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Prof Imogen Mitchell: the new Dean sets her course

'You can't be a good doctor and a good mother at the same time', a young Imogen Mitchell thought during her school years. Now, things have changed for the newly appointed Dean of the Australian National University's medical school. Not only a dedicated mother and respected intensive care specialist, Prof Mitchell is passionate about gender equity in medicine.

Prof Imogen Mitchell, Dean of the ANU Medical School.

In February this year, Prof Mitchell spearheaded ANU's new campaign to tackle bullying and sexual harassment in the medical profession explaining that "gender equity is something I feel strongly about so if I can help in any way I will."

As Dean of the ANU medical school, she feels some responsibility to be an agent for change, "I am now in this space where I have female junior doctors coming to me to ask advice on when to have their children." She reflects, "I never have male doctors coming to me to ask that".

Prof Mitchell began thinking more deeply about gender politics in medicine a few years ago with her time as a Harkness Fellow at the Johns Hopkins Bloomberg School of Public Health giving her an opportunity, not only to pursue her interest areas, but also to reflect on what it was she wanted most to achieve.

End of Life Care

Prof Mitchell's Harkness Fellowship primarily focussed on end-of-life care and patient safety and incident reporting. Of course, since her time at Johns Hopkins, the issue of end-of-life care has assumed a much greater prominence both in medicine as well as the wider community.

Prof Mitchell's work has focused on understanding and improving end-of-life care in acute hospital settings but she hopes this work will ultimately tie into the bigger, broader conversation happening out in the community about how we die, "we want people to start talking about what's important to them as they are dying, to feel comfortable talking about it."

Ideally, once a loved one arrives in an intensive care unit, it's not the first time they're having the conversation. Prof Mitchell's work with the Australian Commission on Safety and Quality in Health Care on end-of-life-care healthcare policy outlined the challenge that living in a death-denying culture brings to the fore. Crucially, when a patient arrives at the ICU without having had an end-of-life discussion with their family, it can lead to a mismatch between the patient's prognosis and the treatment they receive.

Intensive Care

Born and raised in the UK, Prof Mitchell's interest in Intensive Care became the driver for her move to Australia, "Intensive Care is a different world, and it's an extraordinary world; you're with families at an extremely difficult time in their lives." Prof Mitchell explained.

After a foray into a number of specialties, including gastroenterology where she worked for some time at the Liver Institute at King's College Hospital in London, Prof Mitchell decided to specialise in Intensive Care. Moving 'down under' to complete her training, she worked as an ICU specialist for about 18 months at Royal Prince Alfred before becoming the Director of Intensive Care in Canberra.

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Medical Musings

WITH PRESIDENT, **PROFESSOR STEVE ROBSON**

Big picture stuff

During March, the AMA hosted a meeting that drew participants from around the country, representing all of the Medical Colleges and many of the medical societies. We had the opportunity to listen to Professor Bruce Robinson who is chairing the Commonwealth Government's MBS Review, and Dr Jeff Harmer who heads the Private Health Ministerial Advisory Committee. It was a very interactive morning, hosted by Federal AMA President Dr Michael Gannon, but ultimately the news wasn't particularly reassuring. For the record, I will declare that I am a paid member of the MBS Review.

Health expenditure in Australia has increased by almost 50% over the last 25 years, up from $50.3 billion a year to $154.6 billion in 2014. In real terms this is an increase from $2969 per person to $6637 per person over the period. In Australia, more than two thirds of all health expenditure is funded by governments and over the last 25 years the overall ratio of government health expenditure to taxation revenue increased from 15.7% to 24.1%. The issues are similar across the developed world, with the 9.7% of GDP spent on health in Australia in 2013–14 close to the Organisation for Economic Cooperation and Development (OECD) average of 9.2%. The MBS accounts for almost one third of Commonwealth Government health spending – almost 5% of Australian Governments' total expenditure, and this is increasing.

One of the bulwarks against public hospital resources being totally overwhelmed is our private health system. We heard from Dr Harmer that there are concerning trends that rates of private insurance are beginning to fall again, and this would have very important implications for the health system as a whole. As healthier young people choose to relinquish private cover, it leaves a smaller pool of Australians who have a greater burden of illness on the books of the Private Health Insurers (PHIs). This, of course, drives up pressure on premiums and dissuades even more people from maintaining their cover, with the potential to send PHIs and private medicine in to a 'death spiral.' As the evolving disaster of the NHS has shown in the UK, national reliance on a single public system is not the answer. Similarly, the rise of 'managed care' in the US highlights the dangers to patients of allowing PHIs to intrude in the doctor-patient relationship.

Reviewing the MBS has proven to be a much greater challenge than was envisioned, and what initially seemed like an 18-month task is now blowing out to at least three years, and probably longer. Sorting out the more than 6000 MBS item numbers is proving difficult. Very few have been abandoned, and consultation processes have shown how difficult it can be to allow all voices to be heard and reach consensus. The first tranches of recommendations from various MBS Clinical Committees are with the Minister, awaiting his decision. However, the new Federal Health Minister, Mr Greg Hunt, is under enormous pressure. Health was the key issue in the last election, and ending the stoush with our hard-working General Practitioners and 'un-freezing' the MBS will be high on his agenda.

Driving change

I was an intern in the provincial Queensland town of Rockhampton, back in the 80s when the medical landscape was very different from that we survey today. In that era, it was common for the intern to be the only doctor physically present in the Emergency Department at night. As you might imagine, there was quite a deal of alcohol misuse and I had a lot of experience with alcohol-related accidents and alcohol-fuelled violence. Later, as a Medical Officer in the Royal Australian Navy, I spent plenty of time in foreign ports dealing with the aftermath of alcohol indiscretions within unfamiliar health systems.

These experiences, at formative times in my career, shaped my attitude to alcohol misuse and its potential for completely preventable harm. It has also magnified my disappointment at efforts to have the ACT Legislative Assembly consider legislation around responsible alcohol use seriously. Despite overwhelming public support for 'lock-out' and 'last-drinks' regulation, Canberra's politicians seem unwilling to engage with the issues.

For this reason, I was delighted to participate in the Driving Change forum run by the Foundation for Alcohol Research and Education (FARE) at the Legislative Assembly last week. Fellow participants included Ms Angela Smith (President of the Australian Federal Police Association), Professor Jonathan Shepherd (Director of the Violence Research Group and Cardiff University), Professor Peter Miller (Professor of Violence Prevention at Deakin University), and Associate Professor David Caldicott from ACEM and Calvary Hospital Emergency Department. The morning gave the opportunity for a broad-ranging discussion about effective methods of dealing with alcohol-fuelled violence and how tragic yet utterly preventable this is. Only two of the ACT's politicians attended – Mr Mark Parton and Ms Vicki Dunne – and this was disappointing considering the event was held within the Legislative Assembly.

On a positive note...

AMA staff Mr Tony Chase and Mr Anish Prasad are working hard on the enterprise bargaining for salaried doctors with ACT Health. The AMA (ACT) is putting in a big effort to ensure Canberra's salaried doctors are treated fairly and are appropriately rewarded for their hard work and commitment. Make sure you contact us here at the Canberra office if you want to find out more, or if you would like us to help you.

AMA (ACT) calls for further regulation of combat sports

With the ACT Government looking to update its legislation covering combat sports, AMA (ACT) President Prof Steve Robson has called on the Government to look to a future without combat sports in their current form.

"We're not trying to be wowsers, but I think it's an important opportunity that the ACT Government could embrace, to say, 'well how can we set a community standard that sends a message?'" Professor Robson said.

Mixed Martial Arts

In the meantime, the Government proposes to significantly update the 1993 Boxing Control Act to cover such new sports as Mixed Martial; Arts fighting. The new rules will cover everything from mandatory pre-fight and post-fight medical examinations of fighters, to banning weapons in the ring. It will also seek to remove any organised crime influence upon the sport, particularly bikie gangs, through "suitability assessments" for those looking to participate.

The future of combat sports

Prof Robson said the AMA could not support combat sports, where matches can still be won by knockout. "Having the whole aim of the thing to bash someone senseless — I don't think many doctors would support that," Professor Robson said.

The AMA Position Statement on combat sports is clear with in-principle opposition to all combat sports. Until such time as a prohibition on combat sports is achieved, measures can be adopted to minimise harm to participants.

First and foremost of these is a prohibition of all forms of combat sports for those persons under 18. In addition, certain harm minimisation measures should be taken including the presence of a medical practitioner at the event and the medical practitioner should be authorised to stop the event, with on-going health and first aid training for ringside personnel and the availability of resuscitative equipment at ringside.

The AMA Position Statement also calls for increasing the time interval between weigh in and a bout, increasing the size of gloves, standardising mouthguards and less emphasis on blows to the head with exclusion periods for participants who've been knocked out.

Finally, media coverage of combat sports should be subject to control codes on violence applicable to broadcast media generally.

Collision sports

Professor Robson said there was a clear distinction between combat sports and collision sports, where concussion and other serious injuries are also a serious risk.

"If people are hurt, yeah that's a risk of the sport — but it's not the primary objective of what everybody is doing on the field," he said.

ACT government's view

Director of Active Canberra Jenny Priest said the government body was confident the sport could be regulated and made safe.

"To ban sports, whatever sport it might be, you then have the risk of unregulated and potentially illegal activity popping up around the place," she said.

"Where you can ensure that the sport can be conducted safely, which is what we're focusing on, then that's got to be a good thing."

Is climate change impacting human health?

2016 was crowned the world's hottest year on record. Nationally, we broke 205 records, and locally, Canberrans sweltered through 53 days above 30c and 18 days above 35c (2013-14 holds the record of 20 days above 35c).

Are medical practitioners aware of and prepared for the impact of climate change on health?

The AMA (ACT) is holding a free* forum on this issue at the ANU Medical School Auditorium from 6.30pm on Tuesday 18 April.

The AMA (ACT) has invited Dr Liz Hanna to answer these questions and provide some guidance as to whether changes are needed here in the ACT.

Dr Liz Hanna is an Honorary Senior Fellow at the Fenner School of Environment and Society, at the Australian National University. She is also the President of the Climate and Health Alliance, and a Fellow of the Public Health Association of Australia (PHAA). Dr Hanna swapped a clinical career in Intensive Care for health protection, environmental health and climate change, and moved to ANU to convene the National Climate Change Adaptation Research Network for Human Health.

In addition, Dr Angus Finlay, a Psychiatry Registrar in Canberra and local convenor Doctors for the Environment, will be speaking on the topic of renewable energy and comparing our approach to other OECD countries.

To round out the evening, Russell Price from Specialist Wealth Group will be speaking on investing and the renewable energy sector.

*This event is free and open to all medical practitioners. However, please RSVP online https://www.trybooking.com/PGTR.

Dr Liz Hanna.

Prof Imogen Mitchell...*continued*

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Working in such a confronting field of medicine, she believes the most important thing is to make the experience as positive for patients and families as possible, as difficult as that may seem.

"She cares deeply about her patients" says Prof Zsuzsoka Kecskes, Associate Dean for Teaching and Learning at ANU Medical School and one of Prof Mitchell's close colleagues. This deep sense of caring is reflected in much of the research Imogen Mitchell has undertaken including into recognising and improving the response to patient deterioration in the hospital environment. This research ultimately led to the development of an observation system and education package for patient deterioration in hospitals. The program, known as *COMPASS*, was successfully implemented in the ACT, and is now being picked up both around Australia and internationally, "its extraordinary actually," says Prof Mitchell, "you feel that something very small and just based around the medical education I do around here, has been picked up around the world".

Vision for ANU

In fact, this type of clinically implementable research is the sort of thing she would like to see more of at the ANU and plans to work with ANU's Vice-Chancellor to bring it about. Prof Mitchel believes that developing the ANU curriculum around subjects like clinical research will serve as a point of difference to actively attract students to the medical program.

Prof Mitchell also plans to focus on developing the profile of the medical school as a distinct entity, both within and outside the ANU. She believes that building the medical school's research capacity, especially internationally, will assist that process as will taking on new degrees and programs, such as the pre-medical program planned to roll out in 2018.

"It's exciting" Professor Kecskes says, regarding the future of the medical school, "every Dean's focus is different but Imogen's interest in improving both the research and education side of things at the ANU, her perspective and focus is uniquely female."

"Ultimately, a woman will always have a different voice to a man," says Kecskes "but this perspective, in addition to her personal qualities and her strong leadership ability, will be important for the growth of the medical school." Prof Kecskes, having known the new Dean for almost a decade, has faith in her colleague, "the one thing you can say about her is that if she says she will do something, she will do it".

Away from Work

"My spare time?" Imogen Mitchell laughs when asked about her favoured pastimes, "Cooking is a good way to spend time with my family" she says, usually taking the opportunity to cook with her daughter, "quality not quantity" she says of her time with family. "I have always managed to squeeze a lot into my life so my daughter does understand that I work quite a bit. But when I am with her, it's really special."

"I guess what motivates me is about making a difference, whether that be to the patient, a student or a member of my staff" says Professor Mitchell. She confesses, too, that she is not very good at sitting back and letting things rest, "if we can somehow shape the way that healthcare is delivered in Canberra, make an impact on the community, then this change will be mirrored around the country."

It seems that the ANU Medical School, is in very good hands.

Dr Chloe Abbott: champion for young doctors

The sad news of Dr Chloe Abbott's passing in January of this year was greeted with a sense of loss and disbelief. In her relatively short time in the ACT, she was a powerful advocate for the profession and her colleagues.

The following tribute appeared in the March/April edition of *The NSW Doctor*:

A PASSIONATE advocate for the profession and her patients, Dr Chloe Abbott has been widely mourned by colleagues, friends and family in the weeks following her death in January.

A fourth year doctor-in-training, Chloe was most recently working at St Vincent's Hospital. Not only was she an extremely talented and dedicated doctor, Chloe was an exceptional spokesperson on numerous issues faced by doctors-in-training.

Chloe previously served as the ACT representative to the AMA Council of Doctors-in-Training and Chair of the ACT Doctors-in-Training Forum. More recently, she was appointed to the role of Deputy Chair at the AMA Council of Doctors-in Training meeting held in July 2016.

Chloe was also one of the founding members of the group Medical Student Action on Training. At a national level, Chloe achieved meaningful political change. At numerous meetings and in several published articles, Chloe called for action on the training pipeline crisis.

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

Her energy and enthusiasm were critical to the success of the intern crisis campaign. Several young doctors now have jobs as a result of her professional advocacy on this issue. The ripple effect of her advocacy, of course, means more Australians will now have access to better healthcare.

Never afraid to stand up for patients' rights, Chloe took the time to meet with politicians during the Federal Election to express her concerns regarding the ongoing Medicare Freeze. She challenged politicians to examine the long-term impact on the health system if patients – unable to see their GP – would then present to emergency departments.

Chloe was also a persuasive voice on the issue of the "academic medicine crisis". She wrote:

"As competition for places has intensified, academic research experience has become an increasingly significant point of difference for trainees, but this is yet to be reflected in many pathways currently available in Australia. Instead, trainees are burdened with meeting their clinical training requirements while simultaneously attempting to pursue academic research, often leaving them in difficult financial circumstances – the remuneration of these endeavours is significantly less than a full-time medical trainee income."

She added: "The successful implementation of the UK Academic Foundation Program, which has fostered the development of an optional pathway which incorporates academic research in the first two years of a medical career, provides a potential model for Australia, particularly given the growth in medical graduate numbers and the limited opportunities to expand training places."

Chloe's willingness to extend herself is no doubt a reflection of her personal conviction that change would not come without action. She previously wrote:

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

Chloe's achievements in her professional life are only outmatched by her personal connections. A talented and respected doctor, who was also a beloved daughter, partner, sister, step daughter, grandchild, niece, friend and colleague to many.

Vale Chloe Abbott.

VMO Tripartite Committee update

Earlier in March, and for the first time since May 2015, the VMO Tripartite Committee has met to discuss issues arising from or relating to the new VMO Contract. The committee, comprised of representatives from AMA (ACT), the Visiting Medical Officers Association and ACT Health, has seen a lengthy interregnum resulting from the protracted negotiations and arbitration on the terms of the new VMO contract that subsequently came into effect on 8 September 2016.

The AMA (ACT) representatives at the meeting were Drs Liz Gallagher and Andrew Miller with Tony Chase, Manager Workplace Relations and General Practice, in attendance.

TCH Parking – an ongoing saga

The issue of parking remains a standing item on the agenda. The VMOA again raised concerns about the limited parking spots for VMO's at the Canberra Hospital especially after 8:00am and have requested that there are reserved spots for VMOs. Concerns were also raised about access to the upper levels of the multi-story car park. We were informed that ACT Health Parking Operations are looking at restricting the access to reserved areas of the helipad which should allow for more spots. We can but hope.

Dr Andrew Miller.

Dr Liz Gallagher.

ACT Health's Clinical Culture Committee

Members will recall that following the KPMG Review of Clinical Training Culture (2015) a range of workplace culture initiatives were foreshadowed by ACT Health. The KPMG review outlined seven recommendations all of which were accepted by the then Minister for Health, Simon Corbell. At the time of the Review and the Minister's actions, the AMA (ACT) expressed its concerns and that position has not changed.

One of the Review's recommendations was to 'engage senior leaders and staff across TCH & HS in developing a statement of desired culture for success.' To this end, the VMO Committee discussed the role and objectives of the Clinical Culture Committee and what it had been set up to achieve?

The VMOA representatives stated that they wished to be invited or included on the CCC and to be actively involved in changing culture across the ACT public hospital system, as they have a role to play and are presently being excluded. Of course, they shouldn't feel alone as AMA (ACT) has been making the same request for 18 months – without success.

ACT Health responded that, although the CCC includes members from across ACT Health, it is not intended as a representative group or to be comprised of 'representatives'. AMA (ACT)'s view is that this response precisely encapsulates the problems with the CCC – as long as it remains entirely a creature of ACT Health, doctors employed or engaged by ACT Health – particularly junior doctors – are likely to have very little confidence in it or what emanates from it.

More Detail on the CCC

Questions were put to ACTH around the reporting lines for the CCC and what its terms of reference were and what papers have been tabled. ACT Health agreed to provide the TOR to the members and any available reports.

We understand that the status of the CCC, access to its terms of reference and the issue of VMO membership will be further considered by the Director-General. In the meantime, the VMO Tripartite Committee agreed to add 'organisation culture' as a standing agenda item.

VMO positions ot being filled

Concerns were also raised with ACT Health about a recent advertisement for an O&G that was advertised for staff specialists only. The AMA (ACT) expressed its concern and suggested that, wherever possible, positions should be advertised as staff specialist or VMO.

Clinical Services framework

In addition to parking and the Clinical Culture Committee it was agreed to add the

Clinical services framework as a standing item.

The VMO Committee has agreed on the next two meeting dates of June 13 & September 5 2017.

AMA (ACT) interview skills workshop

Earlier in March, the AMA (ACT) held an 'Interview Skills Workshop' for junior doctors, medical students and other medical officers who are AMA members. The event turned out to be very popular and was held in the auditorium of the ANU Medical School.

Participants at the interview skills workshop.

Competition for training places

It goes without saying, entry into most colleges is fiercely competitive and so it's important that applicants, irrespective of specialty interest, equip themselves with the necessary information and develop the skills to succeed. A clear message from the evening was that applicants need proper preparation, to have had an honest discussion with potential referees about their willingness to support the application, to be realistic about one's own abilities and to act confidently.

The first part of the workshop comprised of general advice from Christine Brill, AMA Career Adviser, on how to build your CV, write an application cover letter, address selection criteria and prepare for and perform at interview.

A well written and relevant CV, together with an appropriate cover letter will determine whether a candidate will get to interview and is as important as preparing for the interview itself. This is as true for hospital and other jobs as it is for College training positions.

'Fireside chat'

The format of the second part of the workshop saw College representatives and the AMA's Career Advice Service give insights on how to best prepare for an interview and what the colleges are looking for in successful applicants. The workshop featured Dr Iain Dunlop AM (Ophthalmologist), Dr Andrew Miller (Dermatologist), Dr Boon Lim (Obstetrician & Gynaecologist), Associate Prof Sivakumar Gananadha (Surgeon), Dr Vida Viliunas (Anaesthetist) and Dr Rudyard Wake (Set 3 Surgical Trainee).

Dr Iain Dunlop, AM, Canberra Ophthalmologist and panellist.

The 'fireside chat' with College representatives was facilitated by John Barry, the Group HR Director at the AMA.

Doctors' health

In some ways, the most important part of the evening came near the end with Dr Antonio Di Dio from the NSW and ACT Doctors Health Advisory Service addressing the workshop. Dr Di Dio spoke to the group about the importance of looking after oneself and the role of the DHAS for those in need of advice, support or even just a sympathetic ear. The service is free and confidential. DHAS can be contacted on 9437 6552 and the web address is dhas.org.au

AMA Specialty Training Guide

For further information and follow up the AMA has developed a great web resource – the Specialty Training Pathway Guide (ama.com.au/careers/pathways) to assist in making decisions about career options. AMA members can access a great depth of detail on the specialties and can compare up to four specialties at one time. Non-members can view limited parts of the Guide but you'll need to join to get full access.

Career advice

AMA Members that could not attend or would like some advice should contact Christine Brill from the AMA Career Advice Service on 02 6270 5483 or via email careers@ama.com.au

For one-on-one Career counselling, including advice on what to include in your CV, together with a template, and interview preparation, contact Christine directly on 02 6270 5483 or email careers@ama.com.au

Our thanks

We'd like to thank the senior clinicians, AMA staff and in particular, Dr Rebeka Stepto – who was the host for the evening – for taking the time to participate in the workshop.

ACT and Comcare agree to use "certificate of capacity"

Comcare and the ACT Government are now both using the same medical certificate for workers' compensation claims in the Territory. Comcare introduced the "certificate of capacity" in October 2015 and has been working with medical practices across the ACT to help GPs transition to using the new form.

Last December, the ACT Government endorsed the certificate of capacity as the certificate to be used for private sector workers' compensation claims. The ACT Government claims it's a simpler process – a single form to complete for new or existing claims.

Certificate jointly developed

The certificate was developed in consultation with GPs, the Royal Australian College of General Practitioners, the then- Medicare Local and public and private sector employers. It aligns with work across many sectors to focus on an injured or ill employee's capacity for work, not their incapacity. Comcare says this approach is supported by the latest evidence that, in general, work is good for health and wellbeing.

Comcare's Work for Health Advisor, occupational physician Niki Ellis, said the certificate marks the first time that all insurers in a jurisdiction have worked together to simplify the process for GPs.

"We want GPs to be able to spend the time having the important conversations with their patients and not having to worry about which form to use," Professor Ellis said.

"The result is one form for all workers' compensation claims in the ACT – no matter which scheme or insurer is involved."

Early intervention important

Comcare claims research indicates that early intervention and support in the workplace leads to a faster recovery from injury and illness. Comcare's Health Benefits of Work Programme, which has been working with GPs to support them to facilitate return to and recovery at work, has identified that ensuring GPs can provide the workplace with guidance about a person's return to work is critical.

Certificate of capacity

The certificate is designed to help GPs focus on what patients can do at work, rather than what they can't do. It encourages GPs and their patients to make the link between work and recovery and to consider all options available including a graduated return to work, modified duties and reduced hours.

Comcare say the certificate is not aimed at someone who is off work for a few days with symptoms of a viral illness. It's about providing better support and recovery options to prevent prolonged absence, which is known to be associated with poorer health and greater disability.

"The doctor-employee discussion is simplified through the new certificate, which guides consideration of areas of support that patients may need in their recovery," Professor Ellis said.

"This provides better support to patients through earlier decision making, and it gives employers the ability and confidence to deliver better opportunities to get injured and ill employees back to work."

How to obtain the certificate

The certificate is available on GP practice systems, Medical Director, Best Practice, Medtech and Genie or to upload on the Comcare website. It is a two-page document that focuses initially on the patient and what they require to support their return to work, plus some administrative details to assist the management of the claim.

Unnecessary claim information and detail that can be obtained in other ways has been removed from the form, sharpening the focus on the patient and their recovery.

Prof Niki Ellis.

Comcare has a GP Liaison officer to assist GPs in the transition to the new certificate. The GP Liaison officer can visit your practice to ensure you have access to the certificate of capacity on your software.

More information about the certificate of capacity is available at comcare.gov.au/promoting/health_benefits_of_work and from the GP Liaison officer: HealthBenefitsofWork@comcare.gov.au

AMA (ACT) AGM
Important information for members

The **Annual General Meeting** of the **Australian Medical Association (ACT) Ltd** will be held on **Wednesday 31st May 2017**

High Courtyard North at the Hotel Realm
18 National Circuit, Barton ACT

Please join us for dinner beforehand commencing at 6.30pm. Limited places are available at $50 per head, DIT's: $25. For those members not attending dinner, the AGM will commence at 8pm.

RSVP by Friday 26th May to reception@ama-act.com.au or Phone: 02 6270 5410

Further details of the meeting will be mailed to members in the near future.

AMA (ACT) LIMITED

AMA updates Code of Ethics

The AMA has released its new Code of Ethics, which, for the first time since 2006, has been substantially revised. AMA President, Dr Michael Gannon, said that a Code of Ethics is essential for setting and maintaining the very high standards of ethical behaviour that society expects from the medical profession.

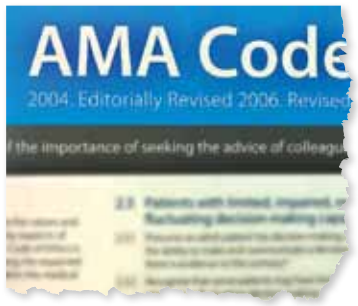
"The AMA is the peak body representing all Australian doctors. Its Code articulates and promotes a body of ethical principles to guide doctors' conduct in their relationships with patients, colleagues, and society.

"While the primary duty of doctors is to serve the health needs of individual patients, they have additional, and occasionally competing, duties in relation to other patients, patients' family members and carers, colleagues and other health care professionals, the wider health system, and public health.

"The AMA places a very high priority on its Code of Ethics, and encourages all doctors to observe its values and principles," Dr Gannon said.

The updated AMA Code of Ethics for the first time addresses:

- close personal relationships;
- patients with impaired or limited decision-making capacity;



- patients' family members, carers and significant others including support persons;
- working with colleagues including bullying and harassment;
- working with other health care professionals;
- supervising/mentoring; and
- health standards, quality and safety.

The updated Code also provides greater clarity on consent; conscientious objection; complaints; control of patient information; fees; professional boundaries; managing interests; stewardship; medico-legal responsibilities; and protecting others from harm.

Driving Change Forum: ACT Govt urged to rethink on alcohol

Prof Jonathan Shepherd, who led the UK's 'Cardiff model' pilot program aimed at violence reduction, was the key presenter at the recent Driving Change Forum that looked at alcohol harm from the frontline. The 'Cardiff Model' of violence prevention, first trialled in the UK from 2002 to 2007, has contributed to substantial reductions in assault and injury in the city of Cardiff and now operates in more than 80 per cent of the UK's emergency departments.

Driving Change: a frontline perspective on alcohol harm, was organised by the Foundation for Alcohol Research and Education (FARE) and supported by the AMA (ACT), Deakin University, the Australian Federal Police Association (AFPA) and the Australasian College for Emergency Medicine (ACEM).

In addition to Prof Shepherd, participants also heard from a panel comprising A/Prof David Caldicott, Prof Peter Miller, Professor of Violence Prevention and Addiction Studies at Deakin University, Angela Smith, AFPA and Prof Steve Robson, AMA (ACT) and FARE CEO, Michael Thorn.

The Forum saw a range of interested persons attending including Mark Parton MLA, Shadow Minister for Gaming and Racing, Vicki Dunne MLA, Shadow Minister for Health, Professor Michael Moore AM, CEO, Public Health Association Australia and David Pryce, Acting Director-General, Justice and Community Safety Directorate.

The panel discussion.

'Driving Change' study

At a time where lockout laws remain a contentious issue among various states and territories and alcohol harm continues to cause devastation across the country, the 'Driving Change' study will track where alcohol harm occurs and how best to target violence prevention efforts.

Calvary Health Care ACT, Monash Health hospitals, Barwon Health Geelong Hospital, South West Healthcare, and St Vincent's Hospitals in Sydney and Melbourne are participating in 'Driving Change', based on the successful 'Cardiff model' of violence prevention from the UK.

'Driving Change' will reveal where alcohol harms are occurring, which alcohol outlets cause the most harm, and, in the case of the ACT, how ACT policing can best target its violence prevention efforts. The study aims to record the drug and alcohol intake and place of last drinks, of patients presenting to the eight particpating emergency departments.

Professor Jonathan Shepherd, relating the local study to the Cardiff Model used in many UK emergency departments, said the Cardiff model exemplifies the powerful strategic role that health sector data collection can play in reducing violence.

"What we found in the UK, is that a considerable number of violent assault victims present to hospitals, for treatment, yet for a variety of reasons those patients are not reporting those incidents to police. The anonymous collection of that data, in the case of the ACT, at Calvary Hospital Emergency Department will ensure that police can better target their resources, that violent hotspots will come under greater attention, and that policy makers can introduce targeted and evidence-informed measures to address those violent hotspots with great precision," Professor Shepherd said.

Importantly, the Driving Change study will capture both information about alcohol purchased on-licence as well as from packaged (takeaway) outlets.

Prof Steve Robson, AMA (ACT) President, facilitated the panel discussion.

Violence in the home

Alcohol related violence in the home, while less visible, is as much a concern in the ACT as alcohol-related street violence. Between July 2009 and June 2014, almost a quarter (23.9%) of family and domestic violence incidents attended to by ACT police were alcohol-related.

FARE Chief Executive Michael Thorn agrees that the Driving Change initiative is an important opportunity to identify high-risk Canberra venues and implement meaningful legislation to address alcohol-fuelled problem areas.

"We know there are trouble spots where violence occurs in Canberra's night scene, which to date have not been adequately addressed by the ACT Government. Our hope is that armed with data from the Driving Change study,

AMA (ACT) is now on Facebook!

If you want to be up-to-date on all things AMA, medico-politics, medical research and doctors well-being then search 'AMA (ACT)' on Facebook and like our page. We are also posting upcoming AMA events on the page and so it is a great way to stay in touch. Recent posts have featured the Dean of the ANU Medical School (Professor Imogen Mitchell) sharing her personal experience of being harassed early in her career and hope that by sharing this story with ANU students they too will feel safe to speak up.

Panellists from left, Prof Peter Miller, Prof Jonathan Shepherd, Ms Angela Smith and A/Prof David Caldicott.

A/Prof David Caldicott addresses the Driving Change Forum.

decision makers will be better informed and motivated to implement effective amendments to the liquor act to reduce alcohol-related violence and harm in the nation's capital," he said.

Across a 12 month period to September 2016, police recorded a total of 2,810 offences– or 60 a week – involving alcohol across the capital. Research conducted in 2016 revealed that alcohol-related crime was estimated to cost ACT taxpayers $11.7 million dollars each year.

ACT Govt needs to step up

Professor Steve Robson, President of (AMA) ACT, expressed his hope that the results from the Driving Change study will open the ACT Government's eyes to the daily reality of Canberra's frontline emergency workers.

"The reluctance of the ACT Government to introduce 3am last drinks in the ACT is at odds with the carnage witnessed by police, ambos, doctors and nurses every day. The old adage – nothing good happens after midnight is very true, and I invite the Chief Minister to spend a night with our police on the beat or at Calvary Hospital's emergency department to experience the very real level of harm that exists here in Canberra," Professor Robson said.

According to Professor Shepherd, anonymous collection of the relevant data in Australian hospitals will ensure that police can better target their resources, that violent hotspots will come under greater attention, and that policymakers can introduce targeted and evidence-informed measures to address those violent hotspots with great precision.

For further information and a short video of Prof Shepherd's presentation please go to http://drinktank.org.au/2017/03/driving-change-forum-a-frontline-perspective/

Active Funds vs Index Funds

BY **RUSSELL PRICE,** DIRECTOR AT SPECIALIST WEALTH GROUP

Have you ever thought about how much you're really paying for the advice you get from your financial planner? The direct costs are one part – and I think you should look at those closely to ensure you're getting value – but take a look at the indirect costs too.

Keeping costs down are a key to wealth – high costs put your future at risk. Some of the most significant costs are hidden in your portfolio and are caused by product selection and your adviser's bias towards actively managed funds.

Although most advisers recommend actively managed funds, in reality, the net return of active funds are consistently below most passive (index) funds or well-constructed direct share portfolios.

Actively funds versus index funds

Let's start by understanding the difference between actively managed funds and index funds. When you put your money into an actively managed fund, you buy units in an investment with other people, the money is pooled and a manager decides where to invest, based on parameters set down by the fund, such as asset class (shares, property, Bonds, cash), geography, industry and so on.

Most funds allow the manager to invest in any assets within the parameters of the fund that the manager thinks will provide the best return. In the case of the Australian Share Fund, for example, you are relying on the expertise of the fund manager to pick companies that will out-perform the overall share market.

This is an actively managed fund.

This *active* investment approach usually results in an increased trading costs and tax. In addition, the costs of research increases the fees the active manager charges you to invest in the fund. The impact of these additional costs on the eventual return, not only does the manager need to outperform the market but also the return they achieve has to be significantly better than the market for your net return to be worthwhile.

An *index* fund on the other hand takes a more *passive* investment approach and doesn't bet on an individual fund manager's capability to consistently (and safely) outperform the market. It invests in the assets that make up its market index.

For example, an Australian Share Index Fund will invest into all the companies that make up a share index, such as the ASX200. The index fund will invest in each company in the same proportion as that company's proportion of the market as a whole. If BHP makes up 8% of the market, an index fund will invest 8% of its money into BHP.

Which market (or index) you invest in, will depend on your objectives and should be determined by your adviser and yourself.

Active funds cost more

An active fund will usually cost about 1.0 – 2.5% while an index fund will cost around 0.05 - 0.50%.

Do active funds perform better?

The mid-year 2016 SPIVA (Standard & Poors' Index Versus Active Funds) Scorecard shows that, over the last 5 years, **91% of actively managed International Share Funds have underperformed** the S&P Developed Large/Mid Cap Index (the average return of all companies in that sector).

And it isn't much better for the Australian fund managers.

Over 5 years:

- 91% of active International Share managers underperformed against their index.
- 69% of active Australian Share managers underperformed against their index.
- 88% of Australian Bond funds underperformed.
- 92% of Property funds failed to beat the index.

The additional layer of fees

If your adviser has recommended an active fund portfolio, you're probably paying an **ongoing fee for that adviser to monitor the portfolio**.

The problem with an active investment approach is that it needs constant monitoring and adjusting as economic conditions change and the fund's parameters, under which the manager is allowed to invest, may not suit the new economic conditions. In addition, fund managers may lose key staff, underperform or close. This causes most active funds to substantially underperform the benchmark.

As I have noted, this active portfolio usually results in a worse return than the index – a return further reduced when the fees of the fund are taken into account.

What should you pay for portfolio advice?

While your adviser can provide a range of ongoing support other than a portfolio recommendations, such as insurance, budgeting, superannuation and debt management, what you pay for the portfolio management advice should be based on how good your adviser is at picking the right mix of assets and how actively they manage the portfolio.

If your adviser charges a fee for their ability to build a portfolio, they should be accountable for the performance of their portfolio. In most cases, advisers are not used to being held accountable for the performance of their expensive portfolios.

In other words, what you pay for ongoing investment advice should depend on performance of your portfolio (after fees) when compared to the benchmark index.

The bottom line is this: many advisers ongoing fees are based on portfolio management so make sure they are providing a return that covers the extra costs, when compared to a suitable benchmark.

So what do you do?

With the exception of the reviews undertaken by SWG, I am yet to see a portfolio review that explicitly takes into account the adviser's ongoing fee compared to an appropriate benchmark.

So if you have an active managed fund portfolio, ask your adviser to provide you a report that compares the performance of your portfolio with the benchmark index for each asset class or market you are invested in.

Check the returns are net of investment management fees. You then need to subtract your adviser's fees for portfolio management. If your net return is below the benchmark by more than 0.2%, then you are underperforming most index funds.

If this gets too confusing, email me a portfolio summary and I will do a free review for you.

If you want your money to last, you should scrutinise these ongoing fees. A few thousand dollars a year in fees can add up to hundreds of thousands in lost savings over your lifetime.

Contact an adviser at Specialist Wealth Group on 1300 008 002 to discuss your portfolio today.

SPECIALIST WEALTH GROUP

AMA backs call for inquiry into institutionalised racism

The gap between health outcomes for Indigenous and non-Indigenous Australians will not be closed until systemic racism is rooted out of the health system, the Close the Gap Campaign says.

Ms Julie Tongs, Winnunga CEO with Dr Michael Gannon, AMA President.

Federal, State and Territory AMA Presidents with Winnunga CEO, Julie Tongs.

Releasing its *2017 Progress and Priorities Report* on National Close the Gap Day on 16 March, the Campaign Steering Committee called for a national inquiry into institutionalised racism in hospitals and other healthcare settings.

"The reality for Aboriginal and Torres Strait Islander peoples is that we have a life expectancy at least 10 years shorter than non-Indigenous Australians. We need urgent action," Close the Gap Campaign co-chair Jackie Huggins said.

The report found that four interacting factors within Australia's health system continue to be 'potentially lethal' for many Indigenous people:

- limited Indigenous-specific primary health care services;
- Indigenous peoples' under-utilisation of many mainstream health services and limited access to government health subsidies;
- Increasing price signals in the public health system and low Indigenous private health insurance rates; and
- Failure to maintain real expenditure levels over time.

"The persistence of these factors reflects systemic racism; that is, racism that is 'encoded in the policies and funding regimes, healthcare practices and prejudices that affect Aboriginal and Torres Strait Islander people's access to good care differentially," the report said.

"Failure to engage effectively with Aboriginal and Torres Strait Islander people through their elected peak organisations allows such racism to continue.

"The progress of the headline targets in the Closing the Gap strategy will continue to be disappointing until these issues are properly addressed."

AMA supportive

The AMA supported the call for the inquiry, and for knowledge of Indigenous culture to be built into medical school curricula.

AMA President Dr Michael Gannon, AMA Vice President Dr Tony Bartone, and all eight State and Territory AMA Presidents toured the Winnunga Nimmitjah Aboriginal Health Service in Canberra on Close the Gap Day.

Dr Gannon said that while Aboriginal community-controlled health centres like Winnunga Nimmitjah were vital for primary care, it was not realistic to have hospitals dedicated to treating Indigenous patients only.

"It's so important that patients feel safe in the hospital setting, whether that's the tertiary hospital setting or in secondary hospitals," Dr Gannon told reporters.

"If patients don't feel safe, if they don't feel secure, if they're exposed to racism, well that's simply not good enough.

"So we support that call for the inquiry. It's so important that primary health care services are very much driven and delivered by Indigenous communities, but we need to do better when, inevitably, like all other Australians, Aborigines and Torres Strait Islanders end up in hospital."

Update medical curricula

Keeping medical curricula up to date with community needs was a constant challenge, but more needed to be done to teach medical students about Indigenous culture, he said.

"We talk a lot about the importance of positive experiences at medical student level, at junior doctor level, into specialist training level in rural areas, and the same should apply when it comes to Aboriginal and Torres Strait Islander health," Dr Gannon said.

"If I reflect on my training as a medical student in Perth, seeing Aboriginal patients was in many ways sadly commonplace.

"But it's so important that we give medical students across Australia, whether that's in the rural clinical schools or in the middle of our big cities, exposure to Aboriginal and Torres Strait Islander patients and their wants and needs."

Dr Gannon said that days like Close the Gap Day were a good opportunity to recognise the advances that have been made, but to realise that there is still so much work to do.

"It's going to take time, when we look at the metrics, whether they're in the area of health, whether they're in the area of employment or education, it is going to take time," he said.

"But I think that it's important that at least once a year on National Close the Gap Day, that we reflect on how far we've come, and hopefully as every year goes by, we talk about the gap shrinking in whichever target we're talking about."

Book reviews:

REVIEWS BY **ASSOCIATE PROFESSOR JEFFREY LOOI, ANU MEDICAL SCHOOL**

Zero K

Don De Lillo
ISBN-13: 978-1501135392

The finest writing is unbounded by genre. De Lillo's novel, while ostensibly science fiction, is transfigured with haunting ephemerality. This befits its themes of existential meaning, death and the desire to transcend human existence.

The narrative gyres uneasily around Jeffrey Lockhart, the wayward scion of a billionaire. Jeff is invited to a mysterious cryopreservation facility by his father, Ross. Jeff's stepmother, Ross's wife, harbours a terminal illness and has opted to be cryopreserved pre-emptive of her decease.

Jeff rattles around the strange mausoleum of the facility. He has eerie encounters with the transhuman culture that is the basis of the specific cryopreservation unit known as Zero K. Jeff's interactions with the ghost-like, grieving presence of his father are contrasted with his complex quotidian life with his stepmother and her foster son.

The beauty of this novel lies in its dissimulating simplicity that belies an immensity of scope, all encompassed by an elegant prose style.

On Friendship

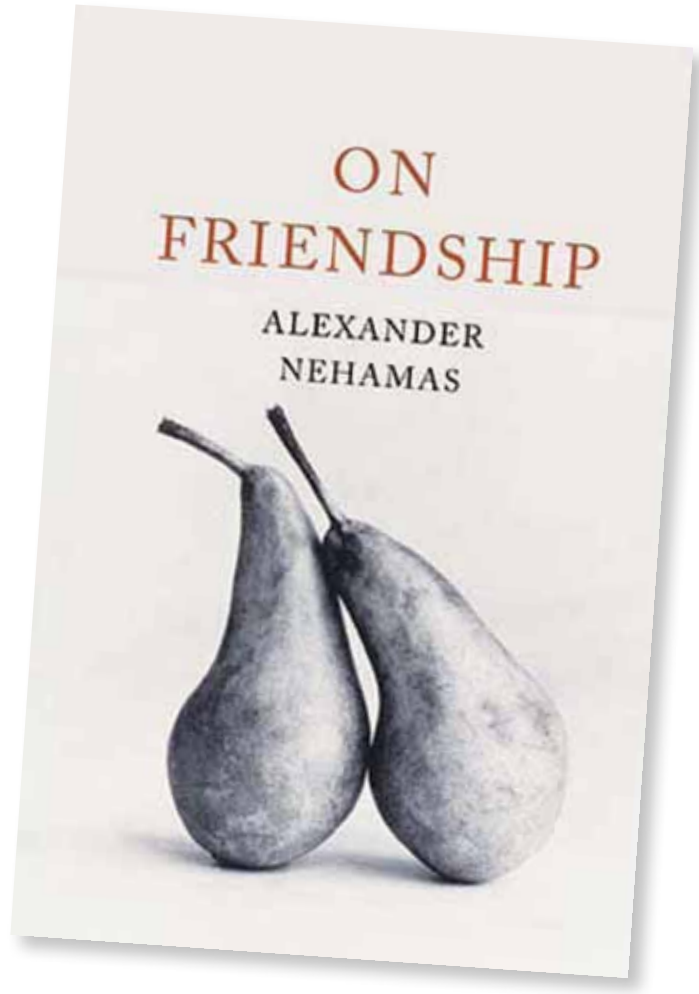
Alexander Nehamas
ISBN-13: 978-0465082926

Alexander Nehamas, Professor of Humanities at Princeton, delivers a pithy series of reflections on friendship. He begins naturally with the idealised Aristotelian concept of friendship founded on mutual appreciation of arete, excellence or virtue. This is certainly an Olympian height from which to survey the landscape.

He descends to discuss post-classical western conceptions of friendship that have been influenced significantly by Christianity, tripping through the essentialism of Montaigne's "... [our] relationship being that of two souls in one body. (p.46)"and an understanding that as C.S. Lewis, quoted by Nehamas, observes wryly: "Friendship ... can be a school of virtue, but also ... a school of vice."

Nehamas next turns to depiction of friendship in the arts, pondering "why do we love our friends?" Much of this exploration is through the lens of a description of the events in a contemporary play, the process of which seemed somewhat ponderous as the context of play seems too specific to a particular sociocultural domain to draw generalisable conclusions.

He returns to universal form in accurately identifying "the good of friendship" being founded upon quotidian shared experiences, finishing on a more playful note, as friends often do.



ANU Medical Students get the low down on Workplace Relations

The ACT AMA's Workplace Relations and General Practice Manager Tony Chase, together with the AMA (ACT)'s Council of DITs member, Dr Nick Holt, have combined to give ANU medical students the inside story on workplace relations in the health system.

An interactive two-hour session was conducted on enterprise bargaining process under the Fair Work Act 2009 and how this complex bargaining process is likely to impact on the working conditions of Doctors across the ACT public sector in the years ahead. AMA (ACT) Hospital Organiser, Anish Prasad also spoke about the ACT AMA's recently completed Junior Doctor survey and the useful snapshot it's provided into the contemporary ACT public hospital workplace.

Dr Nick Holt addressed the students and spoke positively about his experiences working in the ACT public hospital system. He also fielded a number of questions on life as an Intern and a DiT working in the challenging and high pressure public hospital system. Our thanks to Nick for coming along and offering his insights and to Professor Tom Faunce for the opportunity to speak directly to his 2nd year Medical students about the industrial environment facing Junior Doctors.

AMA (ACT)'s Manager, Workplace Relations, Tony Chase (left) with Dr Holt (right).

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)

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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.
Next edition of Canberra Doctor – April 2017.