CANBERRA
Doctor
Informing the Canberra medical community since 1988

Issue 6, 2019 | Canberra Doctor is proudly brought to you by the AMA (ACT) Limited. Circulation: 1,900 in ACT & region

Hospital Doctors Agreement out for voting

After nearly three years of tortuous negotiation including more than 30 negotiating meetings, the ACT Public Sector Medical Practitioners Enterprise Agreement 2017-2021 is out for voting. The AMA (ACT) is urging a 'Yes' vote to consolidate the gains made, particularly for our ACT Doctors in Training.

The new Agreement runs through until October 2021 and features pay increases with back pay, improvements to super and, most importantly for our Doctors in Training, a new education allowance that's paid fortnightly. The new allowance will remove the current requirement to make retrospective claims for expenses.

As long ago as February 2017, AMA (ACT) presented a 'log of claims' to what was then ACT Health for a new enterprise agreement. In the intervening period of almost three years, AMA (ACT) representatives have attended in excess of 30 bargaining meetings, reporting back to the AMA (ACT)'s Council of Doctors in Training and to members.

In the end, the ACT Government's commitment to 'maintain real wages' for the life of the agreement will be barely achieved, reflecting the pattern of stagnant public sector wage growth across Australia. Some useful additional superannuation benefits involving a degree of retrospectivity have been won and the new education allowance for DITs.

Pay Increases and Backpay

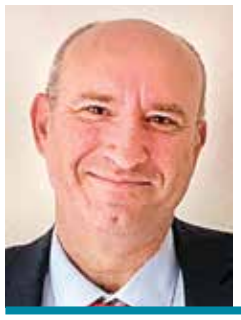
The pay increases, covering the four years of the agreement, amount to a total of 10.4%. The first pay increase is backdated to October 2017, with the four subsequent pay increases also featuring a component of backpay, before three further pay increases through to the end of the agreement in October 2021.

The pay increases will be processed immediately after the declaration of the results of the ballot on Wednesday 8 January 2020. Assuming a 'Yes' vote is successful, implementation of the new rates will occur first of all. Secondly, backpay will be processed to incorporate the applicable increases from October 2017.

There will be a time gap between paying the new rates in January 2020 and making the backpay adjustments that's likely to be at least two pay periods. Given the elapsed time since October 2017 and the often-complicated nature of junior doctors shift and other work patterns, this is largely unavoidable.

Importantly, Canberra Health Services has committed to make back-pay adjustments for all CHS staff, including those employees who have worked for CHS (or its predecessor) during the period from October 2017 up to the present, whether they remain in employment or not.

Continued page 8...



President's **Notes**

WITH PRESIDENT, DR ANTONIO DI DIO

Busy Times for AMA ACT – And Loving It!

One of the incredible privileges of giving time to the AMA is the fascinating collection of people you meet, and the opportunity to help people and colleagues. I was feeling a little overwhelmed by it recently so worked up a diary for July to October 2019 to see what I've been up to. Well, as fun times and fandangled disorganisation would have it, I counted only 8 of 122 days where there was NOT some AMA job to do – no wonder my kids laugh at my "I'll get around to it" mutterings!

Enterprise Agreement

As you will read in other parts of this edition, the Hospital Doctors Enterprise Agreement has been sent out for consultation prior to voting. Voting will commence shortly and, if the agreement is accepted by our hospital doctors, implemented over the following two months.

AMA has done very significant work for all our hospital doctor members, but our junior doctor members in particular. I'm very proud of the new education allowance that has been agreed with Canberra Health Service and great credit should go to Tony Chase and our Council of Doctors in Training along with CHS representatives.

Culture Review

In the ACT, we have worked hard to get the Culture Review Oversight Group (CROG) up and running, and the new Health Minister, Rachel Stephen-Smith has increased the frequency of meeting from three to two monthly. The AMA, through its tireless work and submissions to the initial enquiry we called for, was recommended to sit on that committee, and in a spirit of collegiality we supported the VMO Association, ASMOF and the universities being invited to join the CROG, and they duly were.

The results of that process into culture are very early but we remain optimistic as to the outcome. We also remain vigilant as regards inappropriate conduct and the adverse impact it has on patient outcomes. In particular we seek to protect the most vulnerable, our doctors in training, in that role.

Media

Media commitments representing ACT doctors have been plentiful, from voluntary assisted dying, legalisation on legalisation of cannabis for personal use and the often-confused but completely unrelated issue of medicinal cannabis, opiate use in the ACT, the DORA system, pharmacy interactions, general practice issues, medical costs issues, defending ACT doctors from unfounded accusations of being 'greedy', hospital department shortages and ED waiting times, to name a few.

Locally, other duties, such as the Doctors health Advisory service has brought me into contact with quite a number of our distressed local colleagues doing it tough in a profession which is as challenging as it can be rewarding, and I've been involved in dispute resolution as well as counselling and much needed support.

Federal AMA

At a national level, the AMA's Medical Practice committee has been working on aged care reforms and prescribing, the Ethics and Medico-legal committee is involved in genetics, voluntary assisted dying and advertising; the Council of General Practice has been tireless in defending the position of Australian GPs against a myriad threats including an attempt by the pharmacy guild to prescribe some medications in a manner we consider should only be done by a family GP; and and Federal Council works hard as ever on policy and engagement with government, which our president Tony Bartone and our hard working secretariat do so very well.

National Issues

The main external issue in recent months has been the International Health Assessment Panel, which I'm privileged to chair. IHAP reviews recommendations from treating doctors in regard to refugees on Manus Island and Nauru and their suitability to come to Australia for urgent medical treatment under the so-called 'Medevac' legislation.

In this role, a metaphor for the practice of medicine generally, there is immense reward and unending stress, and it is very fortunate for me that my colleagues on that small but tireless committee supply all the organisational skills and wisdom that continues to escape me – so far.

In August I joined our annual AMA group in representing to AHPRA our desire for the smoothest possible practitioner experience in the devastating situation that 7% of the profession found itself in this year – receiving a notification. In October, I also spent times representing our members with the TGA and ensuring we know how regulatory frameworks affect our colleagues. This is alongside the usual full time practice, of course, so as ever none of it gets done without my incredible Canberra colleagues.

Thank you all

Through it all I wonder with delight at how highly the media and politicians, state and federal, regard the AMA. I ride very much on the shoulders of giants, including my predecessors as AMA (ACT) President – Steve Robson, Liz Gallagher, Andrew Miller, Iain Dunlop and the many others, who through hard work and integrity have built an organisation that all other stakeholders trust.

Our team, led by Peter Somerville and Tony Chase, work for all doctors in the Territory with a passion I find inspiring, so much so, that looking at another day tomorrow in the diary that stretches from 6am till midnight, I know that good people doing good things is what this wonderful group – and this wonderful profession, is about.

One final note – thanks , again, to that group that never gets enough – I mentioned to the ACT Health Minister recently that the quiet majority of doctors in Canberra, as in every other part of our country, are the underpaid, under-resourced, tireless, and often silent GPs that do the heavy lifting of community medicine every day of the year. And especially my colleagues, Saffron and Purls, who have in additional to their workload, have to put up with me!

Thanks and best wishes, Antonio.

Aged Care Royal Commission: care can't wait

The Royal Commission into Aged Care Quality and Safety's interim report has confirmed many of the worst fears about the poor care, neglect, and abuse that has been occurring in Australia's aged care system.

AMA President, Dr Tony Bartone, said that the Royal Commission's report is a call for action – urgent action.

"Care can't wait. We have to put the care back into aged care," Dr Bartone said.

"The Royal Commission has exposed numerous examples of neglect, abuse, mismanagement, under-resourcing, and under-funding in aged care.

"It has also given us insights into the failures of successive Governments to fix the system.

"Tragically, it has told us that in a single year an estimated 16,000 people died waiting for a home care package.

"The wording of the interim report comes as no surprise to AMA members who work in aged care and witness the aged care crisis daily.

"A lack of funding, low support from providers, and little action by Government has led to the current crisis."

Immediate action needed

Dr Bartone said the AMA welcomes the call for immediate action to reduce the waiting times for home care packages.

"Funding is needed to clear the backlog of almost 120,000 people waiting for a home care package at their approved level. It is unacceptable that people have to wait for over 12 months for a Level 4 home care package.

"A call for the reduction of over-reliance on chemical restraints is also welcomed by the AMA.

"Our longstanding position is that restrictive practices should always be considered a last resort – where and when any potential risk or harm caused by the restraint itself is less than the risk of the patient not being restrained.

Dr Tony Bartone, AMA President.

"The decision on the use of restraints should always be made on a case-by-case basis.

"Staff must be trained to better care for residents living with dementia. Currently, that training is inadequate.

"There is plenty of evidence that improved dementia management and behavioral training for nursing and personal care staff will lead to reduced prescription of antipsychotic medications.

"Staff also need training to understand the ethical, medical, and legal issues and responsibilities when using restraints. The AMA has called for a mandatory minimum qualification for personal care attendants."

"The Royal Commission has done an excellent job bringing to light the national shame of what is happening in aged care. We applaud the work of the Commission – but we cannot wait another year or more to start to fix things.

"The Government must act now – immediately. It cannot hide. No ifs, no buts, no more excuses. Our parents, our grandparents, our friends and loved ones deserve better. Care can't wait."

Royal Commission Appearance

Royal Commission hearings have recently been held in Canberra with Federal AMA President, Dr Tony Bartone, appearing to give evidence. During the course of the hearing, Dr Bartone emphasised the need to moved towards blended payments for aged care, as is happening with other parts of primary care, on the basis that the payments reflect the time and effort that necessary for older patients.

Dr Bartone also agreed with Commissioner Pagone that there were three clear examples where GPs could receive additional compensation for that part of the aged care service that isn't currently being met.

The first was to add a Medicare item number for telehealth. The second is to delegate and have some form of compensation for doctors to reflect the care and responsibility that goes with supervision. And the third was remunerating for travel and administrative time.

The Royal Commission's hearings continue.

2020 AMA Indigenous Medical Scholarship: applications open

Applications are now open for the 2020 AMA Indigenous Medical Scholarship, a program that that has supported Aboriginal and Torres Strait Islander students to study medicine since 1994.

2019 recipient, Ms Nikki Kastellorizios with AMA President, Dr Tony Bartone.

The successful applicant will receive $10,000 each year for the duration of their course.

AMA President, Dr Tony Bartone, said that previous recipients have gone on to become prominent leaders in health and medicine, including Associate Professor Kelvin Kong, Australia's first Aboriginal surgeon.

"Latest records show that there are fewer than 500 Indigenous doctors in the medical workforce, which is about 0.4 per cent of the workforce. To reach population parity of 3 per cent, the number should be closer to 3500," Dr Bartone said.

"As at July 2019, it is estimated that 310 Aboriginal and Torres Strait Islander medical students were enrolled in universities across Australia.

"We know that Indigenous people have a greater chance of improved health outcomes when they are treated by Indigenous doctors and health professionals. They are more likely to make and keep appointments when they are confident that they will be treated by someone who understands their culture, their language, and their unique circumstances.

"Closing the disgraceful gap in life expectancy and health outcomes between Indigenous and non-Indigenous Australians requires real action from all levels of Government, the private and corporate sectors, and all segments of our community.

"This Scholarship is a tangible step towards addressing the shortage of Indigenous doctors."

2019 Recipient

The 2019 recipient, Ms Nikki Kastellorizios, a second-year medical student in the Flinders University NT Medical Program in Darwin, said that winning the scholarship had changed her life.

"I have three boys, aged five, four, and two. This will help me balance my time, and the money of course will make a big difference," Ms Kastellorizios said.

"Time is something very precious to every medical student, and it is also very precious to every parent."

Applications close on 31 January 2020. Applicants must be currently enrolled at an Australian medical school, have successfully completed their first year of medicine, and be of Aboriginal and/or Torres Strait Islander background.

Further information and the application form is at https://ama.com.au/indigenous-medical-scholarship-2020.

The AMA Indigenous Medical Scholarship was established in 1994 with a contribution from the Commonwealth Government. The AMA is seeking further donations and sponsorships from individuals and corporations to continue this important contribution to Indigenous health.

To make a donation, please go to https://indigenousscholarship.ama.com.au/donate.
For enquiries, contact indigenousscholarship@ama.com.au or (02) 6270 5400.

ACT Government launches its new DORA website

The ACT Government's new real time prescription monitoring system, known as DAPIS Online Remote Access (DORA), is now available for doctors in the ACT and surrounding region.

DORA is an important new clinical support tool to assist doctors in their care of patients who may require treatment with a controlled medicine. DORA has been introduced in an effort to reduce the growing harms in the ACT community associated with pharmaceutical abuse and misuse.

DORA is a secure website that enables prescribers and pharmacists to view controlled medicine approval and dispensing histories for any patient that presents to them. Information is viewable in real time and includes dispensing information from both ACT and interstate pharmacies for ACT residents. Dispensing information from ACT pharmacies will also appear for non-ACT residents.

DORA enables prescribers and pharmacists to better identify and manage patients who may be exhibiting signs of drug dependency or drug seeking behaviours, such as 'doctor shopping'.

Key role in minimising harms

The ACT's Acting Chief Health Officer, Dr Kerryn Coleman urges all doctors in the ACT and surrounding region to get onboard with DORA.

"Australia has a growing national problem with the misuse and abuse of pharmaceuticals. The number of harms including deaths from prescription medicines has increased and is now higher than illegal drugs" Dr Coleman said.

"DORA provides an easy to use tool for prescribers to assist them in their care of patients and further contribute to improving public health outcomes" she said.

"Harms associated with the misuse of controlled opioid medicines are an unfortunate reality in the ACT. The ACT is particularly susceptible to cross border drug-seeking behaviours."

"DORA provides real time and interstate dispensing information to assist practitioners identify and prevent potential harms for their patients" Dr Coleman said.

Presentation to AMA (ACT) Board

The ACT Chief Pharmacist, Ms Vivien Bevan attended a recent AMA (ACT) Board meeting, making a presentation on DORA and explaining its public health benefits. Although DORA uptake has been fairly modest so far, the numbers are growing and a focus being on prescribers from key specialty areas.

"While we know that GPs, in particular, have many demands on their time, DORA is a very worthwhile initiative." AMA (ACT) President, Dr Antonio Di Dio said.

"There are still many doctors to sign up, so if you haven't already, please take the time to check out DORA by going to health.act.gov.au/dora, register and spread the word amongst your colleagues" Dr Di Dio added.

Electronic Smart Forms

The DORA rollout has also been coupled with a new electronic smart form for prescribers to seek Chief Health Officer (CHO) approval to prescribe controlled medicines. ACT Health says that the smart form is integrated with Best Practice Premier®, Genie Solutions® or Medical Director® practice management systems, or online via https://my.healthlinkportal.net for sites that do not use one of the above systems.

The new smart form contains a link to DORA so that prescribers can easily access a patient's profile in DORA as part of submitting their CHO approval application.

ACT Health says that RTPM systems are used across the world to assist regulatory agencies as well as prescribers, detect and minimise prescription drug abuse. The use of a similar DORA system in Tasmania has been linked to a reduction in opioid related deaths, from 32 deaths in 2007 to 15 in 2013.

The use of DORA by doctors is not mandatory. However, ACT Health urges all eligible doctors to use DORA as a new part of their clinical practice, with the aim of minimising potential harms.

DORA contains information about controlled medicines only at this stage, however there is scope to expand the list of medicines in the future. The ACT Government is considering options to expand the list of medicines in DORA to include some other scheduled medicines such as codeine and benzodiazepines.

DORA is not intended to disadvantage patients where there is a legitimate clinical need for a medicine and where a prescriber is authorised to prescribe a controlled medicine for a person.

For more information, please visit health.act.gov.au/dora or contact the Pharmaceutical Services section of the Health Protection Service on 02 5124 9208 or pss@act.gov.au.

Fertility after Cancer: talking about the unspoken

BY PROFESSOR STEVE ROBSON

There are few things in clinical medicine as powerful as lived experience. So it was for the participants of the *Second National Oncofertility Summit* held in Melbourne earlier this month.

The Breast Cancer Network Australia (BCNA – their 'pink lady' logo is ubiquitous) released a series of videos featuring young women who had survived breast cancer talking about their fertility preservation. The courage and passion shown by the women as they described their cancer fertility journeys was incredible. The audience – seasoned oncologists, nurses, gynaecologists, patients, people who might well have seen it all – were inspired to a thunderous applause.

These days cancer survivorship is so common that we are almost inured: it's likely that we all have patients who have been treated for serious cancers but who have come through the far end of care. It was not always so. The Summit audience saw data showing how, over the last sixty years, childhood cancer survival has increased from a single-figure percentage to proportion well over 90% in most centres. As the outcomes of childhood cancer have undergone this revolution, so has the expectation of a normal adult life. Unfortunately, one of the common sequelae of treatment for childhood cancer is infertility.

Childhood Cancers

For many families learning that a child has cancer triggers a profound foreboding and fear. Will the child survive at all? What with the child have to endure to reach a cure? What does it mean for parents, siblings, and others who care? It this setting, thoughts of the child having a family of their own in the future can seem remote. Some health care professionals are reluctant to raise the issues for fear of causing further concerns at such a devastating time.

In Australia, about 700 children are diagnosed with cancer before the age of puberty every year. Another thousand are diagnosed in adolescence. The great majority will survive their cancer and reach adulthood, but data suggest that about one in ten childhood cancer survivors will have impaired fertility. The problem is that predicting who will have fertility problems is a challenge. Fertility is more than just the ability to make sperm or release eggs. Fertility is affected by lingering endocrine dysfunction, the effects or surgery or the consequences of radiotherapy. Large numbers of cancer survivors are affected by sexual and psychosocial dysfunctions. While pregnancy might be possible, the risk of complications in pregnancy can be considerable, contributing to fertility-related anxiety.

Oncofertility Summit participants shared data regarding advances in storing testicular and ovarian tissue, with experts from Europe and the United States. It is possible to process and store ovarian tissue from pre-pubertal girls,

then thaw and replace it later in life when the cancer has been cured and treatment is a memory. Similarly, a large amount of testicular tissue from pre-pubertal boys remains in storage awaiting the technical advances required to allow its use when adulthood is reached.

One of the obvious issues with tissue freezing is that of malignant cells laying dormant in the frozen tissue. This is a particular risk for sufferers of leukaemia, but also other cancers. While the risk of inadvertently thawing and transplanting malignant cells back to a cancer survivor with a fragment of ovary or testicular tubule is low it is not zero. For this reason a large research effort is underway, both in Australia and globally, to find ways of isolating primordial eggs or sperm-forming cells for subsequent return to the patient rather than larger samples in which the seeds of cancer recurrence could be present.

Adult Cancers

Adult cancer is more common than childhood cancer, and in many cases young women and men will be affected before they have had children or before their families are complete. In these circumstances it may be possible to freeze sperm or eggs or, where a couple are established, embryos. Newer IVF protocols allow random starts of stimulation to minimise the initiation of chemo- or radiotherapies. In some cases, freezing of ovarian tissue still may be appropriate *(Box 1)*.

So, what was the key message from the National Oncofertility Summit? That fertility is important to young people and their families. That treatments and techniques are available to help preserve fertility in young cancer sufferers. That we should aim to make the lives of cancer survivors as complete as possible, and that means having a family of their own. The way to achieve these goals is through teamwork, thinking about the option and raising it with our patients, and taking an holistic approach. To quote Professor Elizabeth Molyneux, who revolutionised the dignified treatment of cancer in low-resource settings: There's always something more we can do.

Box 1

Indications for freezing ovarian tissue

- Insufficient time for full IVF cycle, or as an adjunct to egg freezing.
- Oncology team unhappy for IVF stimulation.
- The only option for pre-pubertal girls.
- Where there is a high risk of ovarian failure (for example, pelvic radiotherapy).
- Where spontaneous pregnancy is desired in the future.
- Experimentally, as a stimulator in premature ovarian insufficiency.

Hospital Doctors Agreement *...continued*

...from page 1

Superannuation

For the first time, superannuation entitlements will be included in the Agreement in full. Senior doctors, members of preserved schemes like the CSS and PSS, will continue to receive the contributions they do currently.

Younger doctors or those who are members of the newer, accumulation schemes, who currently receive 10.5% employer contributions (9.5% Super Guarantee plus an additional employer contribution of 1%) will see an increase in the employer contribution . This will increase by a further 1% by July 2020.

New DIT Education Allowance

The new fortnightly education allowance will be paid to JMOs upon the commencement of the enterprise agreement, replacing the current reimbursement scheme. The new allowance will see Interns paid $1,040 p.a., RMO 1 SRMO 1 and junior registrar $3,000 p.a. and SRMO 2 and 3, registrar 1-4 and senior registrar $4120 p.a.

Transitional provisions will apply with the current reimbursement system to remain in place until the new agreement commences. After commencement, all claims for reimbursement must be in relation to activities occurring before the agreement came into force and must be submitted within one month of the agreement commencing.

> Transitional provisions will apply with the current reimbursement system to remain in place until the new agreement commences.

The new education allowance has come about due to the advocacy by AMA (ACT) on behalf of junior doctors and the willingness of Canberra Health Services to engage in a constructive negotiation on the educational and other needs of the junior doctor workforce. In that regard, we acknowledge the role played by senior CHS executives in finalising negotiations.

Timetable for Voting

Voting on the agreement commenced on 9 December and will end on 7 January 2020. If you have not received information on the agreement or on voting you should contact Canberra Health Services to ensure you are registered for voting.

The ballot will be declared on 8 January 2020.

Further information on the new agreement is on pages 8 and 9 of this edition.

Hospital Doctors enterprise agreement:

KEY POINTS

Voting has opened for the new Enterprise Agreement. If you haven't received information on the new agreement and instructions for voting please contact either Canberra Health Services or Calvary Public Hospital.

The key points of the new enterprise agreement include:

PAY

Pay increases are:

- 2.25% from 1 October 2017;
- 0.5% from 1 June 2018;
- 1.35% from 1 December 2018;
- 1.35% from 1 June 2019;
- 1.35% from 1 December 2019;
- 1.35% from 1 June 2020;
- 1.35% from 1 December 2020; and
- 1.35% from 1 June 2021.

Backpay will be paid to all employees who have worked for CHS (or its predecessor) during the period from October 2017 up to the present, whether they remain in employment or not.

ALLOWANCES

All allowances will be increased by the same percentage amounts as the pay increases outlined above.

SUPERANNUATION

Employer superannuation contributions for members of accumulation schemes will increase beyond the current, additional 1% to 2% as follows:

- Additional 0.25% on 1 July 2018. Total employer contribution of 10.75%;
- Further 0.25% on 1 July 2019. Total of 11.%; and
- Further 0.5% on 1 July 2020. Total of 11.5%.

Superannuation contributions will be extended to the unpaid portion of the first 12 months of parental leave. This includes birth leave (aka maternity leave) and unpaid parental and grandparental leave.

JUNIOR MEDICAL OFFICERS

New Education Allowance

The allowance will be paid fortnightly with your normal pay. The amounts are:

- Interns – $1040 p.a.
- RMO1, SRMO1 and Junior Registrar – $3,000 p.a.; and
- SRMO 2, SRMO 3, Registrar 1-4 and Senior Registrars – $4120 p.a.

The new allowance will commence from the start of the new agreement and will be adjusted in line with ACT Treasury annual CPI projections.

After commencement of the new agreement, all claims for reimbursement under the current education expenses must be in relation to activities occurring before the agreement came into force and must be submitted within one month of the agreement commencing.

SENIOR MEDICAL PRACTITIONERS

Onerous Hours

Eligibility for Onerous Hours payments will be assessed fortnightly instead of the current six-month period, subject to a qualifying fortnight. Onerous Hours in excess of 90 per fortnight attract a 5% penalty, increasing to 10% when the hours are in excess of 120 hours per fortnight.

Additional Hours

New provisions have been included to provide additional remuneration for senior doctors who work additional hours to meet periods of identified additional high demand. In addition to the normal hourly rate, a penalty of 100% will apply to such payments.

Advancement to Senior Specialist

The previous mechanism for promotion from specialist to senior specialist has been replaced by a single broad-banded specialist/senior specialist classification, with competency-based advancement to the Senior Specialist grade.

Under the new scheme, it will not be necessary for a position to be advertised for an application for advancement to be considered. Further consultation on competency requirements to support the broadband arrangement in the new Agreement, together with a new policy will be undertaken to support the advancement process.

Extra Surgery Scheme

There are currently a range of additional work provisions for anaesthetists provided for under ARIns. These are being consolidated and included in the EA as a single set of arrangements under which an anaesthetist will receive a payment where the anesthetist agrees to a request from the head of service to undertake additional work in conjunction with an approved Extra Surgery Scheme. This payment replaces any provisions in existing ARIns for the same purpose.

Medical Education Expenses (MEE)

The clause now includes a provision for the review of the administration of MEE and the Memorandum of Understanding with ASMOF governing the Private Practice Fund.

Members are invited to contact the Manager, Workplace Relations and General Practice, A.J. (Tony) Chase (CEO?) to obtain further information or to provide your input into this complex and important process.

Pharmacy Board rules out pharmacists prescribing

The AMA has welcomed the Pharmacy Board of Australia's decision not to pursue autonomous prescribing by pharmacists. The Pharmacy Board recently released its Position Statement on Pharmacist Prescribing and said it would not seek to chase a model whereby pharmacists could prescribe medications without medical supervision.

The Pharmacy Board's statement said autonomous prescribing by pharmacists would require additional regulation, changes to State and Territory legislation, and an application to the Ministerial Council, which could only proceed following the development of a registration standard.

The Board said it was not making an application at this time.

Health Minister Greg Hunt has ruled out any changes, despite the Pharmacy Guild of Australia campaigning for them.

AMA Welcomes Decision

AMA President Dr Tony Bartone said the Pharmacy Board had put patient safety first. Dr Bartone met with the Pharmacy Board before it released its Position Statement. He applauded the Board's position.

AMA President, Dr Tony Bartone.

"Pharmacists are not doctors, and they should not be allowed to undertake autonomous prescribing," Dr Bartone said.

"The Pharmacy Board has highlighted that significant issues remain with any model of pharmacist prescribing including evidence of need, conflicts of interest, and the importance of separating the prescribing and supply of medicines – all issues that were raised by the AMA."

Dr Bartone said the Pharmacy Board had strongly endorsed the appropriate scope of practice of health professionals. He added that that the AMA highly values the professional role of pharmacists in working with doctors and patients.

AMA Releases New Standards

The Pharmacy Board's Position Statement was published a day after the AMA released its 10 Minimum Standards for Prescribing document.

In that document, developed by the AMA Council of General Practice and approved by the AMA Federal Council, the AMA seeks to ensure patient safety and high-quality health care.

The 10 Minimum Standards for Prescribing are:

Standard 1: Prescribing by non-medical health practitioners should only occur within a medically led and delegated team environment in the interests of patient safety and quality of care.

Standard 2: There must be no pecuniary or non-pecuniary benefit to the prescriber related to the choice of medicines prescribed or the dispensing of those prescribed medicines.

Standard 3: Before prescribing establish a therapeutic relationship with the patient and perform a comprehensive medicines assessment to identify what other medicines, including complementary medicines, the patient is taking and consider any implications to the patient's treatment plan.

Standard 4: Prescribers ensure they:

a) consider the necessity and appropriateness of medications in managing the patient's health care needs,

b) choose the most suitable and cost-effective medicines when medicines are considered appropriate, taking into account the efficacy, potential for self-harm and the ability of the patient to adhere to the dosage regimen,

c) advise patients are aware of the relevant side effects of prescribed medications as well as relevant interactions between medications, and

d) report any adverse reactions to the TGA.

Standard 5: Prescribers must maintain clinical independence.

Standard 6: Prescribers must operate only within their scope of practice and comply with state, territory and legislative requirements including restrictions under the Pharmaceutical Benefits Scheme.

Standard 7: Prescribers work in partnership with the patient to set therapeutic goals and with other health professionals as appropriate to select medicines and to tailor and implement a treatment plan.

Standard 8: Prescribers provide clear instructions to delegated prescribers within the health care team and to other health professionals who dispense, supply, or administer the prescribed medicines.

Standard 9: Prescribers with the patient consent communicate with other health professionals within the patients' health care team about the patient's medicines and treatment plan.

Standard 10: Prescribers monitor and review the patient's response to treatment and adjust the treatment plan as appropriate.

The standards are informed by the AMA Code of Ethics, the AMA Guidelines for Doctors on Managing Conflicts of Interest in Medicine, the AMA Position Statement on Medicines, and the National Prescribing Service (NPS) Competencies Required to Prescribe Medicines: Putting quality use of medicines into practice. They are available at https://ama.com.au/10-minimum-standards-prescribing.

The Putting Members' Interests First Act – will it affect you?

A recent legislation passed that may have an impact on your superannuation and personal insurance. Such as the Life, TPD or Salary continuance insurance you hold within super.

It's called, Putting Members' Interests First (PMIF) legislation and it passed through the Senate on 19 September 2019 with amendments and received Royal Assent on 2 October 2019. This reform addresses the two remaining requirements – super account balances less than $6,000 and members under 25 years of age, that were not passed as part of the Protecting Your Super (PYS) package. (The PYS legislation included changes to fees, the transfer of inactive low-balance accounts to the Australian Taxation Office (ATO) and cancelling insurance for inactive members)

The aim of the laws is to protect low balance super accounts from being eroded by insurance premiums for insurance that may not be wanted or needed. As part of the law, superannuation providers are required to complete the following activities:

1. Identify members with insurance in their super with an account balance below $6,000 on 1 November 2019;
2. Notify the affected members by 1 December 2019 that to keep their insurance, they'll need to notify us in writing before 1 April 2020 or make contributions to bring their super balance to $6,000;
3. Cancel insurance on 1 April 2020 for existing members identified above whose account balance has not reached $6,000 by 1 April 2020 – unless they have elected to keep their insurance.
4. From 1 April 2020, stop offering default insurance for new members under 25 or members with an account balance of less than $6,000.

As a result of this legislation, if you have insurance through a super fund, that you have elected to keep (perhaps due to your health – New cover may not have been available to you), that is not your main Superannuation fund, meaning, it has a low balance.

Please be aware, you may lose this insurance and safety net.

Your superfund will write to you if you are in this predicament and you will need to communicate with your superfund by the 1st of April 2020 if you wish to maintain this insurance. If you are unsure, or have any questions, please contact us at Specialist Wealth Group and we can assist you to investigate into this and your circumstances.

Please call Specialist Wealth Group on 1300 008 002 or admin@specialistwealth.com.au

SPECIALIST WEALTH GROUP

Private health insurance on the precipice

AMA Private Health Insurance Report Card 2019

Launching the AMA Private Health Insurance Report Card 2019, AMA President, Dr Tony Bartone, warned that the private health insurance sector in Australia is on the precipice.

Dr Bartone said that the Government, the insurers, and all stakeholders must work together to make private health insurance more attractive for more Australians, especially younger people.

"With more than sixty percent of elective surgery in Australia occurring in the private sector, the prospect of greater stress and demand being placed on the already overstretched public hospital system is looming large unless the drift away from private health insurance is stopped," Dr Bartone said.

"Australians need and demand private health policies that are affordable, transparent, good value, and appropriate for their individual or family circumstances, or they will walk away from private health insurance altogether.

"The private health insurers must work closely with the Government to ensure that the hard-won reforms of 2018 deliver on the promise of better cover, more transparency, and greater value – or more and more people will drop their cover or not sign up at all.

"An increasing number of younger and healthy Australians are opting out of private health insurance.

"This is leaving a higher proportion of older patients who are increasingly more likely to be suffering from illness or chronic disease and, as a result, they are more expensive to insure, further driving up premiums. This trend is not sustainable.

"We are still seeing increases in premiums averaging 3 to 5 per cent a year, when wages growth is firmly stuck at around 2 per cent.

"Sooner or later, the number of people with private health insurance will fall further – and dramatically."

Clear, simple information

Dr Bartone said that the AMA Report Card provides patients and consumers with clear, simple information about how health insurance really works, in the hope that better information instills more confidence in the private health insurance system.

"Navigating the health system is difficult for most people, but even harder when you are sick or disadvantaged," Dr Bartone said.

"As medical practitioners, we know how important it is to ensure that our patients understand as much as possible about their treatment options.

"The AMA supports patients to understand the fees, costs, and payment options associated with their care. Good health financial literacy is paramount. All patients need clear and concise information and guides.

"The AMA worked with the whole medical profession to produce an informed financial consent guide earlier this year, and that is why we continue to produce this Report Card every year," Dr Bartone said.

Dr Bartone said the AMA welcomed the introduction of the Gold, Silver, Bronze, and Basic categories for policies and the standard clinical definitions applied under each category.

"We now have more meaningful and consistent levels of cover in each category," Dr Bartone said.

"The reforms have also provided better coverage for mental health services and for people in rural and regional Australia, and they have improved the transparency of the private health insurance sector.

"But the Government review and the new insurance policy structure did not address the key issues of affordability and value for money.

"The Government must build on the reforms and address indexation and variation in rebates and insurer contracts.

"We need to work to bring back the value in insurance policies, before it is too late."

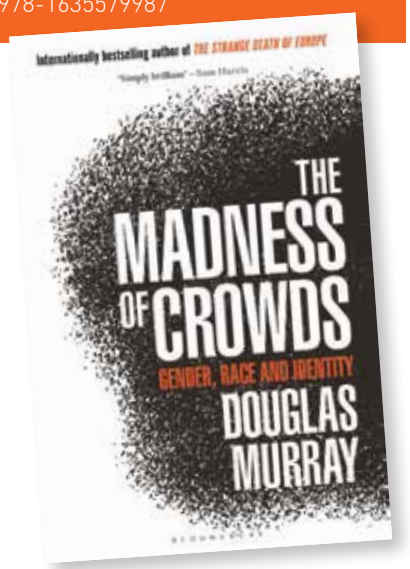
https://ama.com.au/article/ama-private-health-insurance-report-card-2019

Mini book reviews:

REVIEWED BY ASSOCIATE PROFESSOR JEFF LOOI, ANU MEDICAL SCHOOL

The Madness of Crowds

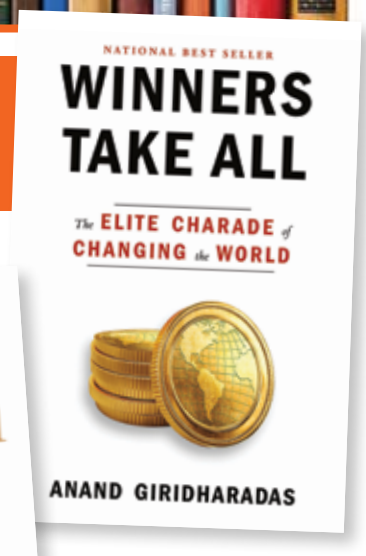
Douglas Murray
Bloomsbury Continuum 2019 ISBN 978-1635579987

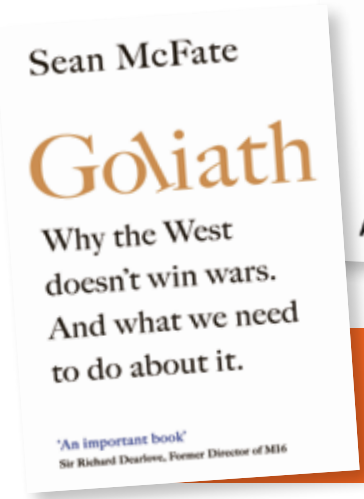


For the summer, a brio of bracing books suitable for reflection. In the Madness of Crowds, Douglas Murray incisively investigates modern social discourse around gender, race and sexuality. Murray challenges many of the shibboleths of these themes, highlighting the socio-political zealotry that he identifies that has, in part, led to a new censoriousness in the public arena. Winners Take All by Anand Giridharadas critically analyses the philanthropy of the moguls of modern business (technology, media, finance), emphasising that such largesse implicitly involves not directly challenging inequality in a way that would affect business. Thus, the interventions of the winners might be construed as "bread and circuses" to keep the public from questioning mercantile domination. Sean McFate harks back to venerable Sun Tzu's Art of War and the even more cryptic Thirty-Six Strategies of ancient China in his critique and call to arms for the western way of war, Goliath. McFate highlights the lumbering Goliath of classical western military strategy and tactics, mired in the ways of the Napoleonic era Prussian Clausewitz and conventional means of war, as opposed to new conflicts that do not involve conventional means or forces (i.e. Davids), and which will be increasingly privatized, involving non-state actors. In conclusion, some suitable smelling salts to awaken from summer somnolence!

Winners Take All

Anand Giridharadas
Knopf 2018
ISBN 978-0451493248





Goliath

Sean McFate
Michael Joseph 2019
ISBN 978-0241364031

CANBERRA Doctor

A News Magazine for all Doctors in the Canberra Region

ISSN 13118X25
Published by the Australian Medical Association (ACT) Limited
42 Macquarie St Barton
(PO Box 560, Curtin ACT 2605)

Editorial:
Peter Somerville
Ph 6270 5410 Fax 6273 0455
execofficer@ama-act.com.au

Typesetting:
Design Graphix
Ph 0410 080 619

Editorial Committee:
Peter Somerville – Production Mngr
Dr Ray Cook
Dr John Donovan
A/Prof Jeffrey Looi

Advertising:
Ph 6270 5410, Fax 6273 0455
reception@ama-act.com.au

Articles:
Copy is preferred by email to execofficer@ama-act.com.au in "Microsoft Word" or RTF format, (not PDF) with graphics in TIFF, EPS or JPEG format.

SPECIALIST WEALTH GROUP

AMA NEW SOUTH WALES PREFERRED PARTNER

AMA (ACT) LIMITED

LET'S TALK INCOME PROTECTION

What is income protection and why do I need it?

Your ability to earn an income is your greatest asset. Income protection will provide you with an income in the event of not being able to work due to illness or injury. Income Protection is one of the most crucial insurance covers available. It's important your policy has features and definitions which are relevant to your occupation and lifestyle.

What are the odds?

60%

You have a more than 60% chance of being disabled for more than 1 month during your working life [1]

1 in 3

And a 1 in 3 chance of being disabled for more than 3 months [1]

1 in 5

people aged 16- 85 have experienced a mental disorder at some time in any 12 month period.[2]

1 in 2 MALE / **1 in 3** FEMALE

The risk of being diagnosed with cancer before the age of 85 will be 1 in 2 for males and 1 in 3 for females.[3]

Why use us to secure your income protection?

- Specialist Wealth Group are the preferred provider for AMA NSW and ACT
- We offer specialist advice to medical professionals
- We have access to all Insurers
- There is no extra cost for using Specialist Wealth Group
- If you need to make a claim we act as your advocate
- Cover for HIV, Hepatitis B & C
- Choice of 'guaranteed agreed cover', which gives you certainty at claim time
- Cover that doesn't go up because of age
- Not aligned or licenced by any other bank or insurance company
- Free claim service

Simply contact us on 1300 008 002 to book your free appointment.

1. Interim Report of the Disability Committee, Institute of Actuaries of Australia 2000. 2. Australia's Health 2015, Australian Institute of Health and Welfare, 2015. 3. Cancer in Australia, an overview, Australian Institute of Health and Welfare, 2014-2015

Specialist Wealth Group Pty Ltd (ABN 17 152 691 711) is a Corporate Authorised Representative (No. 440142) of Dealership Services Pty Limited (ABN 91 612 252 901 & AFS Licence No. 489 935). Specialist Wealth Group-Property Pty Ltd (ABN 38 159 274 151) is also licenced as a corporation under the Property, Stock and Business Agents Act 2002 (Corporation Licence number 10086110) the licensee in charge is Russell Price (Licensed Real Estate Agent – License number 20077757. Lending is provided by Specialist Lending Group Australian Credit Licence 404291.