in the Queensland public hospital system because of the State Government's contracts plan.

Judge Martin said Dr Patel's conduct had put patients at risk, and dismissed defence arguments that the doctor had worked "exceedingly hard" while at Bundaberg Hospital.

"Patel had very good reason to work hard, because if he lost that job he couldn't get another job without deception," the judge said. "Patel sought out a job in surgery to which he was not entitled through incompetence."

Several days before the sentencing hearing, the Queensland Director of Public Prosecutions announced that it had dropped several other charges against Dr Patel, including two of manslaughter and two of grievous bodily harm.

Before the hearing, Dr Patel had already spent 788 days in custody, while proceedings to have him extradited lasted an additional 131 days.

Dr Patel left the country soon after the sentencing hearing.

But that has not deterred the Medical Board of Australia and the Australian Health Practitioner Regulation Agency from launching their own action aimed at ensuring the disgraced doctor is unable to practice in Australia.

In a joint announcement, the two agencies said they had re-activated disciplinary action against Dr Patel on several grounds, including:

- providing false and misleading information in his two applications for registration;
- providing clinical care that was "below the standard reasonably expected"; and
- that his behaviour amounted to "unsatisfactory professional conduct".

The Board will prosecute the case against Dr Patel before the Queensland Civil and Administrative Tribunal, seeking to prevent him from applying for registration as a medical practitioner in Australia. He was de-registered in April 2005.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Australians live long, fat, pill-popping lives

...CONTINUED FROM PAGE 24

"these extensions have raised concerns about appropriateness".

But it said there may be other explanations as well, including the greater intensity and duration of treatment, and changes in attitudes that encouraged more people to seek help.

While Australians are fatter and popping more pills than the average, they enjoy some of the longest lives in the developed world, and life expectancy at birth has now reached 82 years – almost two years above the OECD average.

In addition, the country's health bill is relatively modest.

The OECD found Australia spent just 8.9 per cent of gross domestic product on health care in 2011, below the developed country average of 9.3 per cent and virtually half of the United State's massive 17.7 per cent expenditure.

In purchasing power parity terms, Australia spent $US3800 per capita on health care in 2011, marginally above the OECD average of $US3322 and the United Kingdom's $US3405, but far short of the US's $US8508 outlay.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Faulty syringe markings prompt Panadol safety concerns


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

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

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

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

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

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

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

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

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

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

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

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

**Adrian Rollins**

TO COMMENT CLICK HERE

# Pill to slow diabetes-related eye damage approved

The medicines watchdog has approved a new treatment to slow the deterioration of eyesight associated with type 2 diabetes.

The Therapeutic Goods Administration has given the all-clear for medical practitioners to prescribe the drug Lipidil, the first tablet developed to manage diabetic retinopathy – a potentially debilitating condition that can lead to serious vision impairment or even blindness.

Diabetic retinopathy affects around 35 per cent of all diabetics, and is the leading cause of blindness among working-age adults, according to a study published in the journal, with estimates that 93 million people worldwide have the condition.

All diabetics are at risk of developing the condition, which causes damage to blood vessels in the retina that can lead to blurred or patchy vision. It can result in partial or complete blindness if left untreated.

Until now, treatment has centred on improving glycaemic control to curb the progression of the condition, while laser surgery if often used in more advanced stages of the impairment.

But Lipidil, produced by pharmaceutical giant Abbott, is being promoted as an alternative treatment that may slow the development of the condition and, potentially, reduce the need for more invasive treatment.

Professor of Clinical Ophthalmology and Eye Health at the University of Sydney Paul Mitchell backed the potential benefits of Lipidil in a statement issued by Abbott.

Professor Mitchell said vision impairment and loss were common complications associated with diabetes that could have devastating effects for sufferers.

"As diabetic retinopathy progresses, it can affect [a] person's ability to do everyday tasks such as reading, being able to drive a car or holding down a job," he said. "The availability of Lipidil provides a non-invasive treatment option for patients who are showing signs of diabetic retinopathy."

People with type 2 diabetes are advised to have regular eye checks because in many cases diabetic retinopathy – particularly in its early stages – has no symptoms and can be hard to detect without proper examination.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Morning after pill to be taken lightly

Australian women may soon be warned that many morning after pills will not work if they weigh more than 80 kilograms, after a manufacturer unveiled plans for a similar alert for consumers in Europe.

The Therapeutic Goods Administration is believed to be considering the need to take formal action after French-based HRA Pharma, the manufacturer of the morning after pill Norlevo (which is sold in Australia), announced it would soon include advice that the medication may not be effective for women who weigh more than 75 kilograms, and is ineffective if they weigh more than 80 kilograms.

The company has acted after assessing the findings of a 2011 University of Edinburgh study of women using emergency contraception.

The study found that "the risk of pregnancy was more than threefold greater for obese women compared with women with normal body mass index, whichever [emergency contraception] was taken".

The researchers found that the risk of pregnancy was particularly high if the emergency contraception contained the synthetic hormone Levonorgestrel, which is commonly used in over-the-counter morning after pills such as Plan B, Next Choice and Postinor.

But Professor Anna Glasier, a lead researcher in the University of Edinburgh study, told news.com their research was not designed to look specifically at the effect of weight on emergency contraception and was only based on evidence drawn from 1700 women.

"It is not my place to comment as to whether the company's decision to change advice is premature," Professor Glasier said, adding that previous analyses suggested there was no solid evidence to show that hormonal contraceptives were less effective in overweight women, though she admitted the quality of the studies was low.

Despite these reservations, HRA Pharma has proceeded with plans to issue the warning to its customers, though the manufacturer of another common morning after pill also using Levonorgestrel, Plan B One-Step, has not indicated any plans to follow HRA Pharma's lead.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Prostate cancer cases skyrocket

The lives of many men are unnecessarily being thrown into turmoil because of operations to remove prostate tumours later found to pose no threat to health.

Cancer Council NSW has found that there has been a 276 per cent increase in the number of newly diagnosed prostate cancer cases over the past 20 years. This compares with a 21 per cent increase in the total number of all cancers diagnosed over the same period.

The development has worried experts, who warn over-diagnosis could be ruining men's lives by leading to invasive operations for harmless tumours.

A recent report by the Australian Institute of Health and Welfare (AIHW) found that prostate cancer is the most commonly diagnosed cancer in Australia, and is the fourth biggest killer of men. Early detection has improved the survival rate, with only 26 out of 100,000 men expected to succumb to the disease in 2020, compared with 34 in 1982.

Prostate cancer is diagnosed through a rectal examination and the use of a prostate-specific antigen (PSA) blood test. But concerns have increasingly been raised over the appropriateness of the PSA test.

AIHW found more than 8500 PSA tests were given to men aged 34 years and younger last year, despite warnings from the Cancer Council and the Urological Society of Australia and New Zealand that tests for men in their 20s and 30s were inappropriate.

"At the moment we are working with imperfect tests," Associate Professor Freddy Sitas from the Cancer Council NSW said. "The current tests often fail to distinguish between a low-risk prostate cancer and one that is life threatening."

"The tests do and have saved men with aggressive forms of the disease, but at a high cost when measured against the number of likely over-diagnoses.

"The increased number of men diagnosed has led to many having highly invasive treatments resulting in unnecessary long-term complications."

The Cancer Council also found that although there was a large increase in diagnoses of prostate cancer, there was only a 27 per cent decline in deaths from prostate cancer.

Associate Professor Sitas said this reflects the inaccuracy of the screening tests, and indicated that many men were diagnosed with cancers that would not have harmed them.

"Saving lives is our priority, but we urgently need a better test so that we can achieve better mortality outcomes without so many men being diagnosed with indolent cancers."

Leading cancer organisations are developing improved guidelines for prostate cancer screening and management, and they are expected to be finalised in early 2015.

**Kirsty Waterford**

TO COMMENT CLICK HERE

# Veterans told: Govt does not pay gym memberships

The Government is cracking down on war veterans attempting to claim benefits for gym membership and participation in general exercise programs.

The Department of Veterans Affairs and Exercise and Sports Science Australia have jointly launched an education campaign to warn veterans and exercise physiologists that gym and exercise program memberships are not covered by the Commonwealth, and attempts to claim benefits are in breach of guidelines.

In a letter announcing the crackdown, senior DVA official Letitia Hope said the Department had "identified that, in some instances, exercise physiology services were being provided inconsistent with policy requirements".

Ms Hope said the Department funded exercise physiology as a specific form of treatment, and its duration was to be determined by clinical necessity.

"The aim…is for the exercise physiologist to devise an exercise regimen for the patient's condition, and to provide the patient with the skills to manage the exercise component of their treatment on their own," she wrote.

"DVA does not fund ongoing, regular participation in exercise programs or ongoing group exercise supervision by exercise physiologists.

"If veterans wish to continue with an exercise program following their treatment, it becomes a private arrangement between the veteran and the gym or exercise physiologist."

Ms Hope said it was long-standing Department policy not to pay for gym memberships or general exercise programs.

**Adrian Rollins**

TO COMMENT CLICK HERE

# View from the BEACH

BY **DR BRIAN MORTON**

"Unfortunately, the Government decided recently to let non-medical health professionals prescribe medications autonomously"

We know from the Department of Health that 85 per cent of Australians visited a GP at least once during 2012-13.

Well, two new health reports released in the past fortnight have reinforced the leadership role played by GPs in Australia's health system.

The reports – *General practice activity in Australia 2012-13* and *A decade of Australian general practice 2002-03 to 2012-13* – are a valuable source of information on the content of patient encounters and the services and treatments GPs provide.

The reports are the latest in the University of Sydney's Bettering the Evaluation and Care of Health (BEACH) continuous national study of general practice activity. This is the 15th year of the BEACH program, which I understand is the only continuous randomised study of general practice activity in the world.

Here's a sample of the key findings:

- in 2012-13, Australians claimed 126.8 million GP services through Medicare, at an average of about 5.6 GP visits per head of population or 6.6 visits per person who visited at least once. This equates to about 2.44 million GP-patient encounters per week. A decade earlier there were 96.3 million claims at an average of 4.3 visits per head;
- GPs managed significantly more problems at encounters in 2012–13 (155 per 100 encounters) than in 2003–04 (146 per 100); and
- chronic problems accounted for 36 per cent of all problems managed, and an average of 55.7 chronic problems were managed per 100 encounters.

No surprise then, that GPs are busier and dealing with more problems during a consultation.

The BEACH reports also confirm what we are seeing in our surgeries on a daily basis – an ageing population and older patients with more complex care needs:

- between 2003–04 and 2012–13, the proportion of encounters with patients aged 65 years and older took up an increasing proportion of encounters, rising significantly from 27 per cent to 30 per cent; and
- the management rate of chronic conditions rose from 52 per 100 encounters in 2003–04, to 56 per 100 in 2012–13, this change accounting for about 40 per cent of the increase in problems managed overall.

These findings reinforce to me the urgency of slowing the costs imposed on Australia's health system from the increasing burden of chronic disease.

I think that the AMA is on the money with our plan to improve care for patients with chronic and complex conditions by giving them more time with their GPs, and improving coordination of health and support services.

AMA President Dr Steve Hambleton has noted reports that underline the unique leadership role of GPs in the health system, and any moves to allow other health professionals to do the work of GPs must be avoided.

Unfortunately, the Government decided recently to let non-medical health professionals prescribe medications autonomously. This prescribing model is not aligned with integrated multi-disciplinary general practice teams, nor is it compatible with the safe and quality use of medicines.

We can only hope that sense will prevail, and that the decision is reversed before there are any risks to patient safety.

The BEACH reports contain much interesting and enlightening information on general practice activity, and I commend them to you.

TO COMMENT CLICK HERE

# #interncrisis #mentalhealth #meetjess #thankyou

BY **AMSA PRESIDENT BEN VENESS**

Last week a friend posted on his Facebook wall, "Got a job and staying HOME in Australia, so happy!"

It amassed 125 likes within eight hours, but it wasn't this that struck me most.

He's an international student from North America, who now joins Peter Allen in calling Australia home. Furthermore, he's been offered a two-year contract for a job at a regional hospital 451 kilometres outside of the only place he's ever lived in Australia (and that much farther from his family across the Pacific), and yet he's so happy.

Reflecting for a moment, the only thing that's truly striking is the lateness of his offer.

This job is very unlikely to be a new position; rather, it has taken four months since first round internship offers were issued on 29 July to make it to my eager "Category 4" colleague.

A more efficient and less stressful solution is the national internship application system that both AMSA and the AMA have requested, but that the Health Ministers aren't keen to fund.

National application system or not, a harmonised priority list that allocates internships to Australian citizens and permanent residents before temporary residents would be fairer and quicker.

Right now, however, only NSW, Queensland, South Australia and the NT are playing ball. The ACT, Victoria, Tasmania and Western Australia offer some of their jobs to selected temporary residents first. Astoundingly, they mostly do so with subclass 457 visas, which the Department of Immigration and Border Control's website says are for when a business "…cannot find an Australian citizen or permanent resident to do the skilled work." Cannot or will not?

My friend's description of Australia as "home" is a recurring theme among international students after four to six years of studying medicine here.

Likewise, many of these students are very happy to train in regional areas. Our communities should want to keep these "Made in Australia" doctors – yet our governments are letting them go.

The Abbott Government deserves high praise for promising to fund up to 100 internships per annum for four years but, sadly, it's not enough: 170 valid applications were received in October.

Next year, the forecast is for an incremental 155 graduates, right when state and federal treasurers are tightening their belts and feeling sick just thinking about health.

The Commonwealth Medical Internships (CMI) initiative still hasn't actually been funded.

It awaits approval by Cabinet while hospitals and students worry. Contracts won't be executed until at least December, for January starts, frequently at a hospital on the other side of the country.

The Commonwealth needs to get this right much earlier next year, and integrate the CMI positions within public hospital networks to broaden experiences and mitigate the risk of creating two tiers of internship.

AMSA has also been very active this year on student mental health. I recently met with Senators Christine Milne and Penny Wright, following on from a Twitter exchange we'd had during the Federal Election.

AMSA is supporting the establishment of a "Parliamentary Friends of Youth Mental Health" group, which will have four cross-party co-chairs and plans to launch in February.

Related to this, a very proactive group of medical students is just about to issue a national survey to assess the level of training, exposure, competency and comfort of medical students relating to lesbian, gay, bisexual, transgender and intersex (LGBTI) health issues. They'll then draft an AMSA policy on the topic, which, if adopted, should make for an interesting discussion with the Medical Deans.

Social media has certainly proven its worth for us. Last week, Alex Greenwich, Member for Sydney, hosted a drinks function for influential Twitterers, and AMSA was invited.

In 2012, #interncrisis was employed particularly well, and this year we're not just securing MP meetings over Twitter, but fostering heavy engagement with medical students on Facebook.

When we shared the link to our recent op-ed in *The Sydney Morning Herald* about conscientious objection to abortion (November 16), it ended up with 78 likes and 7,496 views.

Thank you very much to the AMA and its members, especially Doctors Steve Hambleton and Will Milford, for your support of AMSA and our 17,000 medical students.

My wonderful and hilarious NSW National Executive is retiring at the end of December, handing over to a Victorian and Tasmanian team that will be ably led by Jessica Dean.

Best wishes for the Christmas holidays and new year; it's been an absolute pleasure.

*Benjamin Veness is the president of the Australian Medical Students' Association. He recently finished a Master of Public Health and, after travelling on a Churchill Fellowship, will return to final-year medicine at Sydney Medical School. Follow on Twitter @venessb*

TO COMMENT CLICK HERE

# Snake oil and our "dearly beloved" departed leader

BY **DR DAVID RIVETT**

"The Committee is now focussing on developing further policies for recruitment and retention, in both small towns with no hospital and larger towns with existing hospitals"

All of us make mistakes at times, and we all hold differing beliefs and, hopefully, respect each other's varied views.

However, the ABC science program *Catalyst* went over the edge in its two-part program attacking the use of statins. As it is, the National Heart Foundation advises that more than a million Australians are missing the benefits of this medication.

As an avid ABC viewer and admirer of *Catalyst*, I was staggered to see such a lack of expertise and clear bias put to air. The Flat Earth Society and those who have recently seen Elvis alive would have more credibility than the experts produced, none of whom declared a conflict of interest despite actively marketing "alternative" therapies. Thankfully, the ABC tried to repair the damage when *Media Watch* went to air on Monday, 11 November, and its presenter rightly pilloried the programs as misleading and biased.

Nevertheless, like all GPs, I have been deluged with patients alarmed at their therapy and questioning its value. Aussies already waste billions of dollars annually on unproven "snake-oil" remedies without the ABC crossing to this dark side of health care.

Kevin Rudd has departed politics, and one must pay tribute to his boundless energy and enthusiasm in seeking a better health care system. Certainly, his initial choice of Health Minister was less than wise as Nicola did not, I feel, share his grand vision for reform. As to whether the raft of changes he instituted will pay dividends, only time will tell.

Speaking of our now departed previous leader, the $2,000 cap on education tax deductibility is also now gone. Thankfully, the AMA led the charge on this and sank it, and any non-member with a conscience should get their hand out of their pocket and sign up. This change alone will more than cover their AMA membership subscription in perpetuity.

The Rural Medical Committee met in Sydney on 8 November, the highlight being a presentation by the NSW Rural Doctors Network on what they are doing to ease the rural workforce crisis. Certainly, their provision of walk in-walk out, fully-serviced practices in the most difficult locations is a solution that is working. Doctors given such facilities are staying longer, and recruits are easier to find, plus support staff are given certainty of tenure and ensure continuity for patients.

The Committee is now focussing on developing further policies for recruitment and retention, in both small towns with no hospital and larger towns with existing hospitals. Please let us have all your wisdom, wild ideas, dreams and solutions for these policy areas.

Also top of our agenda is working more closely with the Rural Doctors Alliance of Australia to renew the Rural Workforce Rescue Package and jointly lobby in Canberra for its implementation. Hopefully, with a strong parliamentary rural health champion in Assistant Minister for Health Senator Fiona Nash, opportunities will arise for solutions to be put in place with the Coalition in power.

TO COMMENT CLICK HERE

# Non-medical prescribing no cure for workforce ills

BY **PROFESSOR GEOFFREY DOBB**

On 8 November, Australia's Health Ministers approved a framework for non-medical health practitioners to prescribe medicines without any oversight from a medical practitioner.

You may have seen the AMA response - which labelled the decision as "a green light to fragmented care" - but not quite understood what all the fuss is about. Here's some more information.

The Health Workforce Australia (HWA) framework – known as the Health Professionals Prescribing Pathway – aims to provide a national approach to the training, accreditation and endorsement of non-medical health professionals to prescribe medicines. In this context 'non-medical' covers only health practitioners registered under the National Registration and Accreditation Scheme (and expressly excludes medical practitioners and dentists).

Development of the framework was largely prompted by the assumption that medical practice workforce shortages and maldistribution have created barriers to health care access, and that access will become increasingly difficult as the population ages and demand increases.

HWA also assumed that broadening prescribing eligibility to non-medical health professionals would address access problems without affecting safety. No cost-benefit analyses were undertaken to test these assumptions.

The AMA recognises that ad hoc practices and approaches to education, practitioner competence and prescribing practices are a risk to patient safety.

We acknowledge that the Health Professionals Prescribing Pathway will go some way to reducing the hazards associated with prescribing by non-medical health professionals.

The AMA also supports the way the pathway provides a framework for health professional national boards and accreditation councils to make their education requirements, competency standards and assessment processes nationally consistent, and meet the high standards set by the NPS Prescribing Competencies Framework.

However, we strongly oppose the autonomous model of prescribing that is described in the HWA framework.

We maintain that in the interest of patient safety, any prescribing by non-medical professionals must be carried out within collaborative care arrangements, with the relevant medical professional groups working with the relevant non-medical groups.

The AMA argued long and hard against the autonomous model of prescribing throughout a year-long consultation process with HWA, which involved an advisory group comprising a range of health professionals. Associate Professor John Gullotta ably represented the AMA on this advisory group.

Despite this, HWA decided to retain autonomous prescribing as one of three models it recommended to the Health Ministers.

The Health Ministers' decision will have implications for quality use of medicines. HWA has now been tasked with working with jurisdictions to develop a strategy for implementing the pathway. We don't know how quickly non-medical health practitioner boards will pursue the HWA pathway.

The risk is currently contained, as State and Territory legislation limits non-medical health practitioners to prescribe only certain medications, and generally

> "The AMA and all other medical practitioner organisations will need to lobby hard to convince governments not to relax current prescribing restrictions …"

only covers dentists, optometrists, nurse practitioners, midwives and podiatrists. Similarly, PBS restrictions confine these practitioners in defined circumstances to non-PBS prescriptions, with a cost that may be a deterrent for their patients.

However, the framework theoretically supports national health practitioner boards to endorse practitioners to autonomously prescribe scheduled medicines, which in turn gives the practitioners a reason to lobby State and Territory governments to change the legislation.

The AMA and all other medical practitioner organisations will need to lobby hard to convince governments not to relax current prescribing restrictions, and we will be meeting with the organisations working in the areas of medical care that are most likely to be affected.

If you'd like further information about the AMA's rationale for opposing autonomous prescribing by non-medical health professionals, read our initial submission to HWA at [https://ama.com.au/node/7989]. The framework and pathway approved by Health Ministers is available on the HWA website at [http://www.hwa.gov.au/hppp].

TO COMMENT CLICK HERE

# Govts, urban planners need to get involved to shrink the nation's waistline

BY **PROFESSOR GEOFFREY DOBB**

Such initiatives often require Government participation or action, and may invoke 'nanny state' concerns

Recent reports suggest that Australian children are consuming less carbonated sweet drink and eating more fruit and vegetables. It has also been observed that rates of childhood overweight and obesity have plateaued.

Despite these fairly positive indications, overweight and obesity continue to be a significant public health issue in Australia.

In fact, the latest figures from the Organisation for Economic Cooperation and Development show that Australia (with 28.3 per cent of the adult population obese) has jumped from being the world's fifth fattest nation to the fourth fattest, behind the US (36.5 per cent), Mexico (32.4 per cent) and New Zealand (28.4 per cent). And, looking at the growth rate, it may not be too long before we are in third position.

While it is difficult to put an exact cost on overweight and obesity, data from the Australian Diabetes, Obesity and Lifestyle (AusDiab) study indicates that the total direct cost of overweight and obesity was $21 billion in 2005 (with estimated indirect costs of over $50 billion a year).

Understandably, the costs associated with overweight and obesity will increase in parallel with its prevalence within the community. To this must be added the personal and social costs for individuals (both adults and children) who are overweight or obese.

The AMA has been particularly vocal on this issue. As doctors, we see patients who are overweight and obese, as well as those affected by the associated chronic diseases.

We can provide our patients with medical advice, support and refer them on for additional weight loss support as necessary. But even with the best medical care and support, there can continue to be barriers to weight loss.

These barriers, along with practical suggestions about supporting medical practitioners to assist with weight loss, have been highlighted in AMA submissions on the recently revised Australian Dietary Guidelines, as well as the National Health and Medical Research Council's publication *Management of Overweight and Obesity in Adults, Adolescents and Children for Primary Health Care Professionals.*

While it is important to support medical practitioners in their interactions with patients regarding weight loss, it is also important to consider those strategies which can have an impact for the greatest number of people.

Such initiatives often require Government participation or action, and may invoke 'nanny state' concerns.

However, if Australians are serious about reducing the size of our waist lines (and the associated costs), broadly-focused and far-reaching measures using principles of public health advocacy must be part of the solution.

Prevention of overweight and obesity is a worthwhile goal, particularly among children and young people.

The AMA has a long-standing policy calling for efforts to reduce the exposure of children and young people to junk (energy dense; nutrient poor) food advertising. While the initial focus was on reducing exposure to television advertising, we are increasingly aware of other media platforms such as social networking sites, and even mobile phone applications, which target children and young people with loyalty programs, meal vouchers, premium offers and merchandise.

This sort of advertising can promote unhealthy eating habits by triggering a preference for salty, sugary and fatty foods and establish brand loyalty.

Despite suggestions from the AMA, other health care organisations and consumer groups, it is fairly evident that self-regulation in this area has not worked.

The AMA also supports urban designs that encourage people to undertake recommended amounts of physical activity.

...CONTINUED ON PAGE 45

# Health on the hill

**Political news from the nation's capital**

## Major fund dumps tobacco shares

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

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

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

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

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

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

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

**Adrian Rollins**

TO COMMENT CLICK HERE

## Medibank Health Solutions "severely delinquent": report

Creditors have been warned that Medibank Private's health services arm has one of the worst records in the country for paying its bills on time, in a damning assessment of the firm's operations.

Medibank Health Solutions, which has been mired in controversy over its handling of a $1.3 billion contract to provide health services for Australian Defence Force personnel, has been found to be at high risk of making severely delinquent payments to its creditors.

The embarrassing finding by credit reporting agency Dun & Bradstreet comes at a sensitive time for Medibank Private, as the Abbott Government commences steps to sell off the publicly owned insurer.

In its report, Dun & Bradstreet warned that recent experience indicated there was an 84 per cent probability that Medibank Health Solutions (MHS) would pay its debts in a "severely delinquent manner", defined as being 90 days or more beyond terms.

The finding will come as no surprise to dozens of medical practitioners who have contacted the AMA to complain about the failure of MHS to pay their invoices on time.

Drug and alcohol addiction specialist William Huang told *The Australian Financial Review* that he had experienced long delays in getting MHS to pay $3025 it owed him for services he had provided.

Dr Huang said MHS refused to pay him because the presentation of his invoice was judged to be non-compliant, but did not convey its objections to him.

"They didn't actually ever correspond with me about a compliance issue in the way the invoices should be paid," he told the *AFR*. He took his concerns to the AMA and has since had them satisfactorily resolved.

But the Dun & Bradstreet report showed that Dr Huang's experience was far from isolated.

The credit agency found that organisation had a particularly poor record of paying invoices for sums between $1000 and $2500 - just 53 per cent were paid on time, while in 14 per cent of cases it took between 30 and 60 days beyond terms to settle the bill, and in 17 per cent of cases MHS took 91 days or more to pay its dues.

Its poor payment record was, according to Dun & Bradstreet, a standout in the industry. While MHS was assessed to have an 84 per cent probability of making severely delinquent payments, the industry average was less than 13 per cent.

...CONTINUED ON PAGE 35

# Health on the hill

**Political news from the nation's capital**

...CONTINUED FROM PAGE 34

A Medibank Private spokesman told *The Australian Financial Review* that MHS had suffered a backlog in processing invoices because many contractors had not filled them out properly.

"After comprehensive communications to providers about the two numbers required on all invoices, in August we started rejecting non-compliant invoices," the spokesman said. "This has significantly sped up the processing times, and now more than 90 per cent of invoices are compliant."

MHS has come under attack from doctors over its handling of the Defence Force contract after it unilaterally announced big cuts to payments for doctors providing specialist services to ADF personnel, and sought to impose onerous reporting conditions on practitioners.

The operation of the contract has been dogged by concerns that Defence personnel are facing restricted access to specialist medical care because many specialists have refused to accept MHS's terms.

In another concern for potential buyers of Medibank Private, the Dun & Bradstreet report showed MHS recorded a net loss of almost $12 million in 2012-13, a result in sharp contrast with the $1 million profit attributed to it by Medibank Private when reporting on it as a business division in its annual report.

Overall, Medibank Private reported a profit of $315 million last financial year, a 60 per cent jump from the previous year, and Managing Director George Savvides told a Senate Estimates hearing the organisation was ready for sale.

The contract for a scoping study of the privatisation was due to be awarded by the end of November, and the report is expected to be completed by the time of the 2014 Budget.

**Adrian Rollins**

TO COMMENT CLICK HERE

## Cost blowout fails to shake faith in NDIS

The National Disability Insurance Scheme could cost billions of dollars more than originally anticipated after the Abbott Government revealed spending in the first four months was almost a third higher than expected.

Assistant Minister for Social Security Mitch Fifield told the National Press Club that the average cost of care and support plans completed in the first three months of the scheme was $46,290, more than 32 per cent higher than the $34,969 average cost modelled by the Productivity Commission when it designed the scheme.

The blowout will fuel concerns about the costliness of the scheme, which is eventually expected to cover 460,000 people.

If the costs incurred in its initial rollout were sustained, the annual bill for the scheme – already expected to reach $22.2 billion by the end of the decade – could instead reach close to $30 billion.

The revelation came days after the Government's chief business adviser, Maurice Newman, described the commitment to the NDIS as reckless.

But Senator Fifield said the Abbott Government was unshaken in its resolve to see the scheme fully implemented.

He said officials were looking closely at the first 921 care plans drawn up under the NDIS to determine why costs were substantially higher than expected.

"These are early trends, and the scheme is still in the preliminary stages of launch, and the agency itself is undertaking detailed work to see if there are some unique launch reasons for these early trends," the Minister said.

Despite the blowout, Senator Fifield said he was "absolutely determined…to see the NDIS delivered in full".

**Adrian Rollins**

TO COMMENT CLICK HERE

## Face off over expanded prescribing rights spreads

Cosmetic physicians have backed warnings from the AMA that a decision to extend prescribing rights will put the health of patients at risk.

The Cosmetic Physicians Society of Australasia has joined the AMA in calling on the nation's Health Ministers to reverse their decision to give non-medical health professionals authority to prescribe medicines without supervision from a medical practitioner.

The Society said there were already instances where patients had been disfigured and suffered significant infections because Schedule 4 medicines, including anti-wrinkle treatments, had been injected by inadequately trained and inexperienced practitioners without doctor supervision.

"We have always been concerned with the number of reported incidences where nurses are practising without the supervision of a doctor and are setting up cosmetic clinics to administer such injections," Society spokeswoman Dr Cath Porter said. "It is evident that current regulations require greater enforcement, rather than considering further expansion of prescribing for non-medical practitioners, as this will only exacerbate the current problem and put more patients at risk."

AMA President Dr Steve Hambleton warned last month that the decision by the Standing Council on Health to approve the Health Professionals Prescribing Pathway recommended by Health Workforce Australia over the objections of doctors was

...CONTINUED ON PAGE 36

# Health on the hill

**Political news from the nation's capital**

...CONTINUED FROM PAGE 35

a dangerous move that could fragment care and potentially put patients at risk.

"In the interests of patient safety, the AMA is strongly opposed to autonomous prescribing by non-medical health professionals," Dr Hambleton said.

The Cosmetic Physicians Society said current rules require that doctors can only delegate the administration of Schedule 4 medicine injections to a registered nurse if specified procedures are followed, including that the patient must first have a face-to-face consultation with the doctor, and be given a written treatment plan.

Dr Porter said aesthetic medicine procedures require an understanding of complex facial anatomy, and an intimate knowledge of the medicines used and their placement for best aesthetic effect.

She said the value of existing safeguards had been underlined by a number of cases where doctors had been bypassed and procedures were performed by inexperienced practitioners who placed injections in the wrong areas, causing disfigurement and inducing infections.

Such malpractice had caused issues such as dropping eyelids or, worse still, deep dermal infections and associated morbidity, Dr Porter said.

She added that advances in technology meant the effect of medicines were no longer-lasting, meaning that the damage caused by misplaced injections was often prolonged, causing patients great distress and anxiety.

The risks involved in sub-standard medical treatments have been underlined by the death of a 68-year-old New Zealand man who contracted an antibiotic resistant superbug following surgery for a hernia in India.

The Age reported that the man, who spent the last six months of his life in isolation, was infected with Klebsiella pneumonia, a strain of bacteria that produced enzymes rendering it resistant to all known antibiotic treatments.

Dr Hambleton said the prescribing competency framework developed by NPS MedicineWise last year should be upheld.

**Adrian Rollins**

TO COMMENT CLICK HERE

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

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

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

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

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

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

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

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

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

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

**Adrian Rollins**

TO COMMENT CLICK HERE

## Patients waiting more than two days for a bed as progress cutting emergency department delay stalls

Progress in eliminating lengthy delays in public hospital emergency departments appears to have stalled, with many patients continuing to face a dangerously long waits of up to two days or more for admission to an inpatient bed.

The annual scientific conference of the Australasian College for Emergency Medicine has been told that the steady gains made since 2008 in reducing access block in hospital emergency departments seems to have come to an end.

...CONTINUED ON PAGE 37

# Health on the hill

**Political news from the nation's capital**

...CONTINUED FROM PAGE 36

Australian National University researcher Professor Drew Richardson told the conference that mean occupancy and access block rates in June this year were not "significantly lower" than in 2012, while the incidence of 24-hour stays had jumped to its highest level ever.

Professor Richardson said the results of his study indicated that the states and territories would struggle to reach the 2015 National Emergency Access Target (NEAT) of ensuring at least 90 per cent of all patients left hospital emergency departments with four hours of arrival (the so-called four hour rule).

"It is unlikely that any jurisdictions – or even many hospitals – will achieve the intended NEAT four-hour targets in 2013," he said. "Twenty-four hour stays were at their highest level ever, with a particular increase in Western Australia, Tasmania and the Territories."

Professor Richardson's study, which was conducted in June and received data from 96 per cent of all eligible emergency departments, found that 35 per cent of patients were waiting for admission, and of these, 65 per cent had been waiting longer than eight hours.

In addition, 73 patients in 25 hospitals had experienced "dangerously long" delays of longer than a day awaiting admission, and seven hospitals reported they had a patient forced to wait more than 48 hours for an inpatient bed.

**Adrian Rollins**

TO COMMENT CLICK HERE

## Abbott Govt starts to wield the scalpel

Department of Health secretary Jane Halton has admitted that "hundreds" of jobs will go amid signs the Abbott Government is eyeing off major spending cuts in health, including the Pharmaceutical Benefits Scheme.

Appearing before a Senate Estimates hearing on 20 November, Ms Halton dismissed media speculation that her department was set to shed 350 jobs, instead intimating that the final number of positions cut could well be more.

"It will undoubtedly be in the hundreds," she said. "There is no doubt about that. It is not in the thousands, and it is not below 100.

"Will it be precisely 350, as *The Canberra Times* and various other people have claimed? I think the answer to that is no.

"Will it be that order of magnitude? I think it is very difficult to say, other than within a range."

Earlier, a senior Health official admitted the Department was in "some state of structural flux", and was still determining where to allocate staff and identify redundant positions.

But the official denied there would be any forced redundancies.

A number of agencies have come under close scrutiny from the new Government, which has launched reviews of Medicare Locals and the Australian Institute of Health and Welfare, and is believed to be looking closely at the operations of Health Workforce Australia and the National Health Performance Authority.

Apprehension of severe cuts in the health sector has been heightened by the Government's shock decision last week to immediately axe all funding to the Alcohol and Other Drugs Council of Australia – just seven months after it had been given a written assurance its funding was secure until July 2015.

The Commission of Audit, appointed by the Government to identify savings, has raised the prospect of cuts to the Pharmaceutical Benefits Scheme, according to *The Australian*, warning that subsidies for some medicines may become unaffordable in the longer term.

In a pointer to where it is looking for saving, the Commission has in recent held discussions about health funding, the PBS, the National Disability Insurance Scheme and school funding, *The Australian* said.

Health Minister Peter Dutton has repeatedly assured the health sector that the overall health budget will not be cut, though funds were likely to be reallocated in line with the Government's policy priorities.

But confidence in these assurances has been tested after the Government appeared to walk away from its pre-election commitment to implement the Gonski reforms to school education.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Research

## Nail gun shootings on the rise

Nail guns are becoming an increasing threat to workplace safety, with more than 80 workers a year being shot in their hands, feet, head and abdomen while working with the devices in Queensland alone.

At team of researchers from Brisbane's Princess Alexandra Hospital examined figures compiled by the Queensland Employee Injury Database and found that, on average, 81 workers a year suffered nail gun injuries between 2007 and 2012, resulting in significant time off work and substantial productivity losses.

Nail guns have become ubiquitous in the building and construction industry because they increase productivity and are easy to use.

But the researchers, Dr James Ling, Dr Natalie Ong, and Dr John North, reported in *Emergency Medicine Australasi*a, the journal of the Australasian College for Emergency Medicine, that rise in their use had been accompanied by an increase in the injuries they caused.

The researchers tracked 87 cases that occurred between January 2007 and mid-2012, and found that 58 per cent resulted in surgery, 32 per cent were treated solely in hospital emergency departments, and 10 per cent were transferred to a private facility.

They found that young men were at greatest risk of sustaining a nail gun injury, most commonly to their non-dominant hand.

The vast majority of injuries were to upper and lower limbs, but the researchers identified a number of cases where nails had been fired into skulls, chests, and abdomens.

Not only is the number of nail gun injuries at workplaces increasing, the team said that home handymen and other consumers are also at risk, citing a study conducted between 1991 to 2005 which found a three-fold increase in nail gun injuries among those working around the home – an increase that coincided with the introduction of nail guns onto the general market.

The researchers found that nail gun injuries cause, on average, a loss of 15 work days.

Nail gun injuries usually involve direct damage to soft tissues, tendons and bones, and can result in infections and septic arthritis, particularly because they usually occur in contaminated environments.

The researchers warned that the nails often contained metal barbs, or were coated with polymer or plastic, which can become embedded in a nail gun wound and develop into a site of infection if not carefully removed.

They added that soft tissue damage can also occur from the kinetic energy released from the nail being discharged into the body.

The researchers found that, at the time of operation, 14 per cent of the cases they examined involved tendon, joint or neurovascular damage, and in 20 per cent of cases there was retained foreign material that had to be removed.

Overall, they found that surgery for such injuries was generally short and safe, involving removal of embedded material, repair of structural damage and sterile washout.

**Sanja Novakovic**

TO COMMENT CLICK HERE

## Bats confirmed as SARS origin

A team of international scientists have confirmed that the Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), which killed 774 people in a pandemic a decade ago, originated in China from horseshoe bats.

The research team, led by Professor Shi Zhengli from the Wuhan Institute of Virology Professor Linfa Wang from Duke-NUS, found two strains of SARS-CoV in horseshoe bats which they claimed were very similar to the virus that infected humans.

During the SARS pandemic in 2002 and 2003, more than 8000 people were infected with the virus, and the mortality rate reached almost 10 per cent.

Professor Shi and his colleagues believe the virus was transferred from horseshoe bats to civets, which were then captured and

...CONTINUED ON PAGE 39

# Research

...CONTINUED FROM PAGE 38

sold in food markets in China. During this period, they theorise, the virus underwent genetic changes and leapt across species to infect humans.

This is the first time a live SARS-CoV virus has been successfully isolated from bats. To achieve this, Professor Shi and his colleagues used advanced methods developed by scientists at CSIRO's Australian Animal Health Laboratory in Geelong.

The researchers said discovery that horseshoe bats, which are an important part of ecosystems around the world, including in Australia, harbour the SARS-CoV virus process highlights the importance of protecting the bat's natural habitat so they are not forced into urban areas where they are likely to come into close contact with humans.

"The less we encroach on their environments, the better," researcher Gary Crameri told ABC News.

The finding will help governments design more effective prevention strategies for SARS and similar epidemics.

**Sanja Novakovic**

TO COMMENT CLICK HERE

## Compound hope to end shattered bones

Researchers have found a compound that can increase bone mass, offering hope for people suffering skeletal weakness and increased risk of breaks and fractures due to osteoporosis.

Researchers from the University of Sydney have developed a compound, derived from the essential amino acid tryptophan, which stimulates bone formation.

Osteoporosis affects around 300 million people worldwide, and one in three women and one in five men older than 50 years will experience an osteoporotic fracture.

Lead researcher Professor Gustavo Duque said bone formation declines as part of the ageing process, making people increasingly predisposed to osteoporosis.

"In this case, we are targeting the real problem by stimulating the bone-forming cells to work and produce more bone, thus increasing bone mass and, hopefully, preventing new fractures," Professor Duque said.

"Instead of stopping bone destruction, our compound instead stimulates bone formation."

The compound is odourless and easily dissolved in water, and has been tested on mice, with promising results.

Professor Duque said the compound was administered in the water of normal and menopausal mice, and it strongly and safely increased bone mass in normal mice and rescued bone from menopause-associated osteoporosis.

The research team has patented the compound and will expand their trials to humans in the near future.

**Kirsty Waterford**

TO COMMENT CLICK HERE

## Zinc at the frontline in fighting superbugs

Researchers have discovered that zinc is much more than an eponymous cream smeared on lips and noses to protect against the sun.

Scientists from the University of Queensland and the University of Adelaide have found that it is an effective shield against one of the world's most deadly bacterial infections.

The researchers discovered that zinc blocks a protein transporter in Streptococcus Pneumoniae, preventing it from accessing manganese, which the bacteria requires to invade and cause disease.

Streptococcus Pneumoniae can cause pneumonia, meningitis and other infectious diseases, and is responsible for more than one million deaths a year. It particularly affects infants, the elderly and people with compromised immune systems.

The finding is particularly significant because antibiotic-resistant strains of Streptococcus Pneumoniae emerged more than 30 years ago, and up to 30 per cent of such bacterial infections are now considered multi-drug resistant.

...CONTINUED ON PAGE 40

# Research

...CONTINUED FROM PAGE 39

The researchers found that the protein transporter in Streptococcus Pneumoniae binds with manganese and zinc differently, because of the difference in size between the two metals. When the protein binds with zinc it closes too tightly around it, because of zinc's smaller size, causing an essential spring in the protein to unwind too far, jamming shut and blocking the transporter from binding with manganese.

Lead researcher Dr Christopher McDevitt, from the University of Adelaide, said the finding opens the way for further work to design antibacterial agents to fight the bacteria.

"It has long been known that zinc plays an important role in the body's ability to protect against bacterial infection, but this is the first time anyone has been able to show how zinc actually blocks an essential pathway, causing bacteria to starve, "Dr McDevitt said.

"Without manganese, these bacteria can easily be cleared by the immune system.

"For the first time, we understand how these types of transporters function. With this new information, we can start to design the next generation of antibacterial agents to target and block these essential transporters."

The research was published in *Nature Chemical Biology.*

**Kirsty Waterford**

TO COMMENT CLICK HERE

## Poor eyesight cure could be in the fat

A protein found in stem cells has the ability to reverse and prevent age-related, light-induced retinal damage, offering hope for those at risk of permanent vision loss.

Researchers from Gifu Pharmaceutical University in Japan have found that the protein progranulin, found in stem cells taken from fat tissue, reduced retinal damage in mice caused by light exposure, and reversed the damage caused by hydrogen peroxide and visible light.

Excessive light exposure causes photoreceptor degeneration, and previous studies have suggested that a long-term history of exposure to light may have some impact on the incidence of age-related macular degeneration.

Lead researcher Dr Hideaki Hara said that progranulin, found in adipose-derived stem cells (ASCs), may play a pivotal role in protecting eyes against light-induced damage.

Five days after receiving injections of ASCs, mice who had retinal

damage were tested for photoreceptor degeneration and retinal dysfunction. The researchers found that the retinal damage had started to repair.

"Progranulin was identified as a major secreted protein of ASCs, which showed protective effects against retinal damage in culture and in animal tests using mice," Dr Hara said. "As such, it may be a potential target for the treatment of degenerative disease of the retina such as age-related macular degeneration and retinitis pigmentosa.

"The ASCs reduced photoreceptor degeneration without engraftment, which is concordant with the results of previous studies using bone marrow stem cells."

"Recent studies have demonstrated that bone marrow-derived stem cells protect against central nervous system degeneration with limited results," Dr Hara said. "Just like the bone marrow stem cells, ASCs also self-renew, and have the ability to change or differentiate as they grow. But since they come from fat, they can be obtained more easily under local anaesthesia and in large quantities."

The researchers hope that understanding the pivotal role progranulin may play in protecting against retinal light-induced damage will lead to new therapeutic approaches.

The study was published in *STEM CELLS Translational Medicine.*

**Kirsty Waterford**

TO COMMENT CLICK HERE

# Poor delivery leaves Obamacare virtually stillborn

Fears are mounting that US President Barack Obama's health care reform package will be permanently derailed by its botched introduction.

More than two months after it was officially launched to great fanfare, the website through which many Americans were supposed to buy new and improved health insurance cover remains riddled with bugs and technical glitches that frustrate the attempts of many.

As at the end of last month, fewer than 30,000 people had been able to choose a health insurance policy through the federal website HealthCare.gov.

Underlining the extent of the problem, a senior US Health Department official told Congress on 19 November that about 30 per cent of the site had yet to be developed.

The failure of the website has turned into a massive political headache for President Obama, undermining voter trust and confidence, and threatens to cripple the hard-fought reform.

The website failure has given life to two separate, yet related, crises.

The website was meant to function as an exchange, allowing consumers – many of them purchasing health insurance for the first time in their lives – to select an insurance policy from a range of offerings from private health funds.

Under Obamacare, health insurers are banned from rejecting consumers with pre-existing illnesses, or from charging them higher premiums. The trade-off for the funds was that, with everyone required to have insurance, they would for the first time have access to a much larger pool of young, healthy people to help defray the risk posed by older, more frail members.

But the difficulty people experience in signing up has fuelled concerns that only those with a significant incentive to sign up - particularly those with a serious, pre-existing illness – will successfully enrol, while the young and healthy will by and large give up, leaving insurers with a disproportionate share of the ill on their books. This in turn would force them to put up premiums, creating an even greater deterrent for the healthy young to sign up, and creating, as *The Economist* put it, "a dreaded 'death spiral' of soaring premiums and tumbling enrolment".

The second problem is that many people have had their existing health insurance cover cancelled as insurers have moved to adapt their offerings to fit in with the requirements of Obamacare, leaving them without a policy.

President Obama has tried to fix this problem by announcing insurers would be allowed a year's grace to extend cancelled policies, but many insurers have baulked at the complications and expense of resuming discarded policies, while the re-emergence of older skimpier plans could undercut the competitiveness of new offerings through Obamacare.

President Obama's political opponents have been unable to hide their glee at Obamacare's massive problems, while advocates of health system reform are increasingly despairing of the Administration's ability to fix what has become a huge political and administrative mess.

**Adrian Rollins**

TO COMMENT CLICK HERE

# Irish to join Australia in keeping it plain

Ireland is set to join Australia in forcing tobacco companies to sell their products in plain packages.

The Irish Cabinet has approved a scheme presented by Health Minister James Reilly to ban lettering, logos, trademarks and designs on cigarette boxes and cartons and for all tobacco products to be sold in plain packaging.

The move came virtually a year after Australia became the first country in the world to enforce tobacco plain packaging laws after successfully defending a legal challenge mounted by several major international manufacturers.

The *Irish Times* reported that Dr Reilly has been a strong proponent of tobacco plain packaging as an important tool in combating the prevalence of smoking in his country. Ireland has one of the highest per capita adult smoking rates in Europe, with almost 30 per cent regularly lighting up.

The move to introduce plain packaging has come amid claims a succession of tobacco excise hikes have failed to bring about a significant reduction in tobacco use, with smokers turning to the black market to feed their habit.

The *Irish Times* cited a report commissioned by tobacco giant Philip Morris and prepared by consultancy KPMG which estimated around one billion cigarettes were being smuggled into the country each year, costing the Irish Government more than $700 million in foregone revenue.

The major tobacco companies have made similar warnings in Australia that the plain packaging laws and excise increases will drive an upsurge in trade in illegal tobacco.

But the previous Labor Government dismissed such claims, and the Abbott Government has committed to a further 12.5 per cent in the tobacco tax excise outlined by Labor before it lost office.

Health Department officials told a Senate Estimates hearing on 20 November that a review of the operation of the plain packaging laws would be undertaken next year.

The officials said officers from the National Measurement Institute had conducted more than 2000 site visits since the laws were introduced in order to monitor and enforce compliance.

**Adrian Rollins**

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

# AMA Careers Advisory Service

From graduates preparing their first resume to experienced doctors seeking to carve out a new career path in the Commonwealth public service, the AMA Careers Advisory Service has been on hand to provide practical advice and information.

Since the Service was launched in September 2012, AMA Careers Consultant, Kathryn Morgan, has handled dozens of inquiries from members looking for help and advice on advancing their careers, both within medicine and beyond.

The Careers website, which is at: http://careers.ama.com.au/, gives members access to both general and specific careers advice and information. In addition to direct links to external websites and specific sources of information, the Service also offers practical advice for medical professionals as their medical careers advance.

The Careers Service provides information and support relevant to all stages of an individual's career, from medical students looking for assistance preparing internship applications - particularly writing resumes and covering letters - through to doctors in training who want to brush up their interview skills to give them a competitive edge at all-important medical college interviews.

But the Service is not only there for those in the early stages of their medical careers. It has also helped qualified medical professionals looking to apply their skills and expertise in jobs beyond medical practice. Among these have been those looking for non-clinical roles in Commonwealth and State public services that take advantage of their skills and experience.

The Service is constantly updating content on its website, including listings of career-related events being staged across the country, and uses feedback from members to help add and develop resources.

Members are encouraged to visit the website, if they haven't done so already, and we welcome feedback, which can be submitted via the online feedback form on the website.

There will be further updates on developments in the Careers Service in coming months as we develop more ways to assist members along their medical career path.

**If you or your colleagues would like to convene a skills workshop facilitated by Kathryn, please contact her at:**

**Phone: (02) 6270 5410**
**1300 884 196 (toll free)**

**Email: careers@ama.com.au**

# Indians look at traffic light labels for food

Health campaigners in India are pushing for the adoption of a 'traffic light' food labelling system to help combat the nation's burgeoning obesity problem.

A campaign group Consumer Voice is conducting pilot test of traffic light labelling as an effective way to inform consumers, many of whom are illiterate, of the nutritional value of packaged foods, according to a report by the ABC.

A traffic light food labelling scheme has been rejected by Australian and New Zealand food and health Ministers in favour of a five star rating system, but the Indian group is undeterred, and is copying an arrangement currently being implemented in the United Kingdom.

Ashok Kanchan, from Consumer Voice, said the traffic light system would enable shoppers to assess and compare foods at a glance, and could be an important tool in slowing rates of obesity.

"Obesity is increasing, and another thing is people are more illiterate here, so by this system, one can identify the product which is healthier, and which is not healthier," Mr Kanchan told the ABC.

Under the scheme being piloted, food and drink considered to be healthy are given a green light, while those that it is healthy to consume most of the time are designated amber, and those that should be consumed only occasionally are given a red light.

Mr Kanchan said foods and drinks were categorised following a laboratory examination of their fat, saturated fat, sugar and salt content.

Initially, Consumer Voice wants the system to apply to food and drink consumed by children. A survey it conducted involving 50,000 children across 18 states found that, in metropolitan areas, around 25 per cent of children are overweight, and around one in every six children in non-metropolitan areas.

Mr Kanchan admitted the proposal was likely to encounter significant opposition from the food industry, and said he would observe the introduction of the five star system in Australia "with interest".

Under the Health Star Rating system, to be introduced around mid-2014, a label on the front of packaging will award food and drink from one to five stars, depending on nutritional value.

The star ratings will be accompanied by an information panel giving consumers a quick, at a glance rundown of the saturated fat, sodium and sugar content, as well as one other nutritional measure (such as energy, fibre or calcium content).

**Adrian Rollins**

TO COMMENT CLICK HERE

INFORMATION FOR MEMBERS

# Changes to veteran health care payment arrangements

Health care subsidy arrangements for defence force veterans injured or who suffered diseases in the course of their service before mid-2004 are being changed.

The Department of Veterans Affairs (DVA) has announced that veterans currently eligible for benefits under the terms of the Safety, Rehabilitation and Compensation Act 1988 (SRCA) will, from early December, no longer have to seek reimbursement from the Department for care costs.

From 10 December, SRCA clients will be subject to normal DVA treatment card arrangements, including the use of the DVA benefits schedule.

The DVA's Principal Medical Adviser Dr Graeme Killer admitted that the change would in some cases result in lower payments to providers.

But Dr Killer said both providers and their patients would benefit from a smoother, faster, and more convenient and consistent payments process.

"Currently, payment for the treatment of SRCA clients is processed through reimbursement arrangements, with an administrative burden for both clients and providers," he said. "This involves seeking prior approval from the DVA for most services, before sending invoices in to either be paid to the treating provider, or as a reimbursement to clients for payments they have made."

Dr Killer said bringing the assessment and processing of payments for SRCA patients in line with those of the broader veteran community would benefit all.

"It is understood that in some situations the use of the DVA schedule will result in a lesser payment to providers," he said. "However, using the card will benefit providers, as there will be greater consistency across procedures when dealing with [the] DVA, faster turnaround in payment for services, and reduction in administrative burden on practices."

# Members' Forum

**Here's a selection of what AMA Members have been saying about the latest issues affecting the profession:**

**From November next year the Government will prevent doctors from being able to claim a standard consultation and a chronic disease management item for a single patient on the same day, denying them what Chair of the AMA Council of General Practice Dr Brian Morton said was a legitimate form of billing for an all-too-common occurrence in general practice. AMA members share their view.**

We have a reminder system and, as a free service, include any pathology or imaging requests with our reminder letters. Inevitably the patient, after spending half an hour with our nurse and then coming to me to complete the care plan or health assessment, presents another problem, such as a chest infection or, often, a driver's medical that the patient presents me with. It is hard to undo a care plan appointment of one hour, combined nurse and doctor, and then deal with the problem that needs to be sorted out in a timely manner. The patient would have to wait another three weeks for their care plan appointment and we would have wasted appointment spaces. This is unfair on busy, thorough doctors, and is aimed at those bulk billing, over-doctored centres where a doctor might seize the opportunity to value add with a CDM item as well. In the most part, preventing doctors from charging CDM items the first time they see a patient would reduce a lot of these issues, and avoid patients unwittingly have services provided away from their regular practice. Who judges what is clinically necessary? I would like the definition to be that leaving the consultation longer than two weeks would have adverse consequences for the patient as well, including urgent problems such as an infections.

*Submitted by Jennifer Loxton (not verified)*

*"The Department says that it has evidence of inappropriate billing"* - Medicare's evidence in the past has been coming from an extremely low level. How would Medicare have any idea whether it's appropriate or inappropriate? That line is just code for 'GPS are bunnies, we need to cut the budget, we will attack GP rebates again'.

*Submitted by Scott Masters (not verified)*

**What other profession would accept the sort of work-related distress suffered by junior doctors? Junior doctors share their reasons for work-related stress.**

I think a significant stressor in the workplace is the worry that there are not enough jobs as trainees, advanced trainees and specialists. We see many of our colleagues that are in significant stress due to this.

*Submitted by SA (not verified)*

I'm a post-graduate medical student in my final year. Thanks for the article. I totally agree - the biggest stress for myself and a number of my colleagues is performing up to registrars', but particularly consultants' expectations. Sometimes I feel that we are expected to know just as much about their field as they do - and then, when we can't answer a question at the bedside, we are berated or dismissed for not knowing. Of course, this is not my experience with all senior doctors. In fact, it occurs less [often] than my good experiences. However, these experiences are what linger in my mind, and it creates a scenario where I am actually fearful to attend some ward rounds due to the pending embarrassment I will experience. I'm an average student (by which I mean my grades are literally sitting on the average), but I think that some senior doctors have forgotten what it was like to be a medical student or junior doctor. My greatest clinical learning has come from understanding, non-threatening senior doctors who have made me feel welcome and have inspired me to work hard, rather than others who tend to inspire through fear and belittlement.

*Submitted by Anonymous (not verified)*

**General practitioners can now directly refer adult patients for magnetic resonant imaging of the head, neck and knee after the Federal Government signed off on recommendations from a group of medical experts. But GPs are still being denied the ability to order scans for those with lower back pain. One member shares his opinion on MRI.**

*"The area where it would be of greatest benefit would be in the diagnosis of lower back complaints"* - This is not at all correct. In fact, MRI in low back pain is frequently misused and, not uncommonly, leads to more specialist referral, patient anxiety or further investigations due to 'abnormal' findings which are purely incidental.

*Submitted by Peter Van Winden (not verified)*

**The AMA has been given a central role in overhauling the troubled shared electronic health record scheme after President Dr Steve Hambleton was appointed by the Abbott Government to a three-member review panel. One AMA member shares his concerns about the e-health record system.**

A fundamental weakness (and possibly one of the main reasons it has failed) is the 'patient controlled' requirement. The records are for the benefit of patients but are health records, mostly medical records, created and maintained by doctors. Medical professionals need a system of sharing information electronically

...CONTINUED ON PAGE 45

# Members' Forum

**Here's a selection of what AMA Members have been saying about the latest issues affecting the profession:**

...CONTINUED FROM PAGE 44

that is accurate and meaningful and, where practical, approved and agreed by individual patients, but not "patient controlled".

Submitted by Professor Ian Gough (not verified)

**The health of patients will be put at risk unless the nation's Health Ministers reverse a controversial decision to allow optometrists, nurse practitioners, midwives and other non-medical health professionals to prescribe drugs, the AMA has warned. Several readers voice their opinion.**

An expected response, and one that is not supported by the majority of health professionals. With all due respect, Mr Hambleton, allied health professionals are professionals, just like GPs, and are quite capable of prescribing within their scope of practice, as the evidence supports. It is time for reform, and the primary goal is to benefit the general public, not the retention of a privileged position.

*Submitted by John Sealy (not verified)*

John Sealy, you are quite wrong. There is no point in reform for the sake of reform. Change should only occur if it will result in improved patient outcomes. Not only is evidence for this lacking, but patient outcomes will deteriorate because of the lack of detailed clinical and pharmacological expertise of allied health professionals if this change is implemented.

Congratulations to Dr Hambleton and the AMA for continuing to take a strong stand on this issue. And, by the way Mr Sealy, it is Dr Hambleton, not Mr Hambleton; he has earned that title through many years of hard work and study.

*Submitted by Greg the Physician (not verified)*

TO COMMENT CLICK HERE

## Govts, urban planners need to get involved to shrink the nation's waistline

...CONTINUED FROM PAGE 33

In a recent column I previewed the update of AMA's Position Statement on physical activity.

The update acknowledges the need for Government decision making - including planning and development-related decisions at all levels - to factor in ways of increasing physical activity.

We know that convivial streetscapes, lighting, pedestrian-friendly walkways, cycle paths and storage facilities can all increase participation in physical activity, particularly active transport.

Because lack of physical activity is independently associated with a range of health conditions, the benefits of increasing physical activity are much broader than weight loss alone, though this remains a substantial issue.

The AMA has also campaigned for the introduction of a simple and uniform approach to front-of-pack food labelling.

This type of food labelling can help consumers to make healthier choices through the provision of informative, relative and easy to understand 'at a glance' information on packaged foods.

As a key stakeholder, the AMA has been part of the Federal Government's Front of Pack Labelling Stakeholder Working Group, along with other health groups and representatives of the food industry and retailers.

With the bulk of the technical work done, the Health Star Rating system was recently approved by the nation's food and health Ministers.

It should be implemented in the new year, and its introduction should be supported by an appropriate public awareness campaign.

Front-of-pack food labelling is not a panacea to reducing rates of overweight and obesity but, in combination with other measures including reducing exposure to junk food advertising and increasing opportunities to participate in physical activity, it will ultimately go a long way towards addressing overweight and obesity in Australia.

With its adverse effect on the health of our patients, and its effect as a driver of health care spending, the AMA will continue to speak out on this important public health issue.

TO COMMENT CLICK HERE

# Balgownie Brotherhood

BY **DR MICHAEL RYAN**

Rod and Des Forrester have a brother-like relationship with their business partner, Bill Freeman.

Having undertaken many development projects with each other, they felt the need to branch out into one of society's romantic industries, owning a vineyard. Someone once said to make a million in the wine industry start with two.

Set in the picturesque dress circle around Melbourne, the location of Balgownie Estate in the Yarra Valley makes it ideal for touring. There is also a cellar door in Bendigo, some two hours driving time north of Melbourne. Both sites offer accommodation, though the Yarra Valley property has more rooms.

The boys took over Balgownie Estate, then a tired-looking property, in 1999. Stuart Anderson founded the Bendigo site in 1969. Forceful, brooding Cabernets and Shiraz were produced from the Mediterranean climate.

The need for more elegant wines, such as Chardonnay and Pinot Noir, was met with the purchase of the Yarra Valley site in 2002. It has since been developed into a spa center with accommodation, conference facilities and a superb restaurant. A new chef has lifted the menu to great heights, complete with an abundance of local produce used in the ingredients.

Mark Lane is the wine maker at Balgownie, the fourth in its history. His philosophy is that great winemakers do very little to the product from the vineyard. The owner's philosophy has been to develop a synergy between the environment and the vineyard. This will result in sustainability and great fruit. The well-schooled PeterWindred is the wine sales manager, and runs wine master classes on Fridays and Saturdays.

Balgownie appears to be gathering momentum. The end product reflects the tireless work that goes into a vineyard. The proof of this is the quality museum wines that are produced - powerful reds that will cellar well for between 10 and 15 years, and the complex Bendigo Chardonnays that will certainly cellar well.

Of the many cellar doors within an hour's drive of Melbourne, Belagownie is a stand out, not least because of its first-class hospitality. Of course, the vineyard product is outstanding, and has its own signature feel.

My experience was made possible by the generosity of the Balgownie boys and 123 Travel Conferences. I certainly feel the need for a conference or two in 2014.

## WINES TASTED

### 2012 Balgownie Estate Pinot Gris (Yarra Valley)


Light lemon tinged with lime in color. Classic tropical fruits and nashi pear notes abound. The palate is frontal and luscious, with balanced acidity to make this a very enjoyable food wine. Drink now with a fig and goats cheese balsamic salad.

### 2011 Estate Chardonnay (Bendigo)


Lively yellow color. The bouquet abounds with white pear, grassy citrus notes and some meaty yeast characteristics. The palate is a satisfying mix of quality fruit, acid and lees structural complexities. French oak influence is discernable but not overpowering. Drink now or cellar for seven or more years. Have with a charcuterie platter.

### 2010 Estate Shiraz (Bendigo)


Intensely deep purple in color. The complex nose evolves on many levels. Initial plum-like characteristics are bolstered by spicy chocolate notes and hints of tobacco. Another full, silky palate wine with balanced structure. It drinks well young, but will cellar 10 plus years. Enjoy with gelatinous beef cheeks.

### 1994 Estate Cabernet Sauvignon (Bendigo)


It is a privilege to drink this wine. The ability to age wines always highlights a sense of time and place. The dusky brick red color reflects its 20 years in a bottle. The subdued fruits are in balance with the aged notes of olives, tobacco and hints of spices. The palate is subtle and, coupled with its complexities, is a very well cellared, sophisticated red wine. Drink right now with some lamb back straps.

TO COMMENT CLICK HERE

**General Enquiries:**
1300 133 655
**Web:**
www.ama.com.au/amex

**General Enquiries:**
1300 245 578
**Web:** www.ama.com.au/memberservices

**General Enquiries:**
1800 658 679
**Web:**
www.ama.com.au/onepath

**General Enquiries:**
1300 360 525
**Web:** www.ama.com.au/memberservices

**Bookings:**
13 30 39
**Web:** www.ama.com.au/memberservices-hertz

**General Enquiries:**
1300 133 655
**Web:** www.ama.com.au/powerbuy

**General Enquiries:**
1300 133 655
**Web:** www.ama.com.au/memberservices-qantas

**General Enquiries:**
300 133 655
**Web:** http://www.ama.com.au/memberservices-vw

**General Enquiries:**
1300 133 655
**Web:** http://www.ama.com.au/node/5292

# GREAT MEMBER DEALS

## Discounts off new Volkswagen and Skoda vehicles for AMA Members*

AMA members can access substantial discounts off the list price of new Volkswagen and Skoda vehicles. **A deal that could save you thousands!**

The discount is model dependant and does not include options and accessories. Please see your local VW dealership for further details on the discount structure.

**To access this exclusive offer simply contact AMA Member Services on 1300 133 655 or email memberservices@ama.com.au.**

*Please Note: Must be an AMA Member for minimum 3 months prior to vehicle delivery. Cannot be used in conjunction with any other offer.

## Great Qantas Club Rates for AMA Members

**AMA Member Rates (GST inclusive)**
Joining Fee: $230 - save $140
1 Year Membership: $372 - save $113
2 Year Membership: $660.30 - save $214.69

**Partner Rates(GST inclusive)**
Partner Joining Fee: $190
Partner 1 Year Membership Fee: $320
Partner 2 Year Membership Fee: $570

**These special rates can be accessed by members.**

**If you have any questions about this offer please do not hesitate to contact AMA Member Services via email or phone on 1300 133 655. Call AMA Member Services on 1300 133 655 or email memberservices@ama.com.au**

## powerbuy

**PowerBuy and the AMA have partnered to give Members savings on popular IT products and services. PowerBuy offers discounted deals on brands including Dell, Lenovo, HP, Fuji Xerox and NETGEAR.**

For further details and to access PowerBuy's special offers for AMA Members, simply visit **www.ama.com.au/powerbuy** or phone AMA Member Services on **1300 133 655.**