

medicSA

MAGAZINE OF THE AUSTRALIAN MEDICAL ASSOCIATION (SOUTH AUSTRALIA) INC.



Election 2018: The health pledges

Historic agreement for rural practice • Transforming Health – the round-up
New Medical Board Professional Performance Framework • Mental health
AMA(SA) and social media • New federal Rural Health Minister • Motoring



Volume 31 Number 1
March 2018

Committed to Referrer Education

Dr Jones & Partners continues to offer RACGP accredited education for GPs, offering opportunities for practitioners to develop their knowledge and skills in accordance with the QI&CPD program. The learning outcomes are planned and organised with the use of an evidence-based needs assessment and relate specifically to the domains of general practice, with the key aim of improving patient care and management.

Our recent events have been delivered by a sub-specialised Radiologist and Specialists in Gastroenterology, Respiratory & Thoracic Medicine, Orthopaedics and Neurosurgery. The event structure encourages interactivity by way of Q&A and case studies. This format has been well received by attending GPs.

Previous Education Events

- SAHMRI Oncology
- Liver Elastography
- Respiratory Imaging & Assessment
- Imaging of the Foot & Ankle
- Lower Back Pain
- Imaging the Injured Knee
- Cardiac Imaging Options
- Head & Stroke Imaging
- Thyroid & Breast Lumps



To register your interest for upcoming events, visit www.drjones.com.au/referrer-education

Doctor Led • Patient Focused • Quality Driven

drjones.com.au

Dr Jones & Partners is pleased to introduce Associate Professor Christen Barras

A/Prof Barras has extensive experience in private radiology practice and teleradiology. In 2015-16 he was a Diagnostic Neuroradiology Fellow at The National Hospital for Neurology and Neurosurgery, Queen Square, Charing Cross Hospital, Moorfields Eye Hospital and King's College Hospital, London and became the second Australian to serve as a Consultant Neuroradiologist at Queen Square in 2017.

Christen is a Senior Affiliate at the South Australian Health and Medical Research Institute (SAHMRI) and an Associate Professor at the University of Adelaide. He was the Stroke Imaging Fellow at Royal Melbourne Hospital (RMH), with four years on the first Acute Code Stroke team.

His research has been published in Stroke and The American Journal of Neuroradiology, and was awarded the Toshiba Prize for best scientific presentation by the RANZCR in 2012.



Christen will be located at Dr Jones & Partners **Burnside** and **Kurralta Park** practices, **St Andrew's** and **Calvary Wakefield Hospitals**.



A/Prof Barras joins Dr Jones & Partners with subspecialty expertise in all aspects of Adult Diagnostic Neuroradiology including advanced brain imaging techniques and spinal pain procedures, Head and Neck Imaging, Dental/Maxillofacial Imaging and Emergency/Trauma Radiology.

Doctor Led • Patient Focused • Quality Driven

drjones.com.au

Contents

- 3 **President's column**
- 4 **News & views**
Dr Bawa-Garba; new hospital's dark few minutes; Royal Commission: a big call
- 5 **Editor's letter**
- 7 **SA Election 2018**
AMA calls for urgent health remedy
- 11 **Transforming Health**
The wash-up
- 14 **AMA(SA) dispatches**
- 19 **Rural health**
More support needed
- 20 **Council News**
- 22 **Australia Day Honours**
- 23 **Charity**
Backpacks 4 SA Kids
- 25 **Student medals**
- 26 **Graduation 2017**
- 28 **Student news**
- 31 **Motoring**
- 33 **Social media**
- 35 **Council update**
New student reps
- 37 **Leisure**
- 39 **In practice**
- 43 **The Schedule**
- 44 **Practice notes**



8

Mental health

Preventing suicide in the medical profession

The Final Report of the National Forum on Reducing Risk of Suicide in the Medical Profession – jointly convened by the AMA and Doctors' Health Services Pty Ltd – was released recently.

15

Cover story

Election 2018: The health pledges

Election 2018: who has promised what? In this article are some of the undertakings and activity from parties on areas highlighted by the AMA(SA) and of interest to those in health – some good, some not so good.

17

Rural health

Historic agreement landed for rural health

A landmark agreement, delivered by former AMA(SA) Council member and National Rural Health Commissioner Prof Paul Worley, has been reached to develop a national framework for Rural Generalist medical specialty.

Australian Medical Association (South Australia) Inc.

AMA House, Level 2, 161 Ward Street,
North Adelaide SA 5006
PO Box 134 North Adelaide SA 5006
Telephone: (08) 8361 0100
Facsimile: (08) 8267 5349
Email: admin@amasa.org.au
Website: www.amasa.org.au

Executive Contacts

President

Dr William Tam: president@amasa.org.au
After hours: (08) 8361 0100

Chief Executive Officer

Joe Hooper: (08) 8361 0109

medicSA

Editorial

Editor: Dr Philip Harding
Managing Editor: Heather Millar
Director of Policy and Communications: Eva O'Driscoll

Cover image

© istock/skynetphoto; Nu Young, Leap Studio

Advertising

Heather Millar 0409 196 401

Production

Typeset and printed for the AMA(SA) by
Douglas Press Pty Ltd. ISSN 1447-9255 (Print)
ISSN 2209-0096 (Digital)

Unsolicited material:

Unsolicited editorial material should be sent to the
AMA(SA) c/- the Managing Editor no later than six
weeks prior to the target month of distribution.

Disclaimer

Neither the Australian Medical Association (South Australia) Inc nor any of its servants and agents will have any liability in any way arising from information or advice that is contained in *medicSA*. The statements or opinions that are expressed in the magazine reflect the views of the authors and do not represent the official policy of the Australian Medical Association (South Australia) unless this is so stated. Although all accepted advertising material is expected to conform to ethical standards, such acceptance does not imply endorsement by the magazine.

All matter in the magazine is covered by copyright, and must not be reproduced, stored in a retrieval system, or transmitted in any form by electronic or mechanical means, photocopying, or recording, without written permission.

Images are reproduced with permission under limited license.



AMA(SA) presents

*Women in Medicine
High Tea*

with special guest

Marie Shaw QC

SUNDAY, 18 MARCH 2018

1.30PM-4.00PM

MAYFAIR HOTEL

45 KING WILLIAM ST, ADELAIDE

\$50 AMA(SA) Members

\$65 Non Members

Please RSVP to Rebecca

8361 0100 or register online at

www.ama.com.au/sa/sa-events-seminars



William Tam



President's Report

Election time: standing for health

AS I write this report, it is just a few short weeks until the election. The major and minor parties are still rolling out their policies: the contest of ideas is afoot. Soon, South Australians will cast their votes and we will know more about what the next four years will hold. However the cards fall, the AMA(SA)'s task will be the same – to advocate for health and the patients and communities we serve.

The past years have been a challenging time, with major changes. We have a shiny new biomedical precinct, and the doors are open at the new Royal Adelaide Hospital. Various other hospitals are also sporting new additions, with more planned to come. The Transforming Health reform project has come and gone but left major reconfigurations in its wake. The EPAS electronic medical record system continues, at least for now, but remains a hot-button issue.

Ambition is writ large in much that has been attempted, but with high risks attached. Battles of ideas have become battles over data, and its interpretation. Numbers are argued over and straightforward questions descend into linguistic tangles and semantics. What is a bed, and how do you count it? Who is a clinician? What does 'better' look like?

We are up for those arguments, but wouldn't it be nice to avoid some of them? One way is by having a source of data and informed analysis that sits outside the politics. We already have the Health Performance Council – as one of our key election priorities the AMA(SA) is calling for the addition of an independent Clinical Data Analytics Unit to further inform health policy. Better clinical input into decision-making is

also a must. With that in mind, we are also calling for a new Clinical Senate to provide advice directly to the minister for health, as well as increased local authority for clinical leaders to make decisions in their health networks.

The right information is one part of the equation – another is appropriate planning. Both come together in another of our key calls for this state election – a clinician-led review of services for children, and development of a child health plan. Health starts in the cradle and the right start means a better future. Of course, the future of the Women's and Children's Hospital is a major element – and the AMA(SA) is calling for the co-location of the 'full package' with the new RAH, not a piecemeal approach that divides women's and babies and children's services.

Planning is also integral to rural and regional services, which is another key priority area for the AMA(SA). For too long, rural and regional SA has been under-served by our city-centric health system. Not only is it under-funded, there is also a failure to plan for and invest in the skills and support that will be needed to keep our rural services flourishing. I was glad to visit the south-east late last year and hear about many of the issues first-hand from rural members, and their comments underlined many of the issues we have been raising in our advocacy.

In our election priorities we have called for a range of people-focussed measures to support regional doctors and patients. Better access to locum services for exhausted local doctors is one. Another is incentives and support for local graduates to work in rural

areas. Increased rural training places for specialists would bring needed skills and support. And funding for ongoing professional development for country doctors should be stepped up.

The AMA(SA) is promoting an investment in a hybrid model of care, including hospital specialists, rural GPs and medical trainees, and an increased scope of services in larger hospitals. Country Health should also be responsible not just for clinical care but also clinical research and training. These are all part of the picture. Other priorities include local medical representation in hospital governance, improved access to mental health care, fixing procurement, and increased support for rural patients and families who need to travel for health care.

These are just a few snapshots of some of the areas we have been highlighting. There are many more. Over 50, in fact, are detailed in our *People-First Health Strategy for South Australia*, released in the election lead-up. We have had a number of commitments from the major and minor parties as to what measures they would adopt, some already reflected in policy announcements to date. Our work is not done though. We will continue to fly the flag for health over the days, weeks and years to come, with your help.

You can find updates on policy announcements on our website, and we will be glad to hear from you on any emerging issues as they arise. We have faced some challenging times but I would urge you to stay active, stay engaged, and help us keep the focus on the health system we need, to be able to deliver the care our communities expect and deserve.

AMA(SA) Council

Office Bearers

President: A/Prof William Tam
Vice President: Dr Chris Moy

Immediate Past President

Dr Janice Fletcher

Chair

Dr David Walsh

Ordinary Members

Dr Michelle Atchison, Dr Philip Gribble,
Dr Matthew McConnell, Dr Clair Pridmore,
Dr Raj Ramadoss, Dr John Woodall

Specialty Groups

Anaesthetists: Dr Perry Fabian

Dermatologists: Dr Jeffrey Wayte

General Practitioners: Dr Bridget Sawyer

Obstetricians and Gynaecologists:

Dr Jane Zhang

Orthopaedic Surgeons: Dr Jeganath Krishnan

Pathologists: Dr Shriram Nath

Paediatricians: Dr Patrick Quinn

Physicians: Dr Nimit Singhal

Psychiatrists: Dr Tarun Bastiampillai

Radiologists: Dr Nicholas Rice

Surgeons: Dr David Walsh

Regional Representatives

Northern: Dr Nigel Stewart, Dr John Williams

Public Hospital Doctors Representative

Dr Andrew Russell

Student Representatives

University of Adelaide: Mr Simon Cousins

Flinders University: Ms Mekha John

AMA(SA) Executive Board

Mr Andrew Brown, Mr John McLaren,
Dr Chris Moy, Dr Peter Sharley,
Dr William Tam

AMA(SA) Office: Key Contact

Chief Executive: Mr Joe Hooper

Federal Councillors

A/Prof William Tam (State Nominee)

Dr Chris Moy (Area Nominee SA/NT)

Dr Susan Neuhaus (Craft Group

Nominee: Surgeons)

*The AMA(SA) office is located at
161 Ward Street, North Adelaide.*

You can contact us by telephone on

(08) 8361 0100, by fax to (08) 8267 5349

or email to admin@amasa.org.au.

Dr Bawa-Garba – implications for Australia?

The recent decision of the UK High Court to overturn a decision of the Medical Practitioners Tribunal that imposed a 12-month suspension from practice on Dr Hadiza Bawa-Garba, replacing this with a permanent ban, has caused significant concern among members of the medical profession – both here and overseas.

DR Bawa-Garba was convicted of manslaughter over the death of a six-year-old boy who died under her care at a UK hospital in 2011.

She received a two-year-suspended sentence and was then suspended from medical practice for 12 months by the Medical Practitioners Tribunal Service.

But the General Medical Council, Britain's supreme regulator of doctors, pursued the case further – successfully appealing the 12-month suspension at the High Court.

That led to Dr Bawa-Garba being struck off the medical register.

Doctors say the case reflects systemic failures at the hospital and in the broader healthcare system, and that it could have happened to any one of them.

The High Court concluded the Tribunal fell into legal error by not giving the weight required to an earlier jury verdict of manslaughter, instead reaching its own views as to the level of culpability.

The AMA is looking closely at the implications of this decision for Australian doctors, recognising that many of the same pressures on the health system exist here. That analysis will be published once the AMA has had the opportunity to fully consider the facts of the case.

Royal Commission: a big call

SA-BEST leader Nick Xenophon made news in February with a pre-election call for a Royal Commission into the health system. The proposal came as a surprise to the AMA(SA), which said that it looked “expensive and expansive”.

If undertaken, “there would need to be a guarantee that this would not be an expensive and time-consuming exercise that would take money away from the provision of frontline health services, and delay needed changes,” AMA(SA) state president A/Prof William Tam stressed.

“A Royal Commission which goes back to look at problems is not a substitute for health policies and initiatives which we need now to improve the health of South Australians.”

The AMA(SA) has, however, called for an independent clinical data analytics unit to provide transparent information to both judge the health system and make constructive recommendations.

The Commission proposal appears extremely ambitious in scope, described on the party website as “a root and branch review of South Australia’s health system ... to look at every scandal, those that are already known, and those still hidden.”

The proposal is opposed by Labor and Liberal leaders at the time of writing, although Mr Xenophon has said that if SA-BEST holds the balance of power he would make the Royal Commission a condition of support.



Dr Philip Harding

Editor's

LETTER

In life, trust is everything. In particular, we rely on those we trust to provide our needs and make decisions in our best interest.

Of the four men on the cover of this issue, the third from the left – our president William Tam – certainly enjoys the trust of our profession in these respects. But what about the other three, both from our viewpoint and that of the State as a whole, with the election looming in but a few days? For the people of South Australia, this will depend on their track record, what policies they have announced, and to what extent they are perceived as having the will and the means to implement them. This latter is where the trust factor comes in.

In the Health portfolios, Labor is off to a bad start with the millstone of Transforming Health still hanging round its neck, along with its management of the new RAH project having received so much adverse criticism. Failure to be able to keep the lights on there (see opposite) is hardly good news for them. Another job for Elon Musk, perhaps? The problem for the Liberals is the length of time they have been out of office and hence the uncertainty of the population regarding the trust factor. Both major parties have some attractive policies, summarised in this issue with the latest information available as we go to press, but people will have to judge what is best for the State as opposed to wooing voters in sensitive electorates.

SA Best's suggestion of a Royal Commission seems widely unpopular as a waste of time and money.

Whoever wins simply must reintroduce an adequate level of clinical governance into the management of the health system. In the pages of *medicSA*, we have previously drawn attention to the evidence-based beneficial effect of involving appropriately qualified clinicians both in policy development and day-to-day administration. This is a key point in the AMA(SA)'s *People-First Health Strategy for South Australia*, referred to elsewhere in this issue and also e-published in *The Voice* on 22 February. The parties' responses to this and other measures called for by the AMA(SA) can be seen on our website (see also pages 15-16).



Courtesy: The Advertiser/Jos Valdman

New hospital's dark few minutes

Working in the dark is not a common event, but it is one that faced AMA(SA) president A/Prof William Tam when a power failure hit the northeast E block of the RAH in early February ...

A power failure has put the new Royal Adelaide Hospital in the news for all the wrong reasons in the sensitive election lead-up. Caused by two software glitches, the outage affected a seventh of the hospital and lasted 17-20 minutes. Struck by the outage were: two operating theatres with surgery underway; radiotherapy; nuclear medicine; several outpatients clinics; cancer day treatment; cardiology; general surgery; palliative care; respiratory; and general medicine. There was also some confusion after the outage as to whether or not to proceed with operations.

The hospital is designed to be able to function self-sustainably in the event of a catastrophe. To ensure it can, six backup generators undergo monthly testing on Wednesday mornings to ensure they are blackout proof. It was during this process that the outage occurred, apparently as a result of a pump issue which saw a generator run out of fuel before testing was complete, and then being unable to return to mains power due to a further error.

Of the two theatres affected, AMA(SA) state president A/Prof William Tam was in one, undertaking a delicate endoscopic procedure for an elderly patient, which could not be paused; however, he was able to finish it thanks to one remaining screen that was unaffected by the outage. Describing the incident as a "wake-up call" for SA Health, he stressed that in medicine "often every minute counts" and there is "no room for complacency" with safety systems.

"Hospitals are a high pressure environment where we are all striving to keep things on track for our patients. The systems and safety nets need to work for us. When they don't we soldier on – but we need to know it won't happen again," he stressed. He also said doctors should be informed when testing is occurring.

The AMA(SA) will follow up on investigation findings, and what measures are being taken to ensure such an outage does not occur again, as well as improved communication protocols.



Renew
your AMA
membership
for 2018

**As an AMA member,
you are not alone**



**The AMA – a voice for the
profession, across the profession**

members.amasa.org.au/renew

ⓐ Advocacy ⓐ Advice ⓐ Resources ⓐ Representation ⓐ Services ⓐ Benefits

SA Election 2018: AMA calls for urgent health remedy

The start of February saw the AMA(SA) amping up its pre-election advocacy, criticizing all sides of politics for inaction on health and highlighting the solutions put forward in its pre-election wishlist.

THE major and minor parties' health announcements so far have failed to address the real concerns of the public," said AMA South Australia state president A/Prof William Tam.

"Access to quality healthcare is the most important priority to most South Australians... We must have confidence that our health system and services will care for the sick, whoever and wherever they are," he stated.

"If you were to ask me, what is the mood on the ground now, at the hospitals, in EDs, among our members, I'd say people are hurting. Doctors are not able to deliver the care they should. Waiting lists are too long. Morale is low. Stress is high. Working conditions are verging on dangerous."

The AMA's national *2017 Public Hospital Report Card*, which covers data from 2001-2016, highlighted declining numbers of urgent ED patients seen in the recommended time, and increasing elective surgery waiting times. Data reported from a recent Productivity Commission report also points to issues with overdue elective surgery, ambulance response times and ED waits.

"Over the past months, we have heard about significant and unacceptable system failures. Our political leaders must not simply paper over the worst problem areas with quick fixes or another building announcement," said A/Prof Tam.

"We need a real commitment to a healthy system. Not just bricks and mortar, but people and services. Not just winding back some of the more unpopular elements of the 'Transforming Health' cuts. Not just a few nice ideas or cash boosts. We need to see some vision for the future.

"We urge all South Australians to put that question to anyone seeking your vote in this election. What would their party deliver for your care?"

As reported in the last edition of *medicSA*, the Association is calling for a range of measures in our Election Priorities, with themes including clinician-led decision-making; integrated hospital and GP services; resources for rural and remote health care; training and research; mental health; palliative care; and support for doctors' wellbeing. Key asks include:

- An independent Clinical Data Analytics Unit to provide true robust data on the state of our health system's outcomes and better inform action.
- A co-located, unified Women's and Children's Hospital with a full suite of clinical services for women and infants, located on one site with the new RAH, and a clinician-led Child Health Plan.
- Significantly increased clinical services in our larger rural hospitals, with expanded training and proper workforce planning for country hospitals.



You can find the full Election Priorities document and ongoing pre-election updates on the AMA(SA) website at amasa.org.au. You can also find an overview of some of the parties' pre-election promises on page 15. We are glad to report that since our criticisms at the start of February, the parties have had more to say on health, with a range of announcements.

Have you arrived?

Congratulations to all those who have recently graduated to become interns this year!

You can now join the AMA – the peak group for doctors – as a full member and receive the full range of member benefits.

Visit www.amasa.org.au to find out more or call Charlie on 8361 0108.



Don't forget, membership fees are eligible for professional development allowance reimbursement or are tax deductible.

Doctors call for action to prevent suicide in the medical profession

The Final Report of the National Forum on Reducing Risk of Suicide in the Medical Profession – jointly convened by the AMA and Doctors’ Health Services Pty Ltd (DrHS) – was released recently.

THE report records the considerations and recommendations of 82 doctors – nominated by key medical stakeholder organisations – from a forum that examined the individual, organisational and environmental issues that impact negatively on the emotional health and wellbeing of doctors.

DrHS Chair, Dr Janette Randall, said that the Forum was a day of impassioned conversations about issues that deeply affect the medical profession and individual doctors, from medical school through to retirement.

“The themes that emerged from the day were culture and compassion. We heard stories of psychological harm, mental illness, and suicide, which are the sad and tragic reality of the pressures of being a doctor in Australia today,” Dr Randall said.

“Importantly, we also heard stories of how doctors at the coalface are working on solutions to protect their own health, the health of their colleagues, and their patients.

“The strong overarching message from the Forum was that cultural change has to come from within the profession and doctors must care about and value the health of their colleagues.”

Federal AMA vice-president, Dr Tony Bartone, said there are many factors that can affect how doctors and medical students cope with the stressors of their work roles.

“Not enough doctors and medical students have a GP who they see regularly, and not enough doctors engage in preventive health care such as healthy lifestyle, proper work-life balance, and regular check-ups – simple, yet vital, actions that can keep stress and depression at bay,” Dr Bartone said.

“The stress can build up over time and, in worst-case scenarios, can lead to self-harm and suicide.”

The facilitator of the Forum, Professor Simon Willcock, clinical director of primary care at the Macquarie University Health Sciences Centre, said that doctors do not currently recognise and respond to illness in themselves or their colleagues.



“Across the profession, we have to get better at seeing the signs when matters like ageing, burnout, compassion fatigue, traumatic events, bullying, and harassment are eating away at our colleagues and ourselves,” Prof Willcock said.

“These things affect our health and wellbeing and our effectiveness as doctors, and ultimately can affect the quality of care we are providing our patients.”

The report is available here: ama.com.au/article/national-forum-reducing-risk-suicide-medical-profession-final-report.



DR TONIA MEZZINI
Sexual Health Physician

Consulting at Wellend Health, Attunga House, Burnside War Memorial Hospital

Dr Tonia Mezzini is an experienced Sexual Health Physician committed to providing best-practice, individualised and compassionate medical care.

Dr Mezzini can offer help with the following:

- Menopause and hormonal concerns
- Breast cancer prevention strategies
- Chronic pelvic pain in men and women
- Painful periods and endometriosis
- Vulval pain syndromes and vulval skin conditions
- Low libido and pain with intercourse
- Androgen deficiency in men
- Polycystic Ovarian Syndrome and irregular periods
- Gender-affirming hormone therapy (transgender medical/hormonal care)
- Complex contraceptive choices, including IUD insertions
- Sexually transmitted infections such as recurrent genital herpes
- Recurrent bacterial vaginosis
- Recurrent thrush (*Candida albicans*)

For more information visit www.drtoniamezzini.com.au – or call 1300 652 028



AMA Position Statement 2018: overarching mental health plan needed

The AMA is calling for a national, overarching mental health ‘architecture’, and proper investment in both prevention and treatment of mental illnesses.

ALMOST one in two Australian adults will experience a mental health condition in their lifetime, yet mental health and psychiatric care are grossly underfunded when compared to physical health, federal AMA president, Dr Michael Gannon, said.

Releasing the AMA Position Statement on Mental Health 2018 on 14 January, Dr Gannon said that strategic leadership is needed to integrate all components of mental health prevention and care.

“Many Australians will experience a mental illness at some time in their lives, and almost every Australian will experience the effects of mental illness in a family member, friend, or work colleague,” Dr Gannon said.

“For mental health consumers and their families, navigating the system and finding the right care at the right time can be difficult and frustrating.

“Australia lacks an overarching mental health ‘architecture’. There is no vision of what the mental health system will look like in the future, nor is there any agreed national design or structure that will facilitate prevention and proper care for people with mental illness.

“The AMA is calling for the balance between funding acute care in public hospitals, primary care, and community-managed mental health to be correctly weighted.

“Funding should be on the basis of need, demand, and disease burden – not a competition between sectors and specific conditions. Policies that try to strip resources from one area of mental health to pay for another are disastrous.

“Poor access to acute beds for major illness leads to extended delays in emergency departments, poor access to community care leads to delayed or failed discharges from hospitals, and poor funding of community services makes it harder to access and coordinate prevention, support services, and early intervention.

“Significant investment is urgently needed to reduce the deficits in care, fragmentation, poor coordination, and access to effective care.

“As with physical health, prevention is just as important in mental health, and evidence-based prevention can be socially and economically superior to treatment.

“Community-managed mental health services have not been appropriately structured or funded since the movement towards deinstitutionalisation in the 1970s and 1980s, which shifted much of the care and treatment of people with a mental illness out of institutions and into the community.

“The AMA Position Statement supports coordinated and properly funded community-managed mental health services for people with psychosocial disability, as this will reduce the need for costly hospital admissions.”

The Position Statement calls for governments to address underfunding in mental health services and programs for adolescents, refugees and migrants, Aboriginal and Torres Strait Islander people, and people in regional and remote areas.

It also calls for government recognition and support for carers of people with mental illness.

The AMA Position Statement on Mental Health 2018 is available at <https://ama.com.au/position-statement/mental-health-2018>.

Mental Health Strategic Plan for South Australia released

THE Mental Health Strategic Plan 2017-2022, which was released late last year, sets out a 20-year vision for mental health and wellbeing in South Australia, focusing on state-wide strategic directions over the next five years to build a more resilient, compassionate and connected South Australian community.

The SA Mental Health Commission led the development of the Plan, which is built on the stories and views of over 2200 South Australians across metropolitan and country areas, as well as work done at local, national and international levels in mental health and reform.

SA Mental Health Commissioner Chris Burns said the Plan’s three core strategies and seven strategic directions present a unique and exciting opportunity to set the direction for greater productivity and prosperity by growing the mental health of South Australia.

“South Australians told the Commission that good mental health and wellbeing lie beyond the hospital sector,” Commissioner Burns said.

“They said we need to act early on the signs and symptoms of poor mental health before people reach a crisis point.”



The Commission will now co-ordinate, facilitate and oversee the implementation of the Plan and the development of future actions to address key areas identified by South Australians.

The Mental Health Strategic Plan is available at samentalhealthcommission.com.au.



Your Membership Benefits.

Looking after you locally.

Membership of the AMA(SA) is open to medical practitioners who are registered to practise medicine in South Australia. By being a member, you help support the AMA's advocacy on behalf of your medical profession and help set priorities on local, state and national levels.

There are additional benefits associated with membership outside the advocacy work we do and the services and resources we provide, such as our tax deductible membership fees, which may also be wholly or partly claimable against your Professional Development Allowance.

Additionally, corporate services are available through our 'platinum' partner for accounting and financial planning services, **Hood Sweeney**. Hood Sweeney offer members exclusive rates for establishing new self-managed superannuation funds and discounts for accounting services.

Norman Waterhouse Lawyers, a South Australian commercial law firm, are our preferred partner in the provision of legal advice for personal and professional matters for our members.

Membership offers you more than you realise when you consider a full time GP, living in South Australia, would cover the cost of membership if already purchasing the AMA Fees List, DoctorPortal Resources, Qantas Club, AMEX Card and available Tax Deductions. Paying for membership provides this and more and we always encourage members to take advantage of the full range of benefits on offer.

Your member benefits are there to look after you.

AMA(SA)

Your Profession.

Your Voice.

Your AMA.

www.amasa.org.au

Looking after your lifestyle.

We secure reduced rates, corporate deals and special discounts through businesses and organisations such as

- American Express
- BMW
- Hertz Car Rentals
- Mercedes Benz
- Qantas Club
- Naval & Military Club.

You can also access a range of eating out and travel discounts through the Ambassador Card program, accessible through your AMA(SA) Member Card.



Please note: terms and conditions apply to most member benefits.

More information is available via
www.amasa.org.au
or email
membership@amasa.org.au

Transforming Health: The wash-up

Whether Transforming Health was a well-intentioned tilt at improving health services or a cynical cost-saving exercise will depend who you ask. Soon it may be a moot point as the current Government is drawing a line under it, and the election looms. But what have we learnt, and are we better off?

THE history is now well known. Transforming Health began as a response to federal budget cuts. Then health minister Jack Snelling started the process in 2014 with advisory groups, consultants, and a will for change. The objectives were a better health system, and savings, which were hoped to go hand in hand. A discussion paper was arrived at soon after, including a catchy motto, six quality principles, and 282 clinical standards.

The motherhood principles were inarguable, the clinical standards were problematic. Some raised questions, some were debatable. While some were self-evidently a good idea, there were no footnotes. The evidence and reasoning behind them was not there to be interrogated. A large collection of material was released in conjunction with a Transforming Health summit, but presented data rather than answers. The AMA(SA) queried or raised issues with many of the standards, but very little changed by the next iteration and no clarifications came.

Time was of the essence, however. Minister Snelling said the process had unearthed 500 'extra' deaths a year in SA – no time was to be lost in implementing improvements to avoid them. The standards flagged as unachievable under the current system were to be met by system changes. Capital works were placed on hold pending new plans. The process began with external consultants McKinsey and Co, then Deloitte as implementation partner, then Ernst & Young as the independent program management office.

The business case approved by cabinet in March 2015 bundled up Transforming Health as a measure for sustainability, quality and standards – it was to deliver a more sustainable health system through

productivity savings while improving quality across the system.

The SA Health Performance Council indicates that Transforming Health service changes were designed to improve the delivery of consistent quality of care in response to ten identified issues: (1) Too many deaths occur in SA hospitals; (2) Senior clinicians unavailable overnight; (3) Insufficient opportunities for staff to maintain their skills, (4) Too many cancelled elective surgeries; (5) Low day surgery rates; (6) Too many procedures being performed; (7) Long waiting times for discharge or placement; (8) Too many transfers between hospitals; (9) The SA health system is unable to meet some national standards; and (10) Risk to the financial sustainability of SA's healthcare.

A number of cited improvements have been credited to Transforming Health, but it is hard to say where a final analysis will leave it. It is being evaluated by the SA Academic Health Science and Translation Centre for the Department of Health, and the outcome of that review will no doubt make interesting reading, if released. In the meantime, three recent reports can give some insight into the Transforming Health journey – from the auditor-general, Health Performance Council, and the Transforming Health Parliamentary Select Committee, chaired by Health Shadow Stephen Wade.

On the financial front, the auditor-general's report for 2016-17, tabled in October 2017, found that Transforming Health savings targets were not achieved and there was a lack of mitigating strategies to address savings shortfalls. It also found a lack of planning for Transforming Health strategies to realise future financial benefits.

The Program Delivery Support Office advised that the savings shortfall was due to:

- delays in bed reconfiguration and FTE reductions due to consultation requirements and IR matters
- financial benefits modelling was based on 2014-15 activity data with no allowance for growth – but SA Health experienced 2.7% growth in activity
- some of the models of care required LHNs to reinvest from within existing resources.

The auditor's report indicates the Department: "has identified the need to consult with unions sooner for future projects and allow sufficient time in future project plans for consultation, review, feedback and approval processes required to implement bed closures and workforce reductions. This learning has been captured on the Transforming Health lessons learned register."

LHN CEOs were told to implement other business-related strategies to make up for Transforming Health savings shortfalls and meet savings targets, and came up with a combined \$121.2 million, but ended the financial year with a shortfall of \$64.6 million. The Department's Corporate Finance flagged concerns about the viability and high-risk nature of some strategies.

Issues were also raised in the auditor's report around risk and issue management, and management of contracting arrangements with Deloitte and Ernst and Young, including performance reviews for the latter. At the time of the audit, work was underway to embed the Clinical Standards of Care within business as usual processes. Resolving the 40-odd standards flagged as 'not achievable' may still be problematic.

The Department of Health advised that it has progressed various initiatives to deliver consistent, quality care across all services and sites. Some significant achievements it listed for 2016-17 included: ►

- completion of the reconfiguration of clinical services within NALHN, with LMH being the major tertiary hospital undertaking complex multi-day and emergency surgery and Modbury established as the subacute and elective surgery centre for the North/North East
- completion of service moves from the RAH and TQEH to the LMH
- planning and consultation for some general rehabilitation to move from the Hampstead Rehabilitation Centre to Modbury
- completion of a number of service moves and continued consultation and planning to support clinical reconfiguration across SALHN
- development and progressive implementation of various clinical improvement projects
- completed capital works, including a new Noarlunga ambulance station; new facilities at Noarlunga; new and upgraded rehabilitation facilities at Modbury; and a new cardiac catheter lab at LMH
- progress of capital works, including construction of new facilities at FMC, and construction of a new Veterans' Mental Health Precinct at Glenside
- continued workforce modelling, change management, culture and leadership development initiatives.

The Department also advised that "it is continuing to achieve better quality care, further reductions in waiting times and inpatient lengths of stay and improvements in access and patient flow."

The most recent monitoring report of the Health Performance Council on Transforming Health (November 2017) indicates that:

- Between July-September 2007-08 and July-September 2017-18, the average length of an overnight stay at metropolitan Adelaide public acute hospitals declined from 6.6 days to 5.6 days. In comparison, the average length of overnight stay at public acute hospitals across Australia in 2015-16 was lower at 5.4 days.

- In the same time period, the percentage of in-hospital deaths in metropolitan Adelaide public acute hospitals fell from 1.6% to 1.4%. The latest national figure is lower at 1.0%.
- The percentage of inpatients transferred between hospitals has risen from 4.7% to 6.2%, higher than the national figure of 5.6%.
- Looking at the people admitted to metropolitan Adelaide public acute hospitals this quarter, in-hospital deaths for aged persons is down over the past ten years, from 3.4% to 2.7% of all hospitalisations (inpatient separations).

Transforming Health ceased with the decommissioning of the Repat and the opening of the new RAH, and the clinical service reforms are to return to being part of usual business. However, the final report of the parliamentary Select Committee into Transforming Health cites 42 'unachieved' Clinical Standards and the open question of the contested 500 'avoidable deaths' as unfinished business.

The Committee characterised Transforming Health as a health portfolio response to an increase in budget savings targets in the 2014-15 financial year that has in fact "made health reform harder to implement in South Australia".

This may well be true, according to AMA(SA) state president A/Prof William Tam. "Whatever you think about Transforming Health, reform does present an opportunity for some positive changes and some hard conversations. A lot of very genuine people went into various aspects of the Transforming Health juggernaut trying to do the right thing and improve the system. They came with their goodwill and their experience and their data and they tried to be heard and make a difference. Unfortunately a really poor process let them down.

"Transforming Health promised to deliver a more efficient and effective health system.

But it led to many unintended consequences, including lost training

places, impacts on clinical research, and other losses. Changes in clinical services have created public confusion and anger. And the morale of staff has also suffered.

"We can do a lot better, and better governance and data to inform policy is a big part of that. The AMA(SA) is calling for a governance framework and investment that supports clinician-led evidence-based decision-making and a culture of openness, accountability and mutual respect, instead of blame-shifting and fear.

"We also need to separate the information from the propaganda and spin. That's why the AMA(SA) is calling for an independent source of truth – a new, fully funded Clinical Analytics Unit to inform decision making in healthcare. It would sit in an academic environment free of political influence.

"History will judge Transforming Health but the practical work of improving the health system is something we as doctors will continue, whatever the slogans of the day."

A better transformation: AMA(SA) priorities

As part of its Election Priorities for the 2018 state election, the AMA(SA) has dedicated a section to improved policy and reform through clinician-led decision-making including:

- a new clinician-led senate to provide independent health strategy and clinical advice directly to the minister for health
- an independent clinical analytics unit within the university and research sector that interfaces seamlessly with the clinical senate
- appropriate funding to enable rigorous, open and independent evaluation and reporting
- increased local authority for clinical leaders such as unit heads to make decisions within their health network
- a culture of continuous improvement and leadership – with people encouraged to speak their mind even if it is unpalatable.

Time travel for our hopes and wishes: Advance Care Planning

National Advance Care Planning Week is being held from 16 to 22 April 2018. **Dr Chris Moy** explains why it is time to look into the future with those we love and trust.

TWO things that almost all of us would like at the end of our lives are self-determination, and to leave our loved ones with happy memories of our time on earth with them. Unfortunately, reality may instead end with intrusive and distressing medical interventions being provided to us at odds with what we want, and loved ones left remembering with distress and guilt – rather than any sense of peace – the events surrounding our last days.

Why does this happen? One reason is that our friends and families, along with our doctors, cannot read minds. The period near the end of life is often intensely emotional, making decisions

difficult. And there is a high chance that we will lose decision-making capacity, therefore transferring the burden of very difficult decisions about our care onto unprepared family members.

This is why advance care planning is so important. It's the process of talking with your family and friends – and health team – about your wishes, goals and what you do and do not want to happen to you when you lose decision-making capacity. This will bring everyone onto the same page regarding what you want to happen, and it also allows for subsequent documentation of your wishes and goals. In SA, this can be done on a legal Advance Care Directive Form.

So advance care planning is like time travel – it allows you to transmit your goals into the future by giving you the chance to document your wishes, or allowing you to appoint a substitute decision-maker to represent you when you can no longer do so yourself.

National Advance Care Planning Week is an ideal time to encourage your patients and those around you to start the process. For more information, go to advancecareplanning.org.au.

Dr Chris Moy is an ambassador for National Advance Care Planning Week. He is AMA(SA) vice president and chair of the Federal AMA Ethics and Medico-legal Committee.



Fast and easy online services.

Did you know medical providers can access our online services? We provide a fast, secure and easy way to do business with us, allowing you to:

- Submit invoices online and get paid faster
- Reconcile payments in real-time
- Receive real-time notifications
- Check if your patient has a current claim

Login at www.rtwsa.com

If you don't already have a login, contact us on **(08) 8238 5757** or email providers@rtwsa.com.

 **ReturntoWorkSA**

www.rtwsa.com
8238 5757



Government of
South Australia

AMA(SA) dispatches

AMA National Conference

Attend one of the most significant events in the AMA's calendar and make a difference to the future of your profession and health care. The AMA National Conference, taking place on the 25 – 27 May in Canberra, will bring together doctors from across the country. For more information, go to natcon.ama.com.au.

Call for nominations on AMA(SA) Council

The AMA(SA) is calling for nominations on AMA(SA) Council for the positions of:

- President
- Vice President
- Ordinary Members
- Regional Representatives

For details or to access the nomination form, contact Claudia Baccanello on 8361 0109 or email claudia@amasa.org.au.

For conditions and enquiries relating to the nominations, please contact the Chief Executive, Mr Joe Hooper on 8361 0109 or joe@amasa.org.au.

Nominations close at 5pm on Thursday, 22 March 2017.

AMA(SA) Council meetings

Meetings of the AMA(SA) Council are open to all members. The next meeting will be held on Thursday 3 May. Any member wishing to attend a Council meeting should contact Claudia Baccanello on claudia@amasa.org.au or 8361 0109.

2018 AMA(SA) Charity Gala Dinner 'Eclectica'

The AMA(SA)'s 2018 Charity Gala Dinner will be held on Saturday, 19 May 2018 at the Hilton Adelaide. This year we will be supporting Backpacks 4 SA Kids, a charity which provides children who are living in foster care with a backpack full of personal items to call their own. For more information visit ama.com.au/sa/sa-events-seminars.

2018 Women in Medicine High Tea

Join us on Sunday, 18 March 2018 at the Mayfair Hotel, 45 King William St, 1.30-4pm. Tickets can be purchased online for \$50 members/\$65 non-members. AMA(SA) is pleased to announce that Marie Shaw QC will be our guest speaker at this popular event. To register, visit ama.com.au/sa/sa-events-seminars.

Your CV and interview skills

The 'Your CV and interview skills' presentation is on again this year for young doctors, on Wednesday 11 April at the Osmond Function Centre, Norwood. Dr Janice Fletcher and Dr David Walsh will provide the useful tips to polish your own CV and interview skills, to assist you to get into your preferred training program. It was a hugely successful presentation last year, so book early. For more information, go to ama.com.au/sa/sa-events-seminars.

Are you working part-time?

Did you know you can adjust your AMA membership to reflect your current situation? GPs and other specialist members reducing hours (up to five half days per week) can still access all benefits of membership for just \$945 per year. This pricing may benefit you if you are moving into retirement or are mixing work with your paternity leave, for example. Your membership price reduces to \$406.20 if you are working for not more than two half days per week.

If you would like to discuss your membership options with our membership officer Charlie, please call 8361 0108 or email membership@amasa.org.au.

If you have renewed, your membership card is in the post!

Did you know your AMA(SA) membership card doubles as an Ambassador Card – accepted in partnered restaurants, hotels, retail outlets across Australia. You may access and check the list from your mobile phone while out and about, via ama.ambassadorcard.com.au.

Thanks to Avant

The Board of The Medical Benevolent Association of South Australia (MBASA) wishes to publicly acknowledge and thank the Avant Medical Insurance Group for yet another generous donation to assist the work of our organisation. Their ongoing support is greatly appreciated.



Notice of Annual General Meeting

TO BE HELD THURSDAY, 3 MAY 2018 AT 8.00PM
 At the Naval, Military and Air Force Club of South Australia
 111 Hutt Street, Adelaide. Immediately following the
 State Council meeting which commences at 7.00pm.
 The AGM will be followed by light refreshments

BUSINESS

- | | |
|--|--|
| The business of the meeting will be: | 5. Appointment of Auditors |
| 1. Welcome and apologies | 6. Report from the AMA(SA) Chief Executive |
| 2. Approval of the minutes of the previous meeting (Annual General Meeting held 4 May 2017) | 7. Farewell to Retiring Members of Council |
| 3. President's Report and Adoption of the Annual Report for the year ended 31 December 2017. | 8. Election of Office Bearers |
| 4. Financial Report and adoption of the Auditor's Report for the year ended 31 December 2017 | 9. Election of Council Positions due by rotation |
| | 10. Any other business |
| | 11. Closure of meeting |

Members wishing to attend the AGM should email: claudia@amasa.org.au

The Pledges: Who gives what

Election 2018: who has promised what? Below are some of the undertakings and activity from major and minor parties on areas highlighted by the AMA(SA) and of interest to those in health – some good, some not so good. Read on to find out more ...

Labor Party

Clinician-led decision making, data and IT >>

Support for clinician involvement and advocacy, and the Health Performance Council >> Combining data science and health services; SA Health Quality Information and Performance Hub >> Outpatient clinic waiting times published online, in time >> Independent review of EPAS to resolve issues raised by clinicians and consider improvements suggested by AMA(SA); AMA(SA) to engage with EPAS Clinical Advisory Group.

NALHN, Modbury and Lyell McEwin >>

Expansion of the Modbury Acute Surgical Ward (\$35 million), with 1-3 night stays >> Increasing LMH self sufficiency to around 80% eg in ED rheumatology, dermatology, plastics, vascular, ENT; LMH can expand intensive care beds on need >> Free volunteer shuttle bus in NALHN; improving the public transport network; working party to review and improve patient transfers.

Children and the WCH >> \$528 million for a new Adelaide Women's Hospital (WH) co-located with the new RAH in 2024; new Children's Hospital site as close to the precinct as possible, announced by the end of 2019; Helen Mayo House to move to the WH. WCH to be upgraded >> A clinical services plan for children; continue 'No Jab No Play'; preventive measures against childhood obesity and diabetes.

RAH >> Committed to previously announced evaluation processes including performance, benefits and equipment. Some reviewing already commenced including security; signage; blue space; outpatients. Pain Management has moved to TQEH. >> Feasibility study underway on the Chest Clinic; interim strategies in place.

Integrated hospital and GP services >>

My Health Record expansion, including viewing in other systems

(eg EPAS) and integrated with public pathology, imaging and pharmacy by June 2019 >> Primary/tertiary collaboration and review of outpatient systems >> SA Health and SA PHNs have purchased HealthPathways; model of care for older people; and an end of life care strategy.

Rural health >> \$140 million to upgrade country infrastructure, including renal at Whyalla and Mount Gambier >> Moving away from models relying on GPs to cover hospitals 24/7; improving training opportunities in country SA; investigating additional incentives to attract rural health workforce >> Exploring expanded scope of clinical services in larger hospitals; steering groups to collaborate with GPs and co-design future services.

Training and research >> \$3.6 billion health and biomedical precinct including SAHMRI; proton therapy unit >> Established Health Industries SA; purpose-built Clinical Trials Research Centre (with HRF) opened Dec 2017; new partnerships such as the Beat Cancer Project >> Ensuring training needs considered in any service configurations >> Supporting statewide/networked training and accreditation; expansion of training positions in rural areas; recognise the need to increase specialist rural training places; a rural intern training pathway from 2019 >> Advocate with granting agencies for rural medical research grants.

Mental health >> Centre of Excellence for sub-acute care for people with severe-extreme dementia; support the concept of multiple Specialist Residential Units for non-acute accommodation for this group >> New mental health and drug addiction community outreach; new suicide prevention programs; new specialised service for people with BPD; reverse federal cuts to the Intensive Home Based Support

Service >> Enhance the SAHMRI mental health registry.

Palliative care >> Purpose-built Palliative Care Unit at Modbury (\$15.5 million); expanding the GP Palliative Shared Care to country; developing care pathways. >> Continue palliative care specialist visits to rural areas post withdrawal of federal funds to 30 June, and to look at a future revised model of care.

Other areas of interest >> Almost \$80 million over four years to replace equipment in metro and country hospitals >> Supportive of AMA(SA) call to adopt WA model on mandatory reporting of doctors – will discuss at COAG and look at WA and replication in SA if COAG agreement not reached.

Liberal Party

Engagement with clinicians and communities; data and IT >>

Commission on Excellence and Innovation in Health, governed by a board including doctors >> Decentralise the public health system: boards of management for each LHN, with clinicians on boards, and clinical engagement >> Open to engaging university research units to help manage and utilise data; government/SA Health will need to maintain its own capacity for data analysis >> Outpatient clinic waiting times published online from 1 July 2018, on a quarterly basis by speciality and hospital >> Suspend EPAS roll-out; an independent review of its functionality, performance and future, to determine if it should progress, costs to fix, or a pathway to a better system; involving the AMA(SA) and other organisations to address EPAS issues >> Real-time prescription monitoring against drug misuse.

TQEH, Modbury, Noarlunga and the Repat >> TQEH to be a key cardiac centre as part of a \$270 million upgrade >> \$110 million

to upgrade Modbury facilities and services, including a 16-bed purpose-built palliative care unit; extended emergency care unit; acute medical unit and 4-bed HDU >> 12-bed acute medical ward at Noarlunga (capacity to expand to 15); admission to three days; and a new Women's and Children's Health Hub >> Retain the Repat site as a health precinct, and look at Ward 18 for people with BPSD.

Children and the WCH >> A new WCH co-located with the RAH; in the first 100 days, a high-level task force including clinicians and representative groups to drive the project and develop a fully-costed plan, with a view to co-location by 2024 >> \$4 million paediatric eating disorder service; \$10 million Borderline Personality Disorder program >> Aquatic safety;

health and drug education in schools; tackling bullying in schools; and magistrate drug treatment orders for under-18s for up to 12 months >> Appointment of an Aboriginal Children's Commissioner.

RAH >> Operational and design problems at the RAH to be urgently addressed, including securing sites for respiratory and eye services, with the involvement of frontline clinicians and organisations.

Integrated care, prevention and more >> Multidisciplinary teams, integrated care, and preventative health – including targeted interventions for chronic conditions, end of life, and complex conditions >> Healthy Communities Program to focus on physical activity, smoking, alcohol, access to affordable healthy food,

improving health literacy >> Bowel cancer prevention initiative, catching up overdue colonoscopies in 12 months.

Rural and mental health >> Address capital works backlog in country hospitals; upgrades at Murray Bridge, McLaren Vale and Yorketown; and a 24-hour GP emergency service at Mt Barker >> \$20 million rural health workforce strategy including doubled country interns; recruiting and retaining resident specialists; and increased support for rural generalists >> Statewide mental health service plan within 12 months, including country SA >> Permanent renal dialysis on the APY Lands; upgrading and expanding the Mount Gambier unit >> Double chemotherapy delivered in regional SA through a country cancer initiative, including piloting GP training in oncology.

SA-BEST

SA-BEST has not provided a personalised response to the AMA(SA)'s election priorities, as we go to press, but has announced a number of measures that reflect recommendations or issues raised by the Association and some that differ. SA-BEST health policy themes include: securing medical and health services (focussing on reversals or mitigation of losses); and country health (upgrades, scope of services, and drug, rehabilitation and support services). Also supporting hospital and medical staff (whistleblower protection, protection against violence, less external consultants, and workforce planning); and improved governance, transparency and accountability (a Royal Commission into the health system, online data and performance statistics, reviewing EPAS, and strengthening local decision-making).

Greens

The Greens have provided a detailed and positive response to measures called for by the AMA(SA), supporting many of the Association's recommendations, including for a Clinical Data Analytics Unit and Clinical Senate; expansion of Modbury

services (including additional resources for the LMH); a co-located WCH; and independent, evidence-based reviews of child health, the RAH and EPAS, with a focus on clinical expertise and knowledge.

The Greens also support the AMA(SA)'s proposals for collaborative team-based models of care, funding for GP-led stepdown; and rural measures including an increased scope of services in larger hospitals and improved access to mental health care. The party also support purpose-built, high dependency accommodation for people with severe behavioural problems associated with dementia, mental illness and impairment. Training and research calls are also supported, and \$24.5 million per annum funding for palliative care, with outreach to country SA and a purpose-built hospice at Modbury. Other notable policies include increased carer respite, voluntary euthanasia, and a five-year plan for mental health.

Australian Conservatives

The Australian Conservatives have provided an informative and broadly supportive response to measures called for by the AMA(SA) including trialling and implementation of a clinical senate and a clinical analytics unit to provide independent strategy and clinical advice.

They also support expanded services at Modbury, Noarlunga and TQEH and a co-located WCH "at such time that the project can be paid for and implemented appropriately".

Australian Conservatives support the AMA(SA) calls on training and research and propose the establishment of a committee to determine what is most needed rurally, and strongly support the implementation of a mental health registry. They also support investment of \$24.5 million to improve access to palliative care services, and have actively campaigned for appropriate anti-bullying laws.

Dignity Party

The Dignity Party (formerly Dignity for Disability) will have a number of candidates in this election and continue to focus on a range of issues and areas also highlighted by the AMA(SA), including NDIS transition issues, the rights of people with a disability, mental health, the need for access to services in regional areas, and supporting the ageing population.

Full responses to the AMA(SA)'s Election Priorities 2018, commentary, and other policy information from the various parties, can be found at the AMA(SA) website www.amasa.org.au.

Historic agreement landed for rural practice

A landmark agreement has been reached to develop a national framework for rural generalist medical specialty.

The agreement has been delivered by former AMA(SA) Council member and National Rural Health Commissioner Professor Paul Worley (*right*), and announced at the rural and regional health forum in Canberra on 10 February.

Professor Worley's first priority is to deliver a rural generalist pathway to increase doctor numbers into the regions.

The AMA(SA) is supportive of initiatives to increase the opportunities for rural doctors and is anticipating further examination of the rural generalist model and its intersection with the current procedural GP workforce who already work in the areas of anaesthetics, obstetrics and emergency medicine.

The Australian Medical Students Association Rural Health Committee

(AMSA RHC) has also welcomed the announcement.

Nic Batten, AMSA RHC Co-Chair, said: "We are thrilled to hear that ACRRM and RACGP have together committed to the goal of a national rural generalist pathway."

Ms Batten said the rural generalist role is critical to addressing the complex healthcare needs of our rural and remote communities. It will also offer a clear career path for students and young doctors who want to work in the bush.

Many students who are committed to working in rural communities aspire to work as an all-rounder doctor, caring for patients in a range of settings and with the skills to match. Rural generalism offers a wonderful combination of general practice and advanced skills, such as anaesthetics, emergency medicine, or obstetrics.



This allows doctors to obtain further training in their areas of interest and best serve the needs of their community.

"For young doctors, this framework represents an exciting opportunity – a clear rural training pathway, options to pursue their interests, and the flexibility of having their qualifications recognised across states," Ms Batten said.



Multiple locations for patient convenience

SPORTSMED-SA Orthopedic Surgeons provide consulting services at a number of locations across metropolitan, regional and rural areas.

Our surgeons are based at the SPORTSMED-SA Stepney Healthcare Hub with appointments available at conveniently located branches in:

- Blackwood
- Morphett Vale
- Mount Gambier
- Victor Harbor
- Darwin

They also visit locations at:

- Goolwa
- Mildura
- Port Lincoln
- Salisbury Plain
- St Agnes

To make an appointment for one of your patients, please contact 08 8362 7788.



Encouraging more doctors to go rural

The AMA has released its Position Statement – Rural Workforce Initiatives, a comprehensive five-point plan to encourage more doctors to work in rural and remote locations, and improve patient access to care.

THE plan proposes initiatives in education and training, rural generalist pathways, work environments, support for doctors and their families, and financial incentives.

It says that at least one-third of all new medical students should be from rural backgrounds.

And more medical students should be required to do at least one year of training in a rural area to encourage graduates to live and work in regional Australia.

In releasing the Position Statement, federal AMA president Dr Michael Gannon noted that about seven million Australians live in regional, rural, and remote areas, and they often have more difficulty accessing health services than their city cousins.

They often have to travel long distances for care, and rural hospital closures and downgrades are seriously affecting the future delivery of health care in rural areas.

For example, Dr Gannon said, more than 50% of small rural maternity units have been closed in the past two decades.

“Australia does not need more medical schools or more medical school places,” he said. “Workforce projections suggest that Australia is heading for an oversupply of doctors.

“Targeted initiatives to increase the size of the rural medical, nursing, and allied health workforce are what is required. There has been a considerable increase in the number of medical graduates in recent years, but more than three-quarters of locally trained graduates live in capital cities.

“International medical graduates (IMGs) make up more than 40% of the rural medical workforce and while they do excellent work, we must reduce this reliance and build a more sustainable system.”

The AMA Rural Workforce Initiatives plan outlines five key areas where governments and other stakeholders must focus their policy efforts:

1. Encourage students from rural areas to enrol in medical school, and provide medical students with opportunities

for positive and continuing exposure to regional/rural medical training

2. Provide a dedicated and quality training pathway with the right skill mix to ensure doctors are adequately trained to work in rural areas
3. Provide a rewarding and sustainable work environment with adequate facilities, professional support and education, and flexible work arrangements, including locum relief
4. Provide family support that includes spousal opportunities/employment, educational opportunities for children’s education, subsidies for housing/relocation and/or tax relief
5. Provide financial incentives to ensure competitive remuneration.

For more information: ama.com.au/position-statement/rural-workforce-initiatives-2017.

This article by Chris Johnson was first published in Australian Medicine on 24 January 2018.

AMA plan gives junior doctors the chance to stay rural

The Australian Medical Students’ Association (AMSA), the peak representative body for Australia’s 17,000 medical students, has backed the AMA’s Rural Workforce Initiatives plan.

CANDICE Day, vice-chair of the AMSA Rural Health Committee (*right*), said: “As a medical student with the ambition to work in the bush, I am excited to see such a comprehensive plan, addressing the rural workforce shortage at all stages of the training pipeline, not just the start.”

Ms Day said that the primary issue for junior doctors in rural areas is a lack of postgraduate training positions.

“Rural hospitals lack opportunities for students to complete specialist training. Even after completing a rural internship,

I will still have to return to the city to train further, just at the time of my life when I hope to be starting a family and settling down,” she said.

AMSA supports the plan to increase the proportion of students from rural backgrounds and the proportion of time spent in rural areas during medical school, but emphasises that focusing on students is not the whole solution.

“The best bang for your buck is to invest in keeping junior doctors rural after internship,” Ms Day said.



In a recent AMSA survey of more than 1500 students, 70% were interested in working in regional, rural or remote areas.

“The key is keeping junior doctors in the country after internship by giving them the opportunity to train to be specialists, GPs, or rural generalists in rural hospitals,” Ms Day said.

More support for rural health will help recruit and retain rural GPs

Rural patient care by rural GPs is not in crisis – support for rural doctors doing their job is in crisis, writes **Dr John Williams**.



THERE is no doubt that the provision of services by Australian GPs is of a very high standard. In fact, rural GPs are often in a position to raise the standard of care even higher.

Rural GPs have high levels of patient satisfaction. Patients are cared for by a doctor they know and trust, and communication between the doctor and the patient and their family is of a high level. Communication between the GP and specialist care is also of a high level.

Coronary heart disease, suicide, chronic obstructive pulmonary disease and cancer show a clear trend of greater rates of burden in rural and remote areas.

In terms of chronic disease management and admission prevention, identification of at-risk patients and early initiation of services is rural GP bread and butter. We know that to reduce admissions, primary care needs to begin 10 years before the presentation to acute services and rural GPs are

in a position to provide that high level primary care.

Rural patients trust their GP and will most often present to the GP before attending the hospital.

We provide a level of care that is safe, effective and cost effective. We are already providing a level of care that is aimed for through metropolitan initiatives and such projects as My eHealth.

GPs have been using electronic health records for more than 20 years, and rural GPs easily connect these records with hospital records.

Rural GPs are dedicated, skilled and innovative. We would like to see our work supported. This will aid recruitment and retention of rural GPs.

There is a healthcare deficit of at least \$2.1 billion in rural and remote areas, reflecting chronic underspend of Medicare and the Pharmaceutical Benefits Scheme (MBS) and publicly provided allied health services.

We would like to see SA Health step forward to assist the workers on the coal-face. We would like to see better



communication and a spirit of support. We are willing to communicate and work together to improve the level of service to our communities.

Rather than view Port Lincoln and other services as areas of crisis, they need to be viewed as areas of success. They are suffering because SA Health has not seen or acknowledged our successes and extended support to maintain standards.

We are not a problem to be resolved – we are a success to be supported and replicated.

Dr John Williams is a GP in Port Lincoln and the AMA(SA) Regional Representative (Northern).

AMA(SA) welcomes New Minister for Rural Health

SENATOR Bridget McKenzie has been appointed as the Federal Minister for Sport, Rural Health and Regional Communications in December's Federal Cabinet reshuffle. Senator McKenzie is also deputy leader of the National Party.

Senator McKenzie's family has lived and worked in regional Victoria for generations.

"Growing up with the traditional rural influences of small business, sport and agriculture, I believe that strong regional economies and secure regional communities are critical to the future prosperity of our great nation," she says.

Outgoing Federal Assistant Minister for Health, Dr David Gillespie, has moved to the portfolio of Assistant Minister for Children and Families.

The AMA(SA) is hopeful Senator McKenzie, along with new National Rural Health Commissioner Professor Paul Worley, will bring significant improvement to the quality of medical care being delivered in our rural and regional communities.



AMA(SA) Council NEWS



Dr Nick Rice
Councillor

AMA(SA) Council Meeting
February, 2018

OUR first Council meeting for the year had a very full agenda, which commenced with a quick round the table discussion of the latest pressing issues in the various represented specialities. Psychiatry services at the Royal Adelaide Hospital (RAH) are hampered by duress alarms that don't work; Paediatrics describes a site that is crumbling around them, and significant neglect of human resources at the Women's and Children's Hospital (WCH); General Practice notes that some discharge summaries from private hospitals are particularly uninformative, to name but a few of the topics discussed.

A recent meeting with the Minister for Health, Mr Peter Malinauskas,

discussed a range of issues, including the longstanding dissatisfaction with the Department's treatment of the Chest Clinic, still located a mile from the new campus, with no proper plans to deploy to a sensible site close enough such that patients are not significantly impaired in their travels from the clinic to the actual hospital itself.

The upcoming election was noted, with a certain amount of cynicism felt by Council regarding the government's Transforming Health 'journey'...

The upcoming election was noted, with a certain amount of cynicism felt by Council regarding the government's Transforming Health 'journey', and the waning enthusiasm of the many clinicians disrupted in one form or another by it. There was, however, considerable interest

at the table for a change to an independent board oversight model for future Departments of Health.

There was broad consensus that the Therapeutic Goods Agency (TGA) has got it right in identifying the public harm caused by over-the-counter codeine, and to up-schedule the drug to a prescription-only medication. The AMA does not support the campaign by the Pharmacy Guild of Australia for pharmacists to dispense non-prescription codeine in rural areas. The TGA has made a good evidence-based decision, and is working hard to ensure clinicians understand the reasons for, and details of, this process.

Our two new student representatives – Simon Cousins and Mekha John – were welcomed, and they sought expressions of interest from councillors present, and indeed any AMA member, to be involved in a mentorship program for students. This could take many forms, and the idea has certainly been successful in the past.

AMA(SA) Council dinner celebrates year's end

THE December Council Meeting took place on 7 December at the Naval and Military Club to celebrate year's end and to thank all councillors for their support during the year. Guest speaker was Brigadier Ellis Wayland AM (pictured right, with A/Prof William Tam, above left, and Joe Hooper, above right) who spoke about the centenary of the battle of Beersheba in World War One, and more specifically the charge of the Australian Light Horse on the 31st

October 1917 – and the special world of mateship.

Brigadier Wayland has had dual careers, in finance and banking, and in the Australian Army. He has also been an Adelaide City councillor and served on several government committees including the Australian Bicentenary Board and the South Australian Jubilee 150 Board. He was an Honorary Aide de Campe to the Governor General from 1984 to 1987. For his service he was made a Member of the Order of Australia in 1987.



New intern orientation sessions well attended

NEW interns were invited to attend AMA orientation sessions recently, at the Southern Adelaide Local Health Network (for Flinders Hospital interns), North Adelaide Local Health Network (for Lyell McEwin Hospital) and Central Adelaide Local Health Network (for Royal Adelaide Hospital interns).

Over 200 new doctors attended, and AMA(SA) president William Tam addressed them on the challenges of becoming a junior doctor, safeguarding their own wellbeing, intern places, and other issues facing doctors today. He also stressed how the AMA(SA) – as their professional association – is on their side.

“The AMA has been fighting for doctors’ rights to decide how best to deliver health care for over 150 years,” he said. “We care passionately about how medicine will look and doctors will practice in the next 50 years.

“Over 200 new doctors attended, and AMA(SA) president William Tam addressed them on the challenges of becoming a junior doctor...”

“We welcome your participation, your thoughts on what sort of a doctor you want to be, and what the health system should look like in the future.”



Orthopaedics SA are pleased to welcome Dr Anthony Samson, Orthopaedic Surgeon.



Dr Anthony Samson

BMBS BSC (HONS) FRACS FAOrthA

Orthopaedic Surgeon

APPOINTMENTS AND ENQUIRIES

P 08 8267 8239 E samsonadmin@orthosa.com.au

Specialising in
Hip & knee
Orthopaedic trauma
General orthopaedics

Consulting from
Bedford Park

www.orthosa.com.au/asamson

P: 82678239

F: 82672007

South Australian doctors honoured in 2017 Australia Day Awards

The AMA(SA) congratulates the prominent South Australian medicos who were recognised in this year's Australia Day awards – including AMA member, Professor Maria Crotty PSM. Congratulations also to former federal AMA president, Dr Mukesh Haikerwal AO and editor-in-chief of the MJA, Professor Nick Talley who received the highest honour – Companion of the Order (AC).



Professor John TURNIDGE AO

Prof Turnidge has been made an Officer (AO) in the General Division

for distinguished service to medicine as an infectious disease physician and microbiologist, particularly to the advancement of health policy in the area of antimicrobial resistance, and to professional medical organisations.

Professor Turnidge trained at Flinders Medical Centre, has been head of Microbiology and Infectious Diseases at Monash Medical Centre in Melbourne, and director of the Division of Laboratory Medicine at the Women's and Children's Hospital (WCH) in Adelaide.

He has a long-standing interest in antimicrobial prescribing and antimicrobial resistance, and has contributed in these areas to government, international organisations and learned societies, including the NHMRC, the WHO, the US-based Clinical and Laboratory Standards Institute, the Therapeutic Guidelines-Antibiotic writing group, and the European Committee on Antimicrobial Susceptibility Testin

He co-founded the Australian Society for Antimicrobials, which now has over 800 members.



Dr Richard COCKINGTON OAM

Dr Cockington was awarded the Medal (OAM) in the General Division for service

to medicine as a paediatrician.

The late Dr Cockington was a paediatrician who was the long-time director of the Child Development Unit at the WCH. In this role he played a very important part in the development of services for developmentally delayed children living outside the metropolitan area.

He was also executive director of Medical Services, Women's and Children's Health Network – SA Health from 2010 to 2011.

He has been clinical senior lecturer, Department of Paediatrics, Faculty of Medicine, University of Adelaide, and visiting lecturer at the School of Medicine, Department of Paediatrics, Flinders University.



Dr Andrew LUCK OAM

Dr Luck was awarded the Medal (OAM) in the General Division for

service to medicine in the field of colorectal surgery.

Dr Luck is a colorectal surgeon at the Lyell McEwin Hospital (LMH) and runs a private practice in Adelaide's north. He was head of the LMH Colorectal Unit from 2006 to 2012 and director of surgery from 2010 to 2011.

He has been heavily involved with the Colorectal Surgical Society of Australia and New Zealand (CSSANZ), having been President from 2010 to 2012 and Chairman of its Research Foundation from 2012 to 2017. He was involved in the set-up of the National Bowel Cancer Screening Program, is a current member of the Australia and New Zealand Training Board in Colon and Rectal Surgery and a Board member of the bowel cancer charity, the Jodi Lee Foundation.



Professor Maria CROTTY PSM

Prof Crotty was awarded the Public Service Medal (PSM) for outstanding public

service in the rehabilitation sector in South Australia.

Prof Crotty – an AMA member – is a rehabilitation physician and director of the Rehabilitation Studies Unit at Flinders University SA. Whilst a professor of rehabilitation and aged care at Flinders University, she has also been director of the rehabilitation service at the Repat for 14 years and led the move and opening of the new Rehabilitation Service at Flinders Medical Centre in late 2017.

As Chair of the Statewide Rehabilitation Clinical Network for SA Health she assisted in developing and establishing dedicated rehabilitation services in country areas of the state. More recently she has promoted the expansion of telehealth and telerehabilitation across SA hospital rehabilitation services to allow greater patients with disabilities greater access.



Dr Raluca TUDOR PSM

Dr Tudor was award the Public Service Medal (PSM) for outstanding public service

to the mental health of older persons in South Australia.

Dr Tudor has established a unique model of clinical leadership, in a multi-disciplinary community health team which has resulted in the Older Persons Mental Health Services in SA growing and developing into one of the country's leading services.

In 2011 she was key in establishing the Older Persons Rapid Access Service, the first of its kind in South Australia. She was a driving force in identifying the issues and the needs to provide some form of hospital avoidance for older consumers with a mental health condition living in residential care facilities in the southern region of the state.

AMA(SA) supports Backpacks 4 SA Kids through Gala Dinner

The AMA(SA) 2017 Charity Gala Dinner is being held this year on Saturday, 19 May 2018 at the Hilton Adelaide. This year we will be supporting Backpacks 4 SA Kids, a charity which provides children who are living in foster care with a backpack full of personal items to call their own.



RACHAEL Zaltron (*pictured*) is the founder and general manager of Backpacks 4 SA Kids.

Rachael started Backpacks 4 SA Kids after losing a special friend who was diagnosed with terminal cancer at age 29.

"During her battle with cancer she created a bucket list," says Rachael. "On that list she said she wanted to be a foster carer, but we both knew that wasn't going to happen, so we looked for other options."

Rachael's friend had two young daughters who were the same age as Rachael's children, and the two women decided to help some kids using their own kids' clothing. The idea was based on the charity Backpacks 4 Aussie Kids in Queensland.

"My friend and I were lucky enough to head into a Families SA office with our backpack of bits and pieces, and a young girl was in the office to receive the backpack. To see a child move through the emotions of sadness and loss to smiling and joy was incredible to watch," says Rachael.

When Rachael's friend lost her battle with cancer, Rachael decided she needed to make her own minutes count. She started Backpacks 4 SA Kids.

"I never dreamed it would become as large and have as much of an impact as it has

on the vulnerable children within our state," she says.

Backpacks 4 SA Kids provides backpacks for any child or young person who has been displaced from home and is accessing emergency services such as foster care, domestic violence services and youth homeless services, as well as through SAPOL and the Women's and Children's Hospital.

"The backpacks are aimed at reducing the stress and anxiety a child endures when they are removed from their homes by supplying a couple of sets of clothing, underwear, pyjamas, socks, toiletries and distraction items such as a board game to help kids socialise with others around them and a torch to help orientate themselves at night," says Rachael.

Home Starter Packs is another Backpacks 4 SA Kids program which supports families affected by domestic violence who are starting again.

"The Government provides a bulk payment for rent and bond for the first month of their new accommodation, but there was little to no money left to supply the basics for families. The Home Starter Pack supplies the basic items someone would need when moving out of home with their children," says Rachael.

Backpacks 4 SA Kids also provides a specialty teen homeless duffle bag called Anchor Pack, which not only supports young people's day-to-day needs, but also aids their sexual and mental health.

"The support of the AMA(SA) will help Backpacks 4 SA Kids support an increasing number of children entering into the emergency services, raising awareness about our cause and how easy it is to get involved," says Rachael.

"But most importantly, it will have an amazing impact on the number of children within South Australia we can support in one of the most challenging times of their young lives. We can bring them hope, backpacks packed with love and items most have never received before such as new pyjamas and underwear."

Rachael's team received a picture in the post from a five-year-old girl. The picture was of the little girl in her underwear. On the back of the page was a note from the girl's foster mum:

"Our little girl arrived with your backpack ... she was most excited about her new underwear with Tinkerbell on the front, because she had never worn new underwear before – let alone underwear with a fairy on the front! Thank you for helping her smile on a really bad day."



AMA(SA) 2018 Charity Gala Dinner 'ECLECTICA'

Saturday, 19 May 2018

7pm - Midnight

\$175 per head

Hilton Adelaide

Dress: Black tie/ Evening wear

Non-Members welcome

Further information and to purchase your tickets phone event organisers, sapmiea on 8274 6054 or events@amasa.org.au



GRIP

Hand, Wrist &
Reconstructive
Surgery

Specialising in adult Hand, Wrist and Reconstructive Surgery



Dr. Paul van Minnen is a Plastic and Reconstructive Surgeon with an **exclusive focus on hand and wrist surgery**. He takes pride in providing the highest standard of care for adults with hand and wrist problems, always with a personal, respectful and affable approach.

On-site hand therapy

With an **experienced, certified hand therapist** on site, our patients can have splints fabricated and start their recovery efficiently and conveniently.

Treatments include:

- » surgery for base of thumb osteoarthritis
- » joint replacement surgery (MCP/PIP joint arthroplasty)
- » arthroscopic wrist surgery
- » surgery for carpal instability
- » complex microvascular tissue reconstruction
- » (non) surgical treatment of Dupuytren's contractures
- » all hand trauma
- » revision hand surgery



ADELAIDE CBD

265 Wakefield St, Adelaide, SA 5000
t 08 7127 0365 f 08 7127 0380

GLENELG

10 Waterloo St, Glenelg, SA 5045
t 08 8297 1476 f 08 8294 4145

Visit us online... www.gripsurgery.com.au

Society member of:



AMA(SA) student medal winners for 2017

Each year the AMA(SA) awards medals to two graduating students whose academic performances and contributions to their schools make them stand out. This year's winners are Laura Sharley from the University of Adelaide and Anna Elias from Flinders University.

Laura Sharley University of Adelaide

AMA(SA) president A/Prof William Tam presented the first student medal at the University of Adelaide's MB BS Declaration ceremony in November last year to Laura Sharley.

Laura was selected by the Dean of Medicine and peers as the best final year student in terms of academic performance and contribution to the Faculty of Medicine.

"This year's winner AMA(SA) student medal winner Laura Sharley has made a significant contribution to the community in a range of contexts – to the University of Adelaide Medical school, and to rural medicine," said Dr Tam.

"Laura has not only won a string of university academic awards, but her CV is peppered with contributions beyond academia as well – to the Aboriginal community, to people with disability and people in rural and remote areas," he said.

Laura told *medicSA*: "It was such an unexpected honour to be recognised by the university and the AMA."

"I hadn't realised the potential impact of being involved with Indigenous health advocacy during my time at medical school. I hope it may inspire like-minded peers from younger year levels to continue pursuing their passion for helping Indigenous communities," she said.

Laura was first exposed to remote Indigenous communities as a child on family camping trips and found some of these experiences confronting.

"Then, during my time in high school, we would occasionally host a boarding student from Ngukurr, a remote Aboriginal community on the banks of the Roper River in the Northern Territory.

"The impact of these experiences became evident when I studied Indigenous Health as a second-year elective in medical school. Learning more about Australian history, the socio-economic determinants of health and the distressing health statistics of Indigenous Australians put the stark memories of my childhood in perspective," says Laura, who has since been to many communities around Australia – from Yalata on the Eyre Peninsula to Wurrumiyanga on the Tiwi Islands.

Four years ago, she and two other students helped to create the AMSS APY Exchange



Program, which enables medical student volunteers to run a health-based youth holiday program in remote Indigenous communities of SA and NT.

Laura hopes to continue working with remote Aboriginal communities – "whether that be as a GP or as a visiting specialist," she says.

Laura is interning in the SALHN network, primarily at Flinders Medical Centre in 2018.

Anna Elias Flinders University

Dr Chris Moy presented the other student medal at Flinders University's MD/BMBS Qualifying Ceremony in December to Anna Elias.

Anna was selected by the Dean of Medicine and peers as the best final year student in terms of academic performance and contribution to the Faculty of Medicine.

"Anna Elias is a very worthy recipient of this year's AMA(SA) student medal, having a string of academic publications to her name on issues as diverse as children with chronic health conditions, pneumonia and rural health," Dr Moy said.

"Anna has already won awards for her tireless work on behalf of other students, shaping the curriculum and professional development opportunities; and she has

volunteered in Australia and overseas and worked on human rights issues."

Anna told *medicSA*: "I have tremendous respect for the work done by the AMA, so being awarded the AMA medal means a lot to me. It shows that I can make a difference and that my colleagues appreciate the time I dedicated to advocacy, education and community service.

"Medical school is challenging and the workload is intense, so students often don't have the time to effectively

advocate for themselves," Anna continued.

"I could see that changes were happening at the university and in the healthcare sector that had the potential to disadvantage students and junior doctors and wanted to be part of the conversation."

As a former teacher, Anna is passionate about education.

"I hope to be involved in medical education and training in future," she says. "During my time at Flinders, I was able to experience inspiring clinicians, researchers and advocates, so I also want a career in academic medicine."

Anna is currently completing a research fellowship in the United States and will commence internship there in 2019.

Congratulations to the 2017

The AMA(SA) would like to congratulate the Bachelor of Medicine and Bachelor of Surgery

2017 Flinders University MD/BMBS Graduands

Guy Abell
Sine Aberdour
Mohammad Alamein
Shannon Andrews
Simon Austin
Annette Baker
Jemima Bell
Elizabeth Bennett
Megan Bentley
Natasha Bertschi
Ibrahim Bhatti
Emily Blackwell
Blaire Brewerton
Sarah Case
Maxine Castillo
Emily Cattanaach
Andrew Chan
Allena Cheong
Supriya Chhabra
Pei-Ying Chiang
Jagnoor Chugha
Sarah Coffey
Miriam Cohen
Thomas Condon
Lachlan Cook
Madeleine Cox
Elizabeth Cuthbertson
Thu Dang
Rasmeet Dhaliwal
Cristina Dickson
Jarrad Dickson
Elizabeth Doecke
Sarah Dolan

Damian Drew
Nadine Drummond
Ellen Dunaiski
Brenton Earl
Anna Elias
Timothy Esselbrugge
Nicole Evans
Thomas Everingham
Kimberley Flavell
Hannah Ford
Laura Frank
Sarah Friend
Michael Fyfe
Maeve Gillan
Debbie-Ann Gillon
Mogeshni Govender
Benjamin Green
Sarah Greenslade
John Griscti
Lekha Gupta
Daniel Hack
Stephanie Hendrijanto
Bede Hennessy
Geraldine Herweijer
Raif Hijjawi
Minhao Hu
David Huynh
Kym Huynh
Kelsey Ireland
Brianna Jackson
Jade Jackson
Katherine Jones
Sanjay Joseph

Paul Kaesler-Smith
Thomas Kaye
Fong Wei Kee
Judith Keith
Joshua Kelly
Michelle Key
Ashlee Kimball
Oscar Kinsman
Ben Kirsopp
Pawan Koirala
Malgosia Kowalski
Karl Lee
Paul Lee
Kar-Kate Liang
Zhiyang Lin
Brianna Lindley
Daniel Loughnan
Ryan Mahony
Georgina Manos
Elyse Marx
Laura Mcdade
Lucy Mckinnon
Angus Miller
Jamie Miller
Andrew Milne
Allison Moore
Ellie Moore
Geordie Morgan
Brandon Mu
Monica Mu
Christopher Muirhead
Sean Mullany
Virginia Munro

Lisa Murphy
Khadijah Nadeem
Sailesh Narsinh
James Navaratne
Kiat Rui Ng
Loan Nguyen
Hillary Nguyen
Dimitri Niarchos
Luke Nuske
Brendan Phelan
Natalie Pink
Christian Ptaszynski-Holgar
Emma Quinn
Sacha Reason
Holly Richter
Ashlee Rigby
Briony Robson
Cameron Rosengarten
Anna Russo
Nancy Saunders-Clay
Rachel Seah
Madeleine Seeary
Thomas Sefton
Richard Sexton
Shams Shamid
Owen Siggs

Roy Stathis
Teresa Sutherland
Sandra Sy
Claire Taylor
Lauren Thomas
Minh-Son To
Brianna Todd
Kunal Trehan
Jessica Turner
Mae Turpeinen
Laura Walter
Belinda Washington
Tara Wenzel
Adam Whitehead
Jessica Willis
Jack Wilson
Phillip Wilson
Jessica Wisely
Martin Witney
Pearlyn Wong
Andrew Wren
Alexander Wright
Josie Wright
Lewis Xiao
Yijie Yin
Annetta Zheng



Pictured above: 2017 Flinders NT Graduands



medical school graduates

2017 graduating students of Doctor of Medicine,
at both Flinders University and the University of Adelaide.

2017 University of Adelaide MBBS Graduands

Ryan Agnew	Graham Chua	Michael Hii	Yao Ly	Daniel Pellegrini	Olivia Tonnu
Momina Allahwala	Betty Chung	Thien-Phuong Hoang	Ashani Mahawattega	Jimmy Pham	Shabnam Torabiardakani
Phoebe Allison	Nicholas Clarke	Eleanor Hobbs	Emma McBean	Alyssa Pradhan	Helena Topry
Jordan Anderson	Jock Clarnette	Tzu-Chieh Huang	Megan Meredith	Sharmini Punitham	Alain Tran
Isobel Anderson	Anne Collinson	Chantelle Ip	Jolie Miller	Olivia-Paris Quinn	Jason Tran
Meera Asokan	Jane Collinson	Salil James	Thomas Miller	Timothy Ramsey	Tzu Mi Tseng
John Au	Adam Cooper	Katarina Japp	Michael Mills	Jennifer Rice	Hiep Tu
Tony Au	Stefan Court-Kowalski	Matthew Jennings	Sarah Milton	Felix Ritson	James Turnbull
Stephen Bacchi	Jennifer Dang	Athul Joh	Jack Mintz	Juliette Roex	Linh Van
Michelle Bagster	Samantha Davis	Arvind Jothin	Siobhan Misan	Peter Rose	Luke Vater
Hamza Baig	Dhiren Dhanji	Alice Keane	Druva Mitra	Elias Salagaras	Monica Venuti
Jacynta Batt	Georgina Digance	James Kellie	Grace Morcom	Shriranshini Satheakeerthy	Bhavani Viswalingam
James Besanko	Jacqueline Downey	Ga Kim	Edwina Munns-Cook	Kwok See	Magdalena Walc
Linda Bi	Charles Du	Victoria Kollias	Rachael Murray	Laura Sharley	Ann-Marie Walker
Jacob Brazier	Susannah Dunmall	Felix Kotasek	Pritesh Narsinh	Jaya Sharma	Amy Wan
Stuart Brown	Kieran Dunne	Gabriel Kuo	Charlotte Newitt	Nathan Shugg	Yuan Wang
Danielle Brydges	Jade Dutschke	Anna Lammerink	Shi Ng	Nupur Shukla	Sally Wark
Alexander Buckby	Tahlia Engelke	Emma Lane	Xia Fen Ng	Harsimran Singh	Stephanie Webb
Ellen Burch	Claire Ewen	Thanh Le	Thu Nguyen	Karthik Sivarama Krishnan	Tyson Whitelaw
Amy-Lee Burgess	Chi Feng	Yong Hyun Lee	Ai Nguyen	Julian Smith	Jake Willet
Samantha Burns	Matthew Fischer	Nara Lee	Damian Nguyen	Georgia Smith	Han Woo
Alicia Callisto	Mark Fitzgerald	Alvin Lee	Le Nguyen	Katey Snaith	Albert Wu
Josephine Campbell	Hewafonsekage Fonseka	Michael Lee	Dennis Nguyen	Yiran Tan	Sunny Wu
Jacob Cappelletto	Lisa Forbes	John Lee	Thomas O'Neill	Bhuwan Tandon	Angela Yao
Christopher Chan	Sanjaya Gamage	Maverick Lee	Qi-Zheng Ong	Joshua Taverner	Jia Yi Yeoh
Desmond Cheng	Gordon Goh	David Lee	Daniel Ong	Nicholas Taylor	Alistair Young
Yi Chia	Katherine Grant	Kevin Leow	Alice Ormandy	Alice Terret	Yadanar Zaw
Ivana Chim	Huaiyuan Guo	Xinhui Lim	Alessandra Orsillo	Vinh Thoi	Frank Zhang
Athena Chin	Nicola Gurner	Steven Lim	Logesh Palanikumar	Evelyn Timpani	Judy Zhu
Kathrina Chooi	Hannah Hancox	Yong Lim	Marie Palumbo	Melisa Ting	
Kar Ven Cavan Chow	Tayla Hassam	Charles Livingston	Bhairavi Parimalanathan	Maya Todd	
King Wah Matthew Chu	Marina Hayashi	Thomas Lokan	Charlotte Pascoe-Purvis	Pei Toh	
Su Chua	Rhiannon Hein	David Low	Andrew Peel	Yumiko Tomo	





Medical students look forward to a stellar



Monica Chen

STUDENT NEWS:
UNIVERSITY OF ADELAIDE

2018 is set to be a stellar year for the Adelaide Medical Students' Society (AMSS). Over the summer, the Executive has been planning social and educational events as well as wellbeing and advocacy initiatives to fit into our full calendar.

We've started the year with a bang with our annual Clinical Students' Welcome and Sixth-Year Welcome – thanks to MIGA. Meanwhile, the Committee has been hard at work planning for our upcoming events: O' Week to welcome the incoming first years, Skullduggery, MedCamp and JazzNight.

On the other side of the world, sixth-year students have been jetting off for their Dean's Elective to tropical destinations such as the Bahamas, Vanuatu, Sri Lanka and Europe, while experiencing a whole new side of medicine.

As I write this article from Tanzania, I've had a challenging, but very interesting, four weeks experiencing healthcare in a developing country and comparing the stark differences to Australia.

In terms of AMSS advocacy, along with the support of the AMA(SA), we were pleased that domestic students from the graduating class of 2017 all received internship offers. This should continue to be the case for future graduating cohorts, and we will continue to work on internship offers for international South Australian graduates.

Meanwhile, clinical students have been settling back into hospital and

making the most of the new Royal Adelaide Hospital. Pre-clinical students will be starting back in late February to our shiny one-year-old Adelaide Health and Medical Sciences building.

In terms of AMSS advocacy, along with the support of the AMA(SA), we were pleased that domestic students from the graduating class of 2017 all received internship offers. This should continue to be the case for future graduating cohorts, and we will continue to work on internship offers for international South Australian graduates.

Our TeamEd representation group have been hard at work focusing on issues such as EPAS and login access for all clinical students, exam feedback, assessment surveys, health and wellbeing support, course changes and more.

We're looking forward to a great year ahead for the AMSS. If you would like to know more information on the activities or advocacy of the AMSS, get in touch via president@amss.org.au.

Retiring?

Don't retire your AMA membership ...

Retired members can access all the benefits of membership for just \$330 per year, including:

- Discounts on Qantas Club membership
- Free subscription to *MJA* and *medicSA*
- Special travel offers
- A wide range of Ambassador Card discounts and special offers on accommodation, dining and leisure activities

Enjoy your retirement more as an AMA member!



To renew your membership as a retired member, contact Charlie on 8361 0108 or email charlie@amasa.org.au





year in 2018 as the year begins ...



Stephen McManis

**STUDENT NEWS:
FLINDERS UNIVERSITY**

FLINDERS Medical Students' Society (FMSS) has a proud legacy of improving and supporting the experiences of its members through medical school.

As always, 2017 ended with a triumphant graduating class from the course, celebrating their achievements as a cohort together for the last time.

This year, the graduating student body also presented Professor Paul Worley with an award honouring his years of dedication to Flinders Medicine. His vision was for a progressive medical school, which focussed on community need and encouraged its pupils to be brave enough to embrace the challenges of medicine that are unique to our region and its many populations, and in doing so, become leaders with skills sought the world over. He will

be sorely missed and we would like to acknowledge his vast contribution again here.

As always, 2017 ended with a triumphant graduating class from the course, celebrating their achievements as a cohort together for the last time.

Steaming headlong into 2018, FMSS's priorities will be centred around our new focus to enrich the academic, professional and personal growth of our members. Mental health has emerged as a major theme for medical students right across the country, and we are committed to ensuring that our peers and future students are not only ably supported through the challenges of a modern medical degree, but leave Flinders medical school as more capable, as better communicators and carers, as happier, more rounded people, and primed to embrace the constellations of their own attributes to be wonderful leaders in medicine in the future. Of note here, we are currently

working hard to implement a new peer mentorship program, partnering with professional bodies, including the AMA(SA), to generate a new culture of integrated collaboration between junior and senior students.

FMSS is also excited to be opening the Aboriginal Healing garden in the former medical courtyard, level 5 FMC, on Close the Gap day this coming March – all welcome! – an important date; and the event serves as a sage reminder of the realities of health in our remote, as well as urban, Aboriginal communities, and the obligations we share as both dispossessors of traditional lands and skilled health practitioners to support and fortify better health right across the population. We are very honoured to have community elders open the event and welcome us onto Kurna land, and remain certain in our goal to continue to raise awareness for Aboriginal health and reconciliation, being guided by those in the Aboriginal community. No doubt Professor Worley's dream lives on within the spirit of FMSS and our members.

Look to us in the coming months to see how our many projects are evolving!



Our team committed to excellence in care

Adelaide
NEUROSURGEON
Dr Andrew Zacest

**BRAIN – SPINE – PERIPHERAL NERVE – PAIN
NON SURGICAL – SURGICAL – NEUROMODULATION – RADIOSURGERY**

City – Salisbury – Stirling – Woodville

adelaideneurosurgeon.com.au

Ph: 8405 3308

Email: azacestmanager1@bigpond.com



The Performance you've been waiting for.

New Golf GTI.

The original hot hatch is back and it's more powerful. It's the performance you've been waiting for.

It's what you'd expect from an icon and more, including a 169kW TSI engine that delivers exhilarating performance, classic 'Clark' upholstery and impressive 18" Milton Keynes alloy wheels.

It's faster and smarter, packed with the latest innovation, like new generation infotainment systems, driving profile selection which changes the cars performance settings and driving experience at the touch of a button.

Visit www.solitairevolkswagen.com.au to discover more and book a test drive.

We make the future real.



Volkswagen

Your Volkswagen Partner

Solitaire Volkswagen Hawthorn

30 Belair Road, Hawthorn LMVD65541

1300 857 671

www.solitairevolkswagen.com.au

Your Volkswagen Partner

Solitaire Volkswagen Medindie

37-41 Main North Road, Medindie LMVD65541

1300 263 629

www.solitairevolkswagen.com.au

The new hot hatch from Volkswagen

This issue, the Volkswagen Golf GTI Mark 7.5 gets put through its paces by our intrepid motoring duo **Dr Rob Menz** and **Dr Philip Harding**.

ROB: Hey Phil. I used to think that the expression 'hot hatch' was coined with the Golf GTI in mind, but in researching this article I have come to understand that the term was not introduced until 1984.

Volkswagen released the Golf in 1974 to much acclaim and its water-cooled in-line engine FWD was a significant departure from the air-cooled boxer engine of the Beetle era.

The demand for increased performance from the original Golf led to fuel injection and stiffening the suspension in the 1976 Mark 1 Golf GTI. However, this was initially only produced in left-hand drive and not formally imported to Australia. We had to wait until the Mark 2 GTI in the late '80s.

The expression 'hot hatch' was retrospectively applied to cars from the '70s including the Golf GTI which would probably epitomise the moniker. It was also not the first, which some would say was the Renault 16 TS, but this was never actually called a hot hatch.

We were lucky enough to spend a few days testing the latest Golf GTI Mark 7.5. The midcycle update has improved the already impressive Mark 7.

Some motoring writers have suggested that Volkswagen made a big mistake with the Mark 7 in that, it seemed so good at release it would be very hard to improve upon. However, there has been a modest increase in power along with introduction of a larger infotainment screen.

There are so many excellent innovative and exciting features to the car, it's hard to know where to begin, so perhaps a description of a drive would suffice. Pushbutton starting is standard these days, and when idling the Golf, without even moving, it appears to have a sense of purpose.

Throttle response is excellent and almost instantaneous. The GTI has a solid road feel whether you're tootling around town or hurtling through the hills.



One of the problems of powerful front-wheel-drive cars is torque steer, whereby the rotational forces produced by the engine can move the car to one side during rapid acceleration. Clever German engineering ensures torque steer does not occur in the GTI. It is equally impressive pulling out of tight corners with again no front wheel spin. As a cruiser, the golf is very quiet with the odometer registering barely over 2000 rpm at freeway speed.

Autonomous driving is getting closer and the GTI has both adaptive cruise control which will keep a certain distance between the Golf and the car it is following, and also lane-centring steering which keeps the Golf in its own line, although if you try and drive with the hands-free, after about 10 seconds a message appears on the dash saying 'take control of steering wheel'.

There is a variety of driving modes from economy to sport, and pulling the gearstick back from drive to sport significantly changes the suspension and gear change settings. The GTI can also be driven as a manual with flappy paddles behind the steering wheel. The cabin is ergonomically excellent and there is just enough bling to satisfy those

who switch from Japanese to Euro hatches. Among the many really nice features is a message which appears on the dashboard reminding you to take your phone with you. So, what did you think Phil?

Phil: Well Rob, I really think you've said it all. I thought it hugely fun to drive without being ridiculously powerful, and at the same time a really practical everyday vehicle, easy to park in tight spots yet with significant 'big car' feel. I did think incidentally that the original hot hatch was the Peugeot 205 GTI, but couldn't swear to it. Overall, the Golf GTI gets a big tick from the *medicSA* team. Driveaway price is around \$45K but might be influenced by your AMA discount deal – see below.

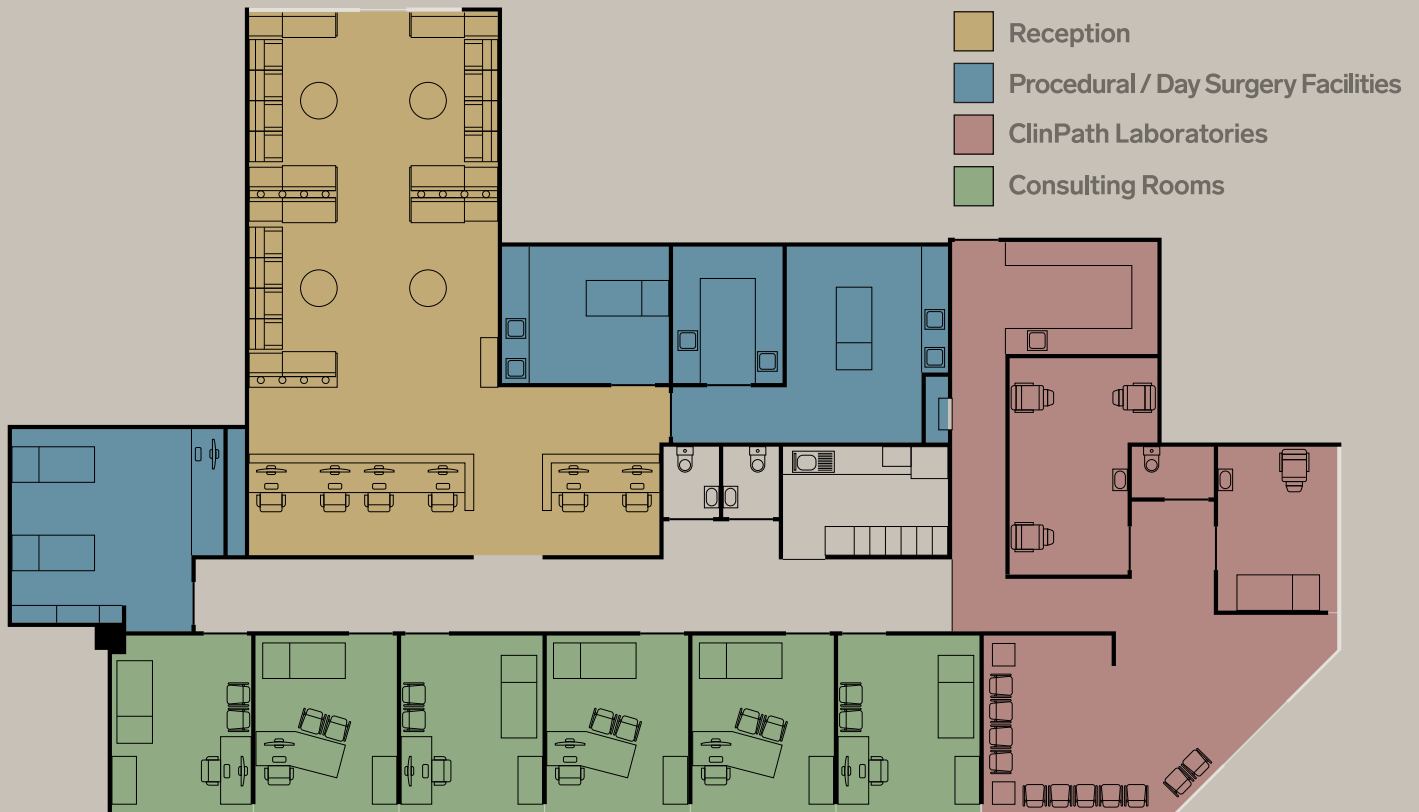
The test car was provided by Solitaire Motors. AMA has a preferred provider relationship with Volkswagen Australia which provides significant discounts for AMA members when they buy their new GTI or anything else in the Volkswagen range.

Rob Menz is a GP and drives a VW (Passat) daily. Phil Harding is editor of medicSA and regularly rents Golfs when on holiday.



Royal
Adelaide

Health
Partners



Now Leasing

Private consulting rooms within the New Royal Adelaide Hospital are now leasing.

Royal Adelaide Health Partners are proud to offer fully equipped clinical consulting & treatment suites. The suites are on the ground level, fronting North Terrace. Rooms are available for short & long-term lease.

This limited opportunity represents the only private facility within the newly developed Health and Medical Precinct.

rahp.com.au

For further information, please contact
admin@rahp.com.au or +61 403 172 938

AMA(SA) online – connecting with our members

The AMA(SA) has been hard at work creating an online presence so that members can access services more readily, keep up to date on our activities and connect with us.

South Australian Member Portal

<https://members.amasa.org.au>

During renewals you were directed to the new online SA member portal. This service allows you to update your personal records on file, as well as renew your registration. You can also download and print a confirmation of membership letter.

We have plans for this members' area to grow.

Firstly, one recent pain point has been access to the AMA Fees List, which still requires the Federal member login. As an interim step, we are making the downloadable file available through your SA member portal.

Secondly, we are now also able to offer your registration tax receipt to you via this service.

Finally, a longer-term vision is for you to be able to track the use of your membership benefits, however we would appreciate your thoughts as to what you think would be advantageous too.

Federal member website access

Your old login still provides access to:

<https://feeslist.ama.com.au>

<https://ama.com.au/careers/pathways>

<https://www.doctorportal.com.au/>

Membership on social media

Social media users in Australia are some of the most prolific in the world, with a total of around 60% of the country's population active users on Facebook, and 50% of the country logging in at least once a day. (Source: *Social Media News*.)

We encourage best practice use of social media to meet our legal obligations as health professionals – as the AMA(SA) itself aims to tackle our channels with candour and integrity. There is a plethora of articles and guidelines to help you achieve best

practice for managing your own social or digital media communication channels and how your staff maintain ethical conduct in their dealings online, including via the AMA website.

We'd like to share our channels and hear about yours.

By way of response, you are encouraged to share with the AMA(SA) links to your Twitter account, Facebook page, Instagram or other.

We would be delighted to connect on these platforms – with the purpose to share your news through our channels when we can.

AMA(SA) social media

LinkedIn

Please 'follow' the Australian Medical Association (SA) on LinkedIn. Furthermore, we welcome your support promoting the outcomes of our joint efforts, as we share media items and news through this same company page. This may be through a like or comment of encouragement.

The page is here: www.linkedin.com/company/10677495/

Twitter

The AMA(SA) has created a Twitter profile for event and media (news) tweeting. You may 'follow' us via @amasamembers or use the hashtag #amasamembers. We encourage retweeting!

Facebook

The recently revamped Facebook group is now open to all doctors in South Australia and is a place where you can share and comment about issues that matter to you as a doctor in our state, no matter where you are on your career journey. You are encouraged to provide feedback and suggestions to the AMA(SA) more broadly. We encourage members to join the group, join the discussion and to simply be involved in a more general sense.



As this group was previously for 'Doctors in Training', if you are a more experienced/advanced doctor, you may wish to take on a mentoring philosophy to your postings and encourage best practice among your peers.

Community guidelines will apply to all postings. Be ethical, be smart and be aware.

www.facebook.com/groups/amasamembers

Keeping up to date with the AMA(SA)

Our website hosts a showcase of information and resources, and we encourage you to review regularly for media releases, news, information and resources. For example, have you read our recent releases such as:

<https://ama.com.au/sa/restrictive-practices-legislation-highly-complex-doctors>

<https://ama.com.au/sa/amasa-media-release-prescribing-safer-system-pharmaceuticals>

We have recently included a 'social gallery', showcasing relevant and important events where we have been out publicly. See your AMA(SA) out and about via ama.com.au/sa/social-galleries

If you have any additional queries or technical questions, please contact: membership & marketing officer Charlie Robinson on 8361 0108 or email charlie@amasa.org.au.

AMA(SA) Historical Committee update

The AMA(SA) Historical Committee is calling for new members, as the AMA(SA) Past Presidents' presentation is prepared to launch. **Dr Tom Turner** reports.

AT the life members and past presidents lunch three years ago, Dr Patricia Montanaro asked for a volunteer to join the Historical Committee. The main aim would be to complete the data the AMA(SA) had on the illustrious band who have led it since the branch began in 1879. I put my hand up and have never regretted it.

We had a few other tasks. One was to fill our idle moments organising the library. Due to the space constraints imposed by the move, the library is now a skeleton of its former glory. That is the fate of all small and some bigger institutions worldwide, as digitising and publishing to the Web becomes the preferred path.

We also constructed a Virtual Museum of the various surgical and medical artefacts donated to the branch over the years. This

is an ongoing work. (Go to ama.com.au/sa > History in SA > Virtual Museum).

Now that our major current tasks are completed, we are examining how we will make history more accessible and interesting to our members.

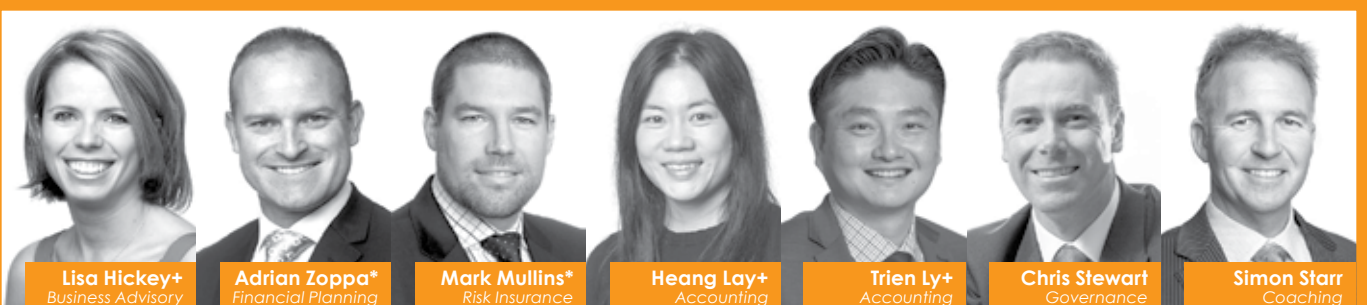
New Members will be welcomed with open arms!

Now we are almost ready to publish the PowerPoint presentation titled *Past Presidents of South Australia Branch of the BMA and AMA 1879*. This outlines the wide range of service they have given to the profession and to the public of SA.

Because Dr Trevor Pickering has had to resign through ill health, we are without a formal chairman. I have been doing the job but feel I am too old to do it long term. Dr Jenny Linn has also succumbed to time. Dr Tony Ryan was a help but has moved on to other pursuits. We have a vigorous committee including foundation member Dr Thea Limmer and more recent members, doctors Tom Turner, Peter Kreminski, David Fenwick and David Evans. We hope to welcome more in the near future – there is much work to be done!

Now that our major current tasks are completed, we are examining how we will make history more accessible and interesting to our members. New members will be welcomed with open arms!

Tom Turner is reluctant de facto chairman, AMA(SA) Historical Society.



The experts recommended for health experts by the AMA(SA) & ADASA.

Hood Sweeney is a preferred provider of Accounting services and Financial Planning services to members of the Australian Medical Association of South Australia, an exclusive provider of accounting services to members of the Australian Dental Association of South Australia, and a long-standing sponsor of both organisations.

Our team has more than 10 experienced specialists who understand the inherent complexities of everything from setting up a medical practice – including IT and service fees – to selling it, along with personal financial planning, wealth protection, tax strategies and performance coaching.

For a second opinion on the fiscal fitness of your practice or your personal finances, email our Health team on health@hoodsweeney.com.au or call 1300 764 200.

*Lisa Hickey, Heang Lay and Trien Ly are Representatives of Hood Sweeney Accounting & Business Advisory AFSL 485569

*Adrian Zoppa (239866) and Mark Mullins (323919) are Authorised Representatives of Hood Sweeney Securities Pty Ltd AFSL 220897



HOODSWEENEY
join the journey

ACCOUNTING & BUSINESS ADVISORY
CONSULTING & PERFORMANCE COACHING
FINANCIAL PLANNING
TECHNOLOGY SERVICES
FINANCE

T 1300 764 200 F 08 8232 1968
info@hoodsweeney.com.au
www.hoodsweeney.com.au

AD-HealthTeam0218FA

New student representatives on AMA(SA) Council

The AMA(SA) is glad to welcome new student representatives on Council **Simon Cousins** and **Mekha John**.

OUR new Adelaide University representative on the AMA(SA) Council, **Simon Cousins**, was president of the Adelaide Medical Students' Society in 2017.

In 2016, he was SA Representative for the Australian Medical Students Association (AMSA) National Advocacy Team in 2016.

In this role, he advocated on behalf of student bodies to relevant stakeholders including political parties, universities, health departments and special interest groups.

He was also representative of AMSS to AMSA's National Council.

Outside of medicine, Simon enjoys reading and music, playing trumpet with the Adelaide University Medical Orchestra (AUMO). During holidays he's a regular volunteer with Edmund Rice Camps (SA), mentoring young people from difficult backgrounds.

Mekha John is a fourth-year medical student and the new Flinders University representative for the AMA(SA).



Mekha is currently senior vice-president of the Flinders Medical Students' Society. She acts as the liaison between the medical school and AMA, where a large part of her role involves advocacy and vocalising the issues arising within the student body.

Within medical school, she is involved across a range of student societies and

has taken an active role in empowering equality in medicine through events such as Women in Surgery.

After making the move from New Zealand to Adelaide she has grown very fond of coastal walks and anything and everything that will allow for a bit of creativity – including music and design.

SMITH
STERILISING
STERILISING SPECIALISTS



Contact **Gordon Milner**
08 8449 3471

sterilising@optusnet.com.au
www.smithsterilising.com.au

- Daily sterilising service
- We offer pick up and delivery
- Washing and packing your instruments
- We also offer an instrument sharpening service specialising in podiatry nippers and medical scissors

INVESTING IN OUR FUTURE, CARING FOR OUR PATIENTS

Exciting new developments have commenced



The Ashford Hospital development project includes:

- More than doubling in size and upgrade of Day Procedure Unit from 14 chairs to 30 chairs
- New additional operating theatre and refurbishment of the patient recovery area
- New six bed Chest Pain Clinic
- Refurbishment of main entrance with new cafe, pharmacy and reception
- Refurbishment of patient accommodation and wards
- Significant infrastructure and support services upgrades



55 Anzac Highway, Ashford SA 5035
Phone 08 8375 5222 | ashfordhospital.org.au



The Memorial Hospital development project includes:

- Expansion of an existing operating theatre (completed early February 2018)
- New additional operating theatre
- New Paediatric Day Stay Unit
- Refurbishment of patient accommodation and wards
- Refurbishment of reception
- New staff amenities
- Significant infrastructure and support services upgrades

The Memorial Hospital

Sir Edwin Smith Avenue, North Adelaide SA 5006
Phone 08 8366 3800 | thememorialhospital.org.au



Across Adelaide, we care for you.

Adelaide Community Healthcare Alliance Incorporated (ACHA) is the largest private hospital group in South Australia, comprising Ashford Hospital, Flinders Private Hospital and The Memorial Hospital.

ACHA Health Executive Office 1 Flinders Drive, Bedford Park SA 5042 | Phone 08 8275 3587 | acha.org.au

Meandering magic along the Murray River

Professor Michael Sage returned to his Riverland roots when he joined tour operator **Tony Sharley** for the four-day Murray River Walk.

MICK SAGE: Growing up on the Murray at Berri, I was excited to learn that a guided walk – Murray River Walk – had recently been established by local Renmark identity, Tony Sharley.

While many people have taken a holiday on a houseboat on the Murray, my love for this area extends beyond the Murray itself to the wonderful adjacent flood plains with their amazing but sensitive vegetation, unique bird life and the intricate network of creeks, billabongs and anabranches.

I therefore could not wait to undertake the walk and encouraged a group of friends to join us.

Being locals, Tony and his guides have a wealth of knowledge which they were happy to share with us – and, as a result, we did not find the walking too strenuous for a group of age 70-plus individuals. Tony's extensive knowledge of the Murray Darling Basin enabled him to explain the efforts being made to allow the river red gums and other vegetation to recover after the relatively recent devastating drought.

At the end of each day we retired to our excellent accommodation in a modern houseboat where we were served an amazing dinner of local produce, preceded by drinks around a fire on the adjacent bank.

My wife Helen and I, and the friends who joined us for the Murray River Walk, would encourage all South Australians to take the opportunity to undertake the Walk and take the opportunity to learn how fortunate we are to have the mighty Murray and its adjacent environment so close.

I will leave it to Tony to expand on our wonderful trip.



Tony Sharley: My discussions with Mick along the way on this particular Murray River Walk led to many recollections of family connections in the Riverland – a most rewarding part of the four-day journey for me.



Mick Sage (third from left) and his group of friends on the four-day Murray River Walk.

Murray River Walk is a relaxing four-day, three-night guided walk along the Murray River and its intricate networks of creeks, billabongs and oxbows, revealing a mighty river's fascinating past and its innovative future. Accommodation is unique to the Murray River – a modern houseboat that travels each day to your new walking destination, boasting rooms

with million-dollar views, a roof-top hot spa and comfortable lounge/dining facilities.

Novice and keen walkers enjoy the easy paced 40 km walk and 70 km cruising on Australia's greatest river, and your guides prepare three-course meals paired with superb local wines each night, celebrating the Riverland food bowl. ▶



You'll love walking each day along Australia's Greatest River and spending each night on spacious houseboat accommodation.



leisure

Walking distances range from 10 to 14 km per day.

Murray River walk is popular with those keen to learn more about the Murray, its wildlife, history, the symbiosis between vegetation on the floodplain and flood regimes, and the challenges and solutions for keeping our mighty Murray River healthy. Inescapable beauty, spectacular sunsets and sunrises, red ochre coloured cliffs and peaceful surroundings are the backdrop for good friendship groups getting outdoors and exercising, while enjoying the creature comforts that cosy winter houseboat accommodation provides. Riverbank campfires are the new TV.

It's the people who make this guided experience so rewarding – walker interest and appetite for knowledge and the sharing of life's experiences makes each walk an absolute pleasure for everyone.

Mick, who hailed from Berri originally, certainly seemed to enjoy the wonderful meander down memory lane, recollecting his many adventures growing up on the river. His thirst for knowledge kept the guides on their toes as they shared their family histories and discovering many connections between his family and their own.

Murray River Walk is flexible and caters for all walking abilities while encouraging a moderate fitness level. One walker in the Sage group hurt his back on route

to Renmark, and so stayed on the houseboat on the first two days while the other members walked. A fishing rod was organised to help enrich his 'resting' on the boat, and two other walkers were able to shorten their daily walks because a small pontoon boat was able to collect them at various pick-up points.



Mick's entire group enjoyed walking together on the last day – a highlight included standing together on the cliffs overlooking the site where the now defunct Chowilla Dam could have been built in the 1960s – a breathtaking view and a 'thank goodness it didn't happen' moment.

Murray River Walk aims to help people discover the magic of the Murray, and as walkers discover this it becomes reassuring to know that the river has a new group of passionate ambassadors.

Murray River Walk became a member of the Great Walks of Australia Signature Collection in 2016 and won the 2017 South Australian Tourism Award for Ecotourism.

Maximum group size is 10. Walking is in the cool months from May to September. Walks depart from Renmark, South Australia.

Tony Sharley grew up in Renmark. After graduating from Roseworthy Agricultural College, Canberra University and Monash University, he then began a career working on Australia's rivers which took him from the Riverland to Canberra to Kakadu and back, including a 10-year stint as manager of Banrock Station. Tony started Murray River Walk in 2016 to share his knowledge and passion for the Murray.

Mick Sage is emeritus professor of Medical Imaging at Flinders University and was campus director at Flinders Medical Centre until 2006 after which he continued at the RGH until 2015. He has had a long association with the AMA and was awarded the Inaugural Award for Contribution to the Medical Profession by the SA Branch in 2000.

As an AMA member, you are not alone



**The AMA – a voice for the
profession, across the profession**

members.amasa.org.au/renew

Advocacy Advice Resources Representation Services Benefits



New Medical Board Professional Performance Framework

The AMA is looking forward to working with the Medical Board of Australia to ensure the implementation of the new Professional Performance Framework is well considered and provides the best outcomes for doctors and their patients. **Professor Robyn Langham** reports.



SHOULD doctors be tested for their fitness to practise on a regular basis? What factors increase the risk of poor clinical performance?

How should doctors with multiple substantiated complaints be managed in the long term?

These are just some of the thorny questions the Medical Board of Australia and, as a consequence, the AMA have been grappling with over the last two years as part of an investigation into whether Australia should adopt a system of 'revalidation' similar to that currently operating in the United Kingdom.

The AMA has argued strongly against introduction of the UK model, a model which has proven to be onerous, costly and complex, and undertaken by every single registered medical practitioner on a five-yearly basis. The AMA has also advocated strongly against the Medical Board's original revalidation proposal which we considered was too heavy handed and problematic.

While recognising the value of introducing extra measures to improve patient safety, the AMA has urged instead the adoption of an approach that builds on the many systems already in place that support doctors in delivering high quality care. Australian doctors already practise in a highly regulated environment.

Late last year, after a lengthy consultation process, the Medical Board announced it had designed a new Professional Performance Framework aimed at ensuring: "that all registered medical practitioners practise competently and ethically throughout their working lives". The Framework replaces the Board's original revalidation proposal.

This Framework is made up of five components:

- The current continuing professional development (CPD) system will be

strengthened. This will require doctors to complete at least 50 hours of CPD per year relevant to their scope of practice, and nominating a CPD 'home' of one of the Specialty Colleges, which will then have responsibility to report to the Medical Board if CPD requirements are not met.

- Doctors at most risk of poor performance will be identified and strategies put in place to manage them. For example, increasing age is a known risk factor, so three yearly peer review and health checks are proposed for doctors aged 70 and over who are still providing clinical care. Importantly, the Medical Board will not be party to any of the data from peer review and health checks unless there is a serious risk identified to patients.

The AMA has also advocated strongly against the Medical Board's original revalidation proposal which we considered was too heavy handed and problematic.

- Doctors with multiple substantiated complaints will be proactively managed including via the introduction of a formal peer review of performance.
- The Board will revise and update registration standards and the code of conduct.
- The Board will work in partnership with the profession on strategies to further promote a positive culture focusing on patient safety, respect and ongoing improvement.

The Framework will be implemented progressively, with some components

such as CPD already largely in place, and other components such as the regular review of doctors aged 70 and over needing further consultation and development.

The AMA recognises that doctors over the age of 70 make a strong contribution to clinical care in our community, but like other potentially high-risk professions, it is an opportune time to establish a process to review a person's continuing ability to provide care at that age.

However, the AMA, with the advice of the Medical Practice Committee, will be considering how health and screening checks of older doctors would be best implemented to ensure they are fair and consistent.

The AMA is also concerned about how the Medical Board will obtain data on an individual doctor's performance in order to manage high risk individuals. For example, we oppose open data sharing between medical defence organisations and the Board.

We look forward to working with the Medical Board to ensure the implementation of this Framework is well considered and provides the best outcomes for doctors and their patients.

Full details of the new Professional Performance Framework and its consultation and implementation timeframe are on the Board's website: medicalboard.gov.au > Registration . Professional Performance Framework.

AMA members are encouraged to provide their views on these issues to president@ama.com.au. Your comments will help inform AMA advice.

Professor Robyn Langham is on the federal AMA Medical Practice Committee. This article was first published in Australian Medicine on 13 February 2018.

Supported by:



WHAT WILL HAPPEN IF YOUR PRACTICE DATA IS ACCESSED OR HACKED?

Did you know?

It is now mandatory for medical practices to disclose any eligible data breaches.

AMA Insurance can work with you to ensure your insurance is current, relevant and also provides coverage for cyber breaches. Talk to someone local who can give you personal service and support.

AMA INSURANCE BROKERS

Free call 1800 262 287

or visit amainsurance.com.au to learn more...



Update from the Australian Digital Health Agency

THE Australian Digital Health Agency (ADHA) has provided the AMA with updates relevant to GPs and My Health Record.

Former federal AMA president, Dr Steve Hambleton, has outlined the importance of My Health Record in allowing for the straightforward and secure sharing of information. Up-to-date shared health summaries can easily be accessed by other healthcare practitioners, allowing for patients to receive continuity of care.

Read more about Dr Hambleton's experience and thoughts here: digitalhealth.gov.au > About the Agency > Digital Health Space Blogs

> Building a rich data repository of accurate information.

Former AMA President, Dr Steve Hambleton, has outlined the importance of My Health Record...

AMA(SA) vice-president Dr Chris Moy has represented the AMA over a number of years in fixing the My Health Record and to make it usable in the day-to-day work of doctors. His experience with following up on an unwell patient with information from My Health Record is an example of the potential critical role of the system in the future. Read more about his experience here: digitalhealth.gov.au



gov.au > About the Agency > Digital Health Space Blogs > My Health Record – a critical tool in improving patient care.

My Health Record will be expanded to an opt-out model in 2018 – information on this can be found at digitalhealth.gov.au > News and Events > #Share > #Share: January 2018 > A My Health Record for every Australian in 2018.

The Department will be providing the AMA with updates.



Leading provider of Radiation Therapy in SA

Dedicated service for over 30 years

Adelaide Radiotherapy Centre offers affordable no wait access to radiation treatment for patients and private health is not required. Our experienced team of Radiation Oncologists deliver high quality personalised care, utilising sophisticated, targeted treatment options.

Adelaide Radiotherapy Centre offers patients four convenient metropolitan treatment locations:

- Adelaide City - St Andrew's Hospital
- Bedford Park - Flinders Private Hospital
- Kurralta Park - Tennyson Centre
- Elizabeth Vale - Calvary Central Districts Hospital

Consulting in country locations:

- Walleroo
- Whyalla
- Murray Bridge
- Victor Harbor

Our Radiation Oncologists:

- A/Prof John Leung
- Dr Kevin Palumbo
- A/Prof Martin Borg
- Dr Marcus Dreosti
- Dr Joshua Sappiatzer
- Dr Caroline Connell
- Dr Phuong Tran
- Dr Andrew Potter

Please call **08 8228 6700** to refer a patient or for more information visit our website:

www.adradcentre.com.au



Pain management and prescribing strong opioids

WITH codeine up-scheduling having come into effect on 1 February 2018, GPs have been advised that they may see an increase in patients seeking ways to manage pain. Pain Australia has launched a website to assist with alternative pain management strategies. Find out more here: realrelief.org.au.

Scriptwise also has useful online resources – scriptwise.org.au/codeine – as does the Therapeutic Goods Administration (TGA) – tga.gov.au/codeine-info-hub.

The AMA has remained firm on the up-scheduling of codeine, urging state and territory politicians to resist pressure from pharmacy owners and lobbyists.

The TGA opened a consultation on the use and misuse of prescription strong opioids, which closed on 2 March. The discussion paper released in conjunction with the consultation explores whether specific regulatory responses are required

and examines issues around opioid use and misuse.

The AMA will be preparing a submission in response to the TGA Consultation.

Read more about the TGA Consultation here: tga.gov.au > News room > Consultations & reviews > Open consultations & reviews

Resources for GPs: codeine up-scheduling

NPS MedicineWise has created fact sheets to assist with the transition to prescription-only codeine, focusing on how to support patients with codeine dependence and opportunities for better care in light of the up-scheduling of codeine.

The information on supporting patients provides a series of steps to follow when treating patients including: in preparation (before patients start presenting); during visit (initial assessment); and then,

depending on the patient, different paths are outlined including: discuss treatment options; management; and prescribing authority. Find out more here: nps.org.au/supporting-patients-with-codeine-dependence.

NPS MedicineWise has also produced information on taking the opportunity for better care now that codeine is prescription only. GPs with patients wanting to explore alternative pain management options may be interested in how to manage the transition away from codeine. Find out more here: nps.org.au > Medical Info > Clinical Topics > After over-the-counter codeine: opportunities for better care.

The TGA has provided an extensive list of current up-scheduled codeine containing products that may also interest GPs. Find out more here: tga.gov.au > Consumers > Consumer information & education > Community Q&A > Current list of up-scheduled codeine containing products.

Study with AMA Skills Training

Online • Self Paced • Workshops • RPL

Full Qualifications • Skill Clusters • Individual Units

- BSB51915 - Diploma of Leadership and Management
- HLT57715 - Diploma of Practice Management
- HLT47315-Certificate IV in Health Administration
- CHC43415 - Certificate IV in Leisure and Health
- BSB31115 - Certificate III in Business Administration (Medical)
- CHC33015- Certificate III in Individual Support Specialisations
 - Ageing
 - Home and Community
 - Disability

NEW! BSB30415 - Certificate III in Business Administration



Where knowledge + health meet



Visit www.amaskillstraining.org.au Phone (08) 8274 6062
Email: training@amaskillstraining.org.au

The Schedule: Upcoming Events

MARCH

2018 UGSA ASM and General Meeting *UroGynaecological Society of Australasia*

14-18 March

Hilton Hotel, Adelaide
ugsa.org.au

2018 Women in Medicine High Tea **Sunday, 18 March, 1.30-4pm**

Mayfair Hotel, 45 King William St
Speaker: Marie Shaw QC
ama.com.au/sa/sa-events-seminars

'Better safe than sorry'

Work Health and Safety for Practice Staff

Wednesday, March 21, 6-8.30pm

AMA House, Ward St, North Adelaide
Presenter: Jim Sinclair, Principal
WHS Advisor
amaskillstraining.org.au

APRIL

Your CV and interview skills

Wednesday 11 April

Osmond Function Centre, Norwood
Presenters: Dr Janice Fletcher and
Dr David Walsh.
ama.com.au/sa/sa-events-seminars

Employment conditions and contracts

Wednesday, 18 April, 6-7pm

Presenter: Lincoln Smith
Partner Norman Waterhouse Lawyers
amaskillstraining.org.au

APRIL *cont...*

BreastScreen Australia Conference **19-21 April**

Hilton, Adelaide
www.bsaconference.com.au

Spine Society of Australia ASM **27-29 April**

Adelaide Convention Centre
spinesociety.org.au

MAY

AMA(SA) Council meeting

Thursday 3 May, 7pm

Members welcome
claudia@amasa.org.au, 8361 0109

The essentials of practice management

Friday, 11 May, 8.30am – 3.30pm

Presented by: Tim Lavis -
Hood Sweeney
Brett Miller - 2017 SA/NT
Practice Manager of the Year
Sylvia Morris - CALHN RTO (RAH)
Prashiba Thavarajadeva -
Practice Manager and Director
amaskillstraining.org.au

2018 AMA(SA) Charity Gala Dinner

Saturday, 19 May

Hilton Adelaide.
8361 0101 or events@amasa.org.au



'I've got your back' – the GPs role in treating lower back injuries

Tuesday, 27 March, 6.00-8.30pm
The Port Club, Alberton
Presented by Dr Bridget Sawyer

'Scratching the surface' – an update on common paediatric dermatological conditions

Tuesday, 10 April, 6.00 – 8.30pm
Cove Civic Centre, Hallett Cove
Presented by Dr Simon Khoury

'Scratching the surface' – an update on common paediatric dermatological conditions

Wednesday, 11 April, 6.00 – 8.30pm
Rydges South Park Hotel, Adelaide
Presented by Dr Karen Koh

'Breaks, sprains and twists' – injuries of the hand and wrist

Thursday, 3 May, 6.00 – 8.30pm
Cove Civic Centre, Hallett Cove
Presented by Dr Liz Clisby

Work related psychological and stress injuries – what the GP needs to know

Thursday, 10 May, 6.00 – 8.30pm
Sage Hotel, Adelaide
Presented by Dr Jules Begg



DOUGLASprint™

... printers & designers of MedicSA



- Stationery • Publications • Brochures • Posters • Labels
- Light Packaging • Annual Reports • Presentation Folders

digital@douglaspress.com.au **8268 7877**





17 BURWOOD AVENUE WOODVILLE NORTH SA 5012
professional printing services

NOTICES

DR ROBERT J HALL, neurologist, advises that he continues to perform electromyography (EMG) and nerve conduction studies at Memorial Medical Centre, 1 Kermode St, North Adelaide. Ph 8239 1933, fax 8267 6672.

MEDICO MUSOS

Acapella singers who can ring a chord wanted for medico-male Barbershop Quartette. Sample at <david d e evans utube> David Evans ph 0419023775, email ddeevans1@gmail.com

MAKE AUSTRALIA DRY WORKSHOP

FREE GP workshop presented by Continence Matters. Topics: assessing the incontinent woman, how to examine for prolapse and fit pessaries, teaching pelvic floor exercises, treatment options and algorithms, who needs a cystoscopy or urodynamics. When: Tuesday 15th May 2018, 5.30pm to 8.30pm.

Where: Connery House, Calvary North Adelaide Hospital, 89 Strangways Tce North Adelaide. Registration: <http://www.trybooking.com/348171> Enquiries: David Bowes - dbowes@continencematters.com

DOCTORS' HEALTH SA provides an anonymous and confidential 24/7 Advice Line for doctors and medical students. Call 8366 0250 to discuss any concern you may have with an experienced medical colleague. For more information, go to www.doctorshealthsa.com.au

ROOMS FOR SALE OR LEASE

KAPUNDA

Consulting rooms available on a sessional basis Monday – Friday. Located in a Allied Health Centre next door to a large thriving medical practice in an expanding rural community. Full administration services and support available including EFTPOS & HICAPs. Contact Sandra 0433 288 338 or Sandra.merkx@kmp.com.au.

PARKSIDE

For lease – 60A Glen Osmond Rd (near Parklands). New building, stunning design, high exposure, 169sq/m, up to five rooms + reception + waiting (fit out to suit). U/cover parking, lift, solar panels, double glazing, natural light. Contact David Ente, 0412 127653.

NORWOOD

Professional consulting rooms available on sessional basis in Norwood. Recently renovated stand-alone medical building prominently located Kent Town end of The Parade. Excellent car parking. Street signage available. Monday to Friday. Secretarial support by negotiation. Contact 0417 891136 for more information and inspection.

NOTICEBOARD

MEDICAL BENEVOLENT

The Medical Benevolent Association of SA can provide financial assistance to medical practitioners in need and their loved ones. To contact the MBASA contact the AMA(SA) office on 8361 0107.

welcome to our new members!

The AMA is here for members in adversity: membership is like an insurance policy.

By being a member, you help support the AMA's advocacy on behalf of your medical profession and help set the AMA's advocacy priorities on local, state and national levels. There are many benefits associated with membership outside of the advocacy work we do and services and resources we provide, such as:

- Your membership is tax deductible.
- Your membership dues may be wholly or partly claimable against your Professional Development Allowance.

You may also access concierge services and discounts from our AMA(SA) partners, such as the Hood Sweeney accounting services. The full list of member benefits are available on our website.

Welcome:

A/Prof Andrew Lee, Walkerville
Dr Alexander Strachan, Stirling
Dr Alexandra Goldsworthy, Hawthorn
Dr Anna Elias, Seacliff
Dr Arina Dan, QEH
Dr Chloe Lim, Glenalta
Dr Deric De Wit, Evanston
Dr Elizabeth Cuthbertson, Gilberton
Dr Felicity Ng, Heathpool
Dr John Chen, Hawthorn
Dr Justin Munt, Toorak Gardens

Dr Kar Ng, North Adelaide
Dr Kate Gowling, Craighburn Farm
Dr Kelly Papanoum, Royston Park
Dr Luke Traeger, Unley
Dr Monika Skubisz, Somerton park
Dr Raj Kumar, Newton
Dr Samantha Burns, Norwood
Dr Shannon Le Blanc, Leabrook
Dr Troye Walleth, Marryatville
Dr Warwick Black, Fullarton
Dr Laura Sharley, Netherby



We are excited to have you as part of our membership. Membership is a lifelong journey and we look forward to helping you start yours. Please let us know if you have any questions about your membership by contacting Charlie, our Membership Officer on 8361 0108 or email membership@amasa.org.au.

Always the first choice for
medical indemnity insurance
and protection for doctors



Annual or
monthly
direct debit
with no fee

Comprehensive
medical
indemnity
cover¹

Risk education
- free with
a premium
discount on
completion

24/7
emergency
medico-legal
advice and
support

Personalised
advice
and claims
support

Dr Martin Altmann
Chairman

Earn Qantas Points on your
insurance payment to MIGA²

Get a competitive quote on your
insurance **1800 777 156**
or **www.miga.com.au**

BUSINESS
REWARDS 

FREQUENT
FLYER 

¹ Insurance policies available through MIGA are underwritten by Medical Insurance Australia Pty Ltd (AFSL 255906). Membership services are provided by Medical Defence Association of South Australia Ltd. Before you make any decisions about any of our policies, please read our Product Disclosure Statement and Policy Wording and consider if it is appropriate for you. Call MIGA for a copy or visit our website at www.miga.com.au

² A business must be a Qantas Business Rewards Member and an individual must be a Qantas Frequent Flyer Member to earn Qantas Points with MIGA. Qantas Points are offered under the MIGA Terms and Conditions www.miga.com.au/qantas-tc. Qantas Business Rewards Members and Qantas Frequent Flyer Members will earn 1 Qantas Point for every eligible \$1 spent (GST exclusive) on payments to MIGA for Eligible Products. Eligible Products are Insurance for Doctors: Medical Indemnity Insurance Policy, Eligible Midwives in Private Practice: Professional Indemnity Insurance Policy, Healthcare Companies: Professional Indemnity Insurance Policy. Eligible spend with MIGA is calculated on the total of the base premium and membership fee (where applicable) and after any government rebate, subsidies and risk management discount, excluding charges such as GST, Stamp Duty and ROCS. Qantas Points will be credited to the relevant Qantas account after receipt of payment for an Eligible Product and in any event within 30 days of payment by You. Any claims in relation to Qantas Points under this offer must be made directly to MIGA by calling National Free Call 1800 777 156 or emailing clientservices@miga.com.au. © MIGA November 2017

AMA (SA) 2018 Charity Gala Dinner 'ECLECTICA'

Saturday, 19 May 2018

Hilton Adelaide

7pm - Midnight | \$175 per head

Dress: Black tie/ Evening wear
Non-Members welcome



Proceeds Supporting



Major Sponsors



Further information and to purchase your tickets phone event organisers, sapmea on 8274 6054 or events@amasa.org.au