

A U S T R A L I A N

Medicine

The national news publication of the Australian Medical Association

Changing of the guard

Dr Tony Bartone new
AMA President, P3



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AMA LEADERSHIP TEAM



President
Dr Tony Bartone



Vice President
Dr Chris Zappala

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This online only edition of *Australian Medicine* contains coverage of the AMA National Conference 2018.

Some of these articles will also appear, along with more National Conference reports, in the upcoming print edition of *AusMed*.

Cover pic: Dr Michael Gannon hands over the robes and the reins to Dr Tony Bartone

National Conference photos by Lightbulb Studio

New AMA President promises to fight for GPs



New AMA President Dr Tony Bartone (right) with new AMA Vice President Dr Chris Zappala.

Dr Tony Bartone is the AMA's new Federal President, following his election to the office on the final day of the AMA National Conference in Canberra on May 27.

Dr Bartone replaces Dr Michael Gannon as President, and was the AMA Vice President over the past two years. Those two-year terms ended at the National Conference's conclusion.

In a three-way contest for the top job, Dr Bartone emerged the victor after delivering a rousing speech to conference delegates, promising to fight for GPs, represent all medical professionals, and build the AMA's membership and influence.

He also signalled an intention not to go easy on politicians and policy makers.

"Our Health Minister needs to understand the time for rhetoric is over. We need to see real action now," he said.

"We will have a Federal Election in the next year, and I am ready for any early election call."

A GP himself from Melbourne and a former President of AMA

Victoria, Dr Bartone said he was ready for his new challenge.

"I now want to fight for Australia's doctors so that they can continue to deliver the same quality health care that my father received," Dr Bartone said while relating how as a child he became inspired by a dedicated GP attending his sick father.

"General practice has been systematically starved of funding, putting at risk its very survival.

"The AMA, under my leadership, has the solutions. A GP President will send a message."

Dr Chris Zappala, a thoracic physician from Queensland, was elected Vice President to replace Dr Bartone.

Dr Zappala won a four-way contest for the vice presidency.

The two-year terms for the new AMA President and Vice President took effect immediately following the vote.

CHRIS JOHNSON



New AMA President promises to fight for GPs

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Below is Dr Bartone's candidate speech to delegates at National Conference immediately before the vote took place.

I want to share a story with you – a story from my childhood.

A story of my family doctor, who repeatedly came to our home to visit my very sick father, who had been confined to bed for weeks. My father thankfully recovered, and remained very active for 40 more years.

The dedication of my family GP inspired my calling to medicine. A calling to help those who needed health care.

The inspiration that motivated me to become a GP still drives me today.

But my goals have expanded.

I now want to fight for Australian doctors, so they can continue to provide the excellent, compassionate care that my father received.

Australians have a right to quality health care, and it is up to us – as the AMA – to defend our world class health system.

But our health system is ailing.

Public hospital waiting lists continue to blow out.

Private health insurance is becoming increasingly unaffordable for our patients.

The enormous bottlenecks in the training pipeline.

The continuing struggle for some doctors around their own health and wellbeing.

Variable access to care in country towns and rural areas.

General Practice has been systematically starved of funding – tearing at its heart; wearing it down; putting at risk its world class outcomes in primary care, its very survival.

Delegates, our Australian health system needs our AMA to drive the health policy agenda.

The AMA, under my leadership, has the solutions to these issues. Solutions such as:

- significant, targeted investment in general practice, rewarding patient centred care;
- improved access to health care, through better funding

of public hospitals, not only in the cities, but in rural and regional Australia, and Closing The Gap for our Indigenous population;

- a national medical workforce strategy with quality flexible training solution, addressing workforce distribution issues;
- resolving the impasse that is mandatory reporting; and
- supporting our colleagues who are experiencing mental health issues.

Colleagues, we need a strong AMA. We need to work with the State and Territory AMAs to ensure the value proposition we offer is consistent across the country; collaborating to increase efficiencies across the federation, especially improving our communication with them.

Our AMA needs to champion solutions for Australians.

I am ready to act on that call to drive the political health agenda – a call that began, watching my family GP all those years ago.

A GP President will send an urgent, powerful message at this critical time to the GP community that membership of the AMA is essential.

Our Health Minister needs to understand that the time for rhetoric is over. Our patience is wearing thin. We need to see crucial positive actions now.

Next year, Australians will elect a new Federal Government.

We have a narrow window of opportunity to further deeply engage with Government and achieve meaningful outcomes.

And I am ready for any early election call.

Colleagues, I will continue to listen and engage with members across our AMA, ensuring your voices are heard loudly in the corridors of Government.

I am ready to be your next President.

Serving our members – that is what the AMA is about. It has been my honour to serve our AMA, and now I look for your support to continue that service as your next Federal AMA President.

President Gannon opens his last conference



Dr Michael Gannon opens his last AMA National Conference as President.

Dr Michael Gannon opened the AMA National Conference 2018 by figuratively saying goodbye.

In his last opening address as AMA President, Dr Gannon detailed a long list of achievements secured by the AMA during his two-year tenure.

And he poured praise on the organisation he said he enjoyed leading since 2016.

“I must say that it has been a huge honour and privilege to serve the AMA and the medical profession as Federal President,” Dr Gannon said.

“It is demanding, challenging, rewarding, and life-changing. The issues, the experiences, the depth and breadth of policy and ideas, and the interface with our political leaders and the Parliament are unique to this job.

“The responsibility is immense. The payback is the knowledge

that you can achieve great things for the AMA members, the whole medical profession and, most importantly, the community, and the patients in our care.”

His address focused largely on the ground covered since the AMA met for national conference in 2017.

Describing it as a “very busy and very successful year for the Federal AMA,” Dr Gannon said time had passed very quickly in the job but much had been accomplished.

“Throughout the last 12 months, your elected representatives and the hardworking staff in the Secretariat in Canberra have delivered significant achievements in policy, advocacy, political influence, professional standards, doctors’ health, media profile, and public relations,” he said.

“We all worked tirelessly to ensure that health policy and bureaucratic processes were shaped to provide the best



President Gannon opens his last conference

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possible professional working environments for Australian doctors and the highest quality care for our patients.

“The unique role of the AMA in health advocacy is that we are looked to for commentary on the breadth and depth of health policy, social policy, and the health system.”

Dr Gannon said strong and robust advocacy led to a number of policy outcomes at the federal political level.

He said many organisations get nothing for their efforts, but the AMA never gives up.

“To be successful in Canberra, you have to learn to take the knocks along with the wins, then go back again and again for a better outcome,” he said.

“It is breathtakingly naïve to think it works otherwise. And that is what we have done, and keep doing.”

In 2017, the AMA launched its regular Safe Hours Audit Report, which gave added focus to the emerging issue of doctors’ health.

To enhance this focus on doctors’ health, AMA coordination of Doctors’ Health Services continues all around the country, with funding support from the Medical Board of Australia.

“We maintained a strong focus on medical workforce and training places, which resulted in the National Medical Training Advisory Network significantly increasing its workforce modelling work,” Dr Gannon told the conference.

“We secured a number of concessions in the proposed redesign of the Practice Incentive Program, as well as a delay in the introduction of changes.

“The AMA lobbied at the highest level for a more durable solution to concerns over Pathology collection centre rents. We focused on effective compliance, and achieving a fair balance between the interests of GP members and Pathologist members.

“We led the reforms to after-hours GP services provided through Medical Deputising Services to ensure that these services are better targeted, and there is stronger communication between them and a patient’s usual GP.

“We successfully lobbied the ACCC to renew the AMA’s existing authorisation that permits GPs to engage in intra-practice price setting. This potentially saves GPs thousands of dollars every year in legal and other compliance costs.

“We ensured a proportionate response from the Government in response to concerns over the security of Medicare card numbers. This avoided more draconian proposals that would have added to the compliance burden on practices, and added a barrier to care for patients.

“We fundamentally altered the direction of the Medical Indemnity Insurance Review.”

The AMA campaigned on the issue of doctors’ health and the need for COAG to change mandatory reporting laws, promoting the WA model.

It led a nationally coordinated campaign with the State AMAs and other peak bodies to uphold the TGA’s decision to up-schedule Codeine.

It campaigned against an inadequate, poorly conceived, and ideological National Maternity Services Framework, which has now been scrapped.

The *2018 AMA Public Hospital Report Card* put the political, media, and public focus on the stresses and pressures on public hospitals and all who work in them. The current funding model, based entirely around payments for activity, discourages innovation and is inadequate in addressing the demands placed by an ageing population.

“We prosecuted the case for vastly improved Private Health Insurance products through membership of the Private Health Ministerial Advisory Committee, my annual National Press Club Address, an appearance before a Senate Select Committee, and regular and ongoing media and advocacy,” Dr Gannon said.

“This work was complemented by the launch of the *AMA Private Health Insurance Report Card*.

“We successfully lobbied for a fundamental change in the direction of the Anaesthesia Clinical Committee of the MBS Review. The Australian Society of Anaesthetists were grateful for our assistance and leadership. Many other Colleges, Associations and Societies have worked out that partnership with, rather than competing with, the AMA is the smartest way to get results.

“We launched a new AMA Fees List with all the associated benefits of mobility and regular updates.

“We saw a number of our Aged Care policy recommendations included in a number of Government reviews.



President Gannon opens his last conference

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“We lobbied against what could easily have been an ill-thought-out UK-style Revalidation proposal. Our work resulted in a vastly improved Professional Performance Framework based around enhanced Continuing Professional Development.”

Dr Gannon said the AMA had provided strong leadership right across the busy public health landscape over the past year.

The *AMA Indigenous Health Report Card* focused on ear health, and specifically chronic otitis media.

The Federal Council endorsed the Uluru Statement from the Heart, acknowledging that Recognition is another key social determinant of health for Aboriginal and Torres Strait Islander Australians.

A product of a policy session at last year’s AMA National Conference was the subsequent updating of the *AMA Position Statement on Obesity*.

“I think that it is inevitable that we will eventually see a tax on sugar-sweetened beverages similar to those recently introduced in Britain and Ireland,” Dr Gannon said.

“In fact it is so simple, so easy, and so obvious, I worry that it will be seen by a future Government as a ‘silver bullet’ to what is a much more complex health and social policy issue.”

Position Statements on an Australian Centre for Disease Control; Female Genital Mutilation; Infant Feeding and Maternal Health; Harmful Substance Use, Dependence, and Behavioural Addiction; and Firearms were also highlighted.

“We conducted ongoing and prominent advocacy for the health and wellbeing of Asylum Seekers and Refugees,” he said.

“We promoted the benefits of immunisation to individuals and the broader community. Our advocacy has contributed to an increase in vaccination rates.

“We provided strong advocacy on climate change and health, among a broader suite of commentary on environmental issues.

“We consistently advocated for better women’s health services, and released a first ever statement on Men’s Health.”

New Position Statements were also released on Mental Health, Road Safety, Nutrition, Organ Donation and Transplantation, Blood Borne Viruses, and Rural Workforce.

“We promoted our carefully constructed Position Statement on

Euthanasia and Physician Assisted Suicide during consideration of legislation in Tasmania, Victoria, New South Wales and WA,” Dr Gannon said.

“That advocacy was not universally popular. Our Position Statement acknowledges the diversity of opinion within the profession...

“We led the medical community by being the first to release a Position Statement on Marriage Equality, and advocated for the legislative change that eventuated in late 2017.”

In July 2017, AMA advocacy was publicly recognised when the Governance Institute rated the AMA as the most ethical and the most successful lobby group in Australia.

Dr Gannon added that the highlight of the 2017 international calendar for him was the annual General Assembly of the World Medical Association.

“Outcomes from that meeting included high level discussions on end-of-life care, climate change and environmental health, numerous other global social and ethical issues, and seeing the inclusion of doctors’ health as a core issue in both medical ethics and professionalism,” he said.

“I get goosebumps when I read aloud the Declaration of Geneva. It is a source of immense personal pride that I was intimately involved with its latest editorial revision, only the fifth since 1948.

“But our focus remained at home, and your AMA was very active in promoting our Mission: *Leading Australia’s Doctors – Promoting Australia’s Health*.

“We had great successes. We earned and maintained the respect of our politicians, the bureaucracy, and the health sector.

“We won the support of the public as we have fought for a better health system for all Australians.”

Dr Gannon thanked his family, staff, the AMA Secretariat, Board and Federal Council.

CHRIS JOHNSON



Disease and wounds get Ministerial attention



Health Minister Greg Hunt at the AMA National Conference

Health Minister Greg Hunt used his AMA National Conference address to commit funding towards wound management and Human T-cell Lymphotropic Virus-1 (HTLV-1) programs.

As the keynote speaker at conference's opening day, Mr Hunt praised the AMA, gave thanks to outgoing President Dr Michael Gannon, and repeated the Federal Government's long-term health plan for the nation.

He wound up his remarks by announcing the new funding initiatives.

The Federal Government will provide \$8 million to form a taskforce, in collaboration with the States and Territories, to combat emerging communicable diseases such as HTLV-1 in remote communities, he said.

Led by the Commonwealth's Chief Medical Officer, Professor Brendan Murphy, the taskforce will bring together Aboriginal communities, relevant health providers, researchers, clinicians and all levels of Government.

The taskforce will investigate enhanced responses to communicable diseases, including the drivers behind the emerging prevalence of HTLV-1, a blood-borne virus, in remote communities.

It will do this in close collaboration with Aboriginal communities and develop a roadmap to respond to this issue, the Minister said.

"In terms of Indigenous health, one thing that is an unacceptable national shame is the level of transmissible sexual diseases," Mr Hunt said.

"So the STIs and infections are at an unacceptable level. We will be investing \$8 million to ensure that there is a response to the HTLV-1 virus. That's working with Indigenous communities,

under the leadership of the Chief Medical Officer and (Indigenous Health Minister) Ken Wyatt."

In relation to wound management, Mr Hunt recognised that it was a personal passion of many doctors.

He told conference delegates that the Government would embark on a comprehensive wound management program.

"I am referring wound management to the Medicare Taskforce for consideration," he said.

"Secondly, there will be \$1 million in relation to a wound management pilot program under the primary healthcare system. And thirdly, it will be the first priority of the new health system's translation program under the MRFF (Medical Research Future Fund)."

The Minister also committed to legislating in the coming months with regards to medical indemnity, to ensure universal coverage and a level playing field.

That comment was received with instant applause from the conference floor.

Another welcome remark was his insistence on ending the mandatory reporting practice.

"Our doctors... are under stress, under challenge and always facing difficult issues that affect their own mental health," he said.

"We will continue to work, and I am utterly committed, to ending the mandatory reporting practice.

"We have worked together. There are one or two States who still have some issues, but on our watch, in our time, that will become a reality that every doctor who wants and needs help will be able to seek that help without fear."

In closing, the Minister thanked Dr Gannon for his work as the AMA President.

Calling him a friend, Mr Hunt described Dr Gannon in terms of Olympic sports.

"More a decathlete meets Greco-Roman wrestler," he said.

"He is skilled at close quarters grappling and he usually ends up pinning his opponent.

"But at the end of the day, he's a fine doctor, a fine leader, and above all else, a fine person."

CHRIS JOHNSON

Excellent choice for Excellence in Healthcare Award



Professor Elizabeth Elliott AM receives her award from Dr Gannon.

The recipient of the AMA Excellence in Healthcare Award 2018 wants to know how she can use it to build greater awareness for a very worthy cause.

Professor Elizabeth Elliott AM FAHMS was presented with her award by outgoing AMA President, Dr Michael Gannon, at the AMA National Conference in Canberra in May.

Professor Elliott is a pioneer in research, clinical care, and

advocacy for Fetal Alcohol Spectrum Disorder (FASD) and was named the winner of the AMA Excellence in Healthcare Award 2018 during the opening session of the Conference.

FASD is caused by prenatal alcohol exposure and is recognised as the leading preventable cause of prenatal brain injury, birth defects, and developmental and learning disability worldwide. There are lifelong consequences for children born from alcohol-exposed pregnancies.



Excellent choice for Excellence in Healthcare Award

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The AMA Excellence in Healthcare Award is for an individual, not necessarily a doctor or AMA member, who has made a significant contribution to improving health or health care in Australia. The person may be involved in health awareness, health policy, or health delivery.

Professor Elliott was nominated for the award by the National Organisation for Fetal Alcohol Spectrum Disorder (NOFASD), the first and largest organisation dedicated to FASD in Australia.

Over the past 20 years, FASD has evolved from being a little-known, poorly recognised, and misunderstood condition to becoming a major strategic focus for Commonwealth and State Health Departments.

"I am really delighted to be acknowledged, but I really accept the award on behalf of all the children and families I work with, and of course a lot of dedicated clinicians," she told *Australian Medicine*.

"I guess for me it's particularly nice that the group that nominated me was the national organisation.

"I read something that said this was an opportunity to highlight this cause so I'm very keen to find out how to use the AMA network to raise awareness.

"We need to raise awareness of (1) the fact that there are still lots of women who drink during their pregnancy not knowing they might harm their unborn child, and (2) there are lots of doctors who are very reluctant to ask pregnant mothers about their drinking.

"They don't want to upset the doctor-patient relationship, and yet women tell us they want to be asked. They want clear advice. In fact many of them tell us they want to be told not to drink during pregnancy. They want a clear message from doctors."

Professor Elliott is a Distinguished Professor in Paediatrics and Health at The University of Sydney School of Medicine and a NHMRC Practitioner Fellow. She has been a passionate advocate for raising awareness of FASD for more than 20 years.

In presenting her the award, Dr Gannon said Professor Elliott played a significant leadership role in developing the *Australian Guide to the Diagnosis of FASD* and online training modules,

new clinical services, a national FASD website, and a national FASD register.

"She chaired the Australian Government's National FASD Technical Network and is Co-Chair of the NHMRC Centre of Research Excellence in FASD, and Head of the NSW FASD Assessment service," Dr Gannon said.

"She was lead clinician in the Lirilwan study on FASD prevalence in the Fitzroy Valley and has published extensively on FASD.

"She contributed to WHO, NHMRC, and RACP alcohol guidelines and has been a keynote, invited, or scientific presenter at more than 300 conferences nationally and internationally.

"Professor Elliott is a true pioneer in the FASD field and has contributed to the development of Australia's response to FASD, through addressing aspects of health policy, health care delivery, education, and health awareness in the work she has undertaken.

"However, FASD is only one component of Professor Elliott's work, which includes disadvantaged children in Immigration detention, with rare disorders, and living in remote Australia.

"In 2008, she was made a Member of the Order of Australia (AM) for services to paediatrics and child health and, in 2017, she received the Howard Williams Medal from the Royal Australasian College of Physicians (RACP) – its highest award – for her contribution to paediatrics in Australia and New Zealand.

"Much of her work has been undertaken voluntarily, and has strengthened Australia's health systems and their capacity to respond to FASD.

"Her efforts have improved health care services in FASD and changed health outcomes for children and families living with, and affected by, FASD.

"She is a worthy recipient of the AMA Excellence in Healthcare Award."

CHRIS JOHNSON

War zone gynaecologist named AMA Woman in Medicine



Professor Judith Goh AO receives her award from Dr Gannon.

AMA Woman in Medicine 2018, Professor Judith Goh AO, has described receiving her award as a great honour and privilege.

Adding that it was acknowledgement for the work of a dedicated team of health professionals, Professor Goh told *Australian Medicine* the award would also help build awareness for the plight of women's health.

"We often live quite comfortably in Australia but for most women around the world, surviving their pregnancy is not taken for granted," she said.

"So this is great recognition. But we don't do these things to be recognised. We do it because we want to do it."

Professor Goh is a dedicated gynaecologist who volunteers her time treating women in war zones and Third World countries.

She was named the AMA Woman in Medicine 2018 at the AMA National Conference in May.

She is a urogynaecologist who has devoted her career to women's health. Her next stops are Bangladesh, Myanmar, and some African countries.



War zone gynaecologist named AMA Woman in Medicine

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A world-renowned surgeon who has spent approximately three months every year for the past 23 years training doctors in Third World countries in repairing vesico-vaginal fistula – a devastating injury that can occur following prolonged, obstructive labour – Professor Goh was noticeably touched by the honour.

“To carry out her work within a dedicated team of professionals, Professor Goh often has to brave political unrest, and perform surgery in challenging environments...”

In presenting her the award, outgoing AMA President Dr Michael Gannon noted that Professor Goh’s nominators – colleagues from the Australian Federation of Medical Women and the Queensland Medical Women’s Society – have described her career as both humbling and inspirational.

“Since 1995, Professor Goh has donated her time and expertise, working abroad several times a year as a volunteer fistula surgeon in many parts of Africa and Asia, including Bangladesh, Sierra Leone, Ethiopia, Tanzania, Uganda, the Democratic Republic of Congo, and Liberia,” Dr Gannon said.

“Professor Goh runs the twin projects, *Medical Training in Africa and Medical Training in Asia*, via the charity, Health and Development Aid Abroad (HADA), using funds raised to help pay for women’s surgeries such as the correction of genital tract fistulae and prolapse, while training the local staff in these areas.

“To carry out her work within a dedicated team of professionals, Professor Goh often has to brave political unrest, and perform surgery in challenging environments, as well as deal with the emotional and social injuries to her patients due to war, rape, domestic violence, poverty, shame, and grief.

“Her work has changed lives for the better for hundreds of affected women, correcting their often long-standing and preventable obstetric trauma, including vesico-vaginal and

recto-vaginal fistulae, with the minimum of overhead costs to maximise the reach of her services.

“Professor Goh uses her time abroad to upskill local practitioners in this area of medicine, and to raise awareness of the underlying causes of chronic complications of birth trauma, including poverty, lack of education, lack of awareness, and the subordination of women in some cultures.

“In 2012, she was made an Officer of the Order of Australia (AO) ‘for distinguished service to gynaecological medicine, particularly in the area of fistula surgery, and to the promotion of the rights of women and children in developing countries’.

“Her humble dedication within this field of women’s medicine, and her brave and generous service to women all over the world, is inspirational, and very worthy of recognition as a recipient of the AMA Woman in Medicine Award.”

Professor Goh said many women felt ashamed after delivering stillborn babies.

“In some places it is seen as a failure. There is even violence against them in some communities. We are building a community where lot of women can come together and feel supported,” she said.

“In our country we no longer really say ‘mother and child are well’ after a baby is born. It’s taken for granted, so the first question is how much did the baby weigh.

“But there are so many places in the world where this cannot be taken for granted.”

The AMA Woman in Medicine Award is presented to a woman who has made a major contribution to the medical profession by showing ongoing commitment to quality care, or through her contribution to medical research, public health projects, or improving the availability and accessibility of medical education and medical training for women.

CHRIS JOHNSON

APY Lands medical student awarded scholarship



Pirantji Rive-Nelson addresses National Conference after receiving the 2018 AMA Indigenous Medical Scholarship.

A medical student who makes patient education films in Pitjantjara language, and who plans to provide health care to the people of Central Australia, is the recipient of the 2018 AMA Indigenous Medical Scholarship.

Pirantji Rive-Nelson, from Alice Springs, is a final-year medical student at the University of Queensland. He is attending the Rural Medical School in Toowoomba and he plans to return to Central Australia to work as a clinician.

Outgoing AMA President Dr Michael Gannon presented Mr Rive-Nelson with the scholarship at the AMA National Conference in

Canberra in May.

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.

Mr Rive-Nelson told *Australian Medicine* he felt honoured to receive the scholarship.

"It's great. It serves two purposes for me," he said.



APY Lands medical student awarded scholarship

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“It is a bit of a pat on the back for my efforts, in terms of medicine being quite a gruelling degree and you’re getting constant feedback and always told to improve in many areas.

“So it’s kind of nice to get a pat on the back and know that I’m on the right track. So that’s been great.

“And also to be given the opportunity to come down here to meet some of the bigger players in the medical community. That’s a bit of a treat.

“I think people where I am from will definitely notice it, but I don’t think people will understand the gravity of it and the fact that the AMA is the peak governing body for medicine in Australia. But people will recognise it as an achievement and will be very pleased to see it.

“At the end of the day it definitely bolsters my confidence in medicine in terms of keeping me on track.”

Upon receiving the award, Mr Rive-Nelson said his aspirations included a fulfilling and challenging career practising medicine in Alice Springs Hospital, inspiring youth of Central Australia to pursue health careers, and to take on leadership and advocacy roles within Central Australia and national health care organisations.

“Many Indigenous Australians of Central Australia do not speak English as a primary language, and seeking health care from the Alice Springs Hospital is a daunting experience,” Mr Rive-Nelson said.

“Therefore, I hope to actively assist Pitjantjatjara-speaking patients, and my colleagues, by being a clinician who is able to navigate both languages and cultures competently.”

Mr Rive-Nelson is also making short patient health education material in Pitjantjara language, including a YouTube video on kidney disease, which won an award from the University of Queensland.

Fewer than 300 doctors working in Australia identify as Aboriginal and/or Torres Strait Islander – representing 0.3

per cent of the workforce – and only 286 Indigenous medical students were enrolled across the nation in 2017.

Dr Gannon said Mr Rive-Nelson was a deserving recipient of the \$10,000 a year Scholarship.

“Pirpantji Rive-Nelson is a respected member of the University of Queensland medical school, and of the tri-State region comprising the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, the Ngaanyatjarra Lands, and the Central Lands Council lands,” Dr Gannon said.

“He grew up in communities including Irrunytju, Pipalyatjara, and Kalka, and has been exposed to a traditional life that most young Indigenous people can only dream of.

“He is a Wati – a fully-initiated man – and many of his family are Ngangkari – traditional bush doctors. Pirpantji will be the first initiated Pitjantjatjara Wati to become a doctor in the Western medical model, and he will be able to collaborate with Ngangkari to share knowledge and better outcomes for the health of the Central Australian community.

“The significant gap in life expectancy between Indigenous and non-Indigenous Australians is a national disgrace that must be tackled by all levels of Government, the private and corporate sectors, and all segments of our community.

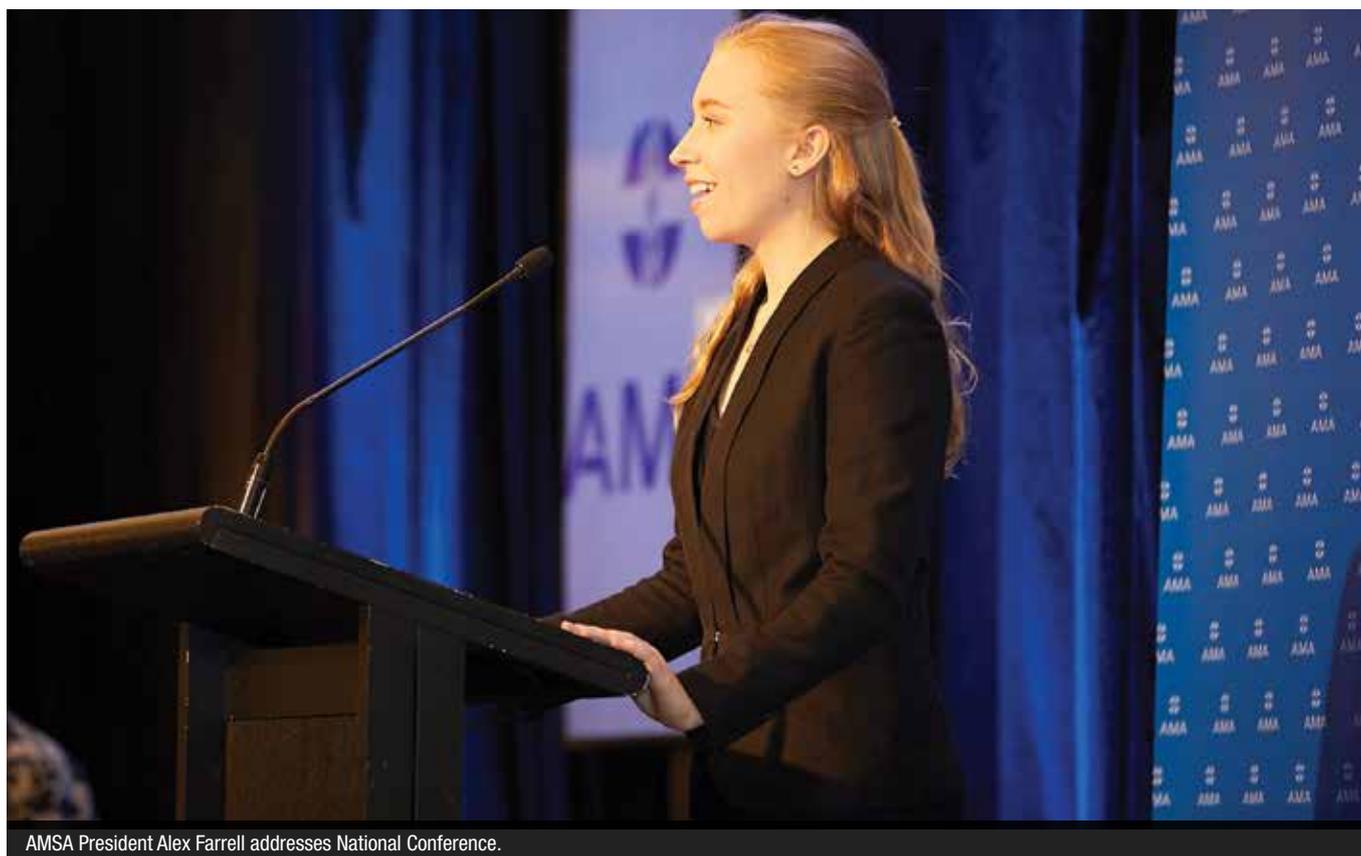
“Indigenous people are more likely to make and keep medical appointments when they are confident that they will be treated by someone who understands their culture, their language, and their unique circumstances. Mr Rive-Nelson is that person.”

More information is available at <https://ama.com.au/donate-indigenous-medical-scholarship>

Mr Rive-Nelson’s kidney health video can be viewed at <https://www.youtube.com/watch?v=cgljvoOoQTo>

CHRIS JOHNSON

AMSA President delivers confronting speech



AMSA President Alex Farrell addresses National Conference.

Between the votes for AMA President and AMA Vice President at National Conference, AMSA President Alex Farrell eloquently delivered a powerful address that captivated all in attendance. Among the topics she focused on were gender equity, sexism, racism, harassment, and mental health. Conference delegates gave her a standing ovation.

Below is a transcript her address

Hello, my name is Alex, and I'm the President of the Australian Medical Students' Association.

I would like to acknowledge the Ngunnawal people who are the

traditional custodians of this land and pay respect to the Elders of the Ngunnawal Nation, past, present, and emerging.

Thank you to the AMA, not only for the chance to address you today, but for the ongoing support you've shown AMSA and all Australian medical students.

On my first day of medical school, we were asked to look on either side of us. It was a fun guessing game, which of us three would develop mental illnesses as part of our course.

A few months later, I first became involved in AMSA because, as a student starting to see the broken parts of our system, it



AMSA President delivers confronting speech

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seemed to be where stuff got done. Doctors, and by extension medical students, hold a trusted place in society, and I saw AMSA bringing us together so we could use our collective political capital for actual outcomes. Realising that students' voices mattered in the conversation, and through groups like AMSA and the AMA I could contribute to real change, was incredibly empowering. It was also daunting, because we still have a lot to work on.

Where our organisations speak out, people listen. Students will remember the AMA joining us in the fight for marriage equality for a long time to come. It was a powerful signal to the Australian community that doctors support our queer patients and peers, at a time when many were hurting. It mattered.

The AMA speaking out on the health of refugees on Manus and Nauru mattered.

That is quite the responsibility. Here in this room, you are the people who will continue to set the AMA's vision and messages going forward. Often that will be on issues affecting the health of all Australians. For today, I want to look a little closer to home, at medical culture.

I am often told that when it comes to changing culture, students are the way forward. This year I've sat in countless meetings where reassurances have been given that our problems will be solved, because the younger generation will eventually reach the top, and we have the mindset to create 'the change'.

The medical students of Australia are extraordinary. But that is a huge burden to place on our shoulders alone, without the structures to support us. We have the least power, and often the most to lose.

'Generational change' is a myth when the problems lie in a system that the upcoming generations are still trained to conform to. They will continue to perpetuate that culture, unless it is actively disrupted.

We need support from you, doctors who have power in the system to help us change it.

I've been lucky enough to spend this year listening to students

and hearing their stories. I'm here representing an exceptional group with diverse backgrounds and experiences.

Medical school has never been without its difficulties. While some may have shifted for the better since your training years, in other ways we face new challenges, and old challenges we hoped would have disappeared.

Challenges in gender equity, and diversity in leadership, in mental health and mistreatment in medical education, and in the growing training pressures that we'll face on graduation.

To begin, gender inequity is alive and well in medicine today. It covers a spectrum of sexist behaviour, from well-meaning but gendered comments, to clearly abhorrent harassment and assault.

You heard yesterday about the very real barriers women in medicine face on a daily basis. The invasive interview questions, the pregnancy discrimination, the pay gap.

This starts in medical school. Every female student will recall a time they were told to avoid specialties that aren't 'family friendly'. I've spoken to students told that "there's no point teaching them how to suture, because they are just going to become a GP anyway". To a student whose supervisor was well known to either bully or flirt with their female students, and told she was lucky to be picked for the latter.

It's what we call unconscious bias. Women and men alike, not meaning to, doubt women's abilities just that much more. Women need to work harder to prove themselves, because they don't fit the leadership image we all expect to see, whether that's in an operating theatre or hospital board room. It's not really about gender or sex, it is about power and authority, and who we see holding it.

Women are under-represented in nearly every position of medical leadership. They are far less likely to be medical school deans, chief executives of hospitals, receive research grants, or be AMA Presidents. They are less quickly promoted, less well paid.

The truth is, most doctors involved in the lower levels of sexism



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and harassment aren't malicious. They may think they are being helpful, or flattering, or telling a harmless joke. Many never actually receive feedback that they are being inappropriate. And so the behaviour builds, and the lack of accountability builds, and for the few with bad intentions, the opportunities to abuse power also build up.

As we tolerate less confronting comments, we pave the way for them to escalate unchecked.

Everyday sexism looks benign, but it has shaped what medicine looks like, from our first year university students, all the way up to the people here today.

In the past couple of years, medicine in Australia has been rocked by the revelation of endemic harassment. I don't think anyone will be truly surprised when the next horrible event breaks. We haven't changed enough to expect them to stop. But it's not enough to wait till then to be shocked back into action. There's no more room for apathy in this space.

The same goes for all vulnerable population groups. There are exceptional Aboriginal and Torres Strait Islander medical students but, compared to other students, the barriers to graduating can pile up.

Earlier this year, I was able to speak to the student representatives of the Australian Indigenous Doctors' Association, AIDA, and hear their stories of daily stereotyping and racist comments, of being regularly told they had taken the place of someone who actually deserved to be in medicine.

A survey by AIDA has found that nearly 50 per cent of our Aboriginal and Torres Strait Islander doctors face bullying, racism or violence a few times a month, or even daily.

While more and more, the makeup of medical students reflects our population, this isn't reaching the tiers of leadership where the ability to really create change lies.

The hurdles to being leaders and advocates are only escalated when certain groups are less valued and protected in the medical sphere.

For students and doctors in training, the health industry is hierarchical and rigid. Challenging norms simply isn't safe territory.

We know that most students mistreated during their medical training don't report it, for two key reasons. They don't know how, and they're afraid of what might happen if they do speak up.

When asked to elaborate, these are their responses:

"We are taught from our first year that whistle blowing in medicine is career suicide"

"My supervisor could be my examiner"

"I tried – the university told me it was the hospital's responsibility, the hospital directed me back to the university"

"It doesn't look good for getting into a specialty program"

Even as someone who has spent this year speaking out on this issue, when I go back into clinical rotations next year, I can't say with confidence that I'll report bullying or harassment if it happens to me. I, as so many students are, am worried about what might happen on the wards, but I'm even more worried about what might happen with a report.

Which means that responsibility to speak up lies with you. To take colleagues aside if they might be crossing lines. To create systems in hospitals where reporting doesn't put students and staff at risk. To demand tangible consequences.

We can change the structure that drives medical culture. We need only look at the issue of mental health, to see this community rally, and say 'enough is enough'.

The promises from COAG to change mandatory reporting laws to remove barriers for health professionals to seek appropriate treatment for mental health are proof of that. That came from sustained and powerful advocacy, from students and the AMA.

The work is far from done, but as a start I'm hoping I can look forward to not hearing any more stories of students being told that seeing a GP will end their career.



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It won't solve all the culprits behind poor student mental health. As students we are staring down the barrel of the building pressure of vocational training - there are far more of us graduating than there are specialty training places, and by the time it is our turn to apply, it will be reaching crisis point.

Knowing that is the future for us, it should come as no surprise that students are doing anything we can to get ahead. Research projects in the holidays, Masters degrees in parallel with full-time medicine and part-time jobs. We can talk about work-life balance as much as we would like, but while this is the status quo, mental health will suffer.

Once out in the workforce, many of us will take years off clinical practice for PhDs or other pieces of paper to make us better candidates, but not necessarily better doctors. We will follow the signals that Colleges and the Profession send us - for a focus on clinical education and service, like so many of you yesterday placed as a priority, they need to be recognised accordingly.

When it comes to mental health, there is one area where students and senior doctors still seem to often not see eye to eye - resilience.

For us, resilience has become a dirty word. That's not because we don't believe in prioritising mental wellness. It's a word that has been overused, at the worst times. Resilience is a suicidal friend pointed towards mindfulness courses. It takes students at the darkest point, and tells them they just should have been stronger. It acknowledges that the medical training environment is flawed, but at the same time says that the answer is fixing students, rather than seeking larger change. That is what students hear.

So instead, let's talk about what they are being resilient against.

60 per cent of medical students have witnessed mistreatment in medical education. That's two in every three. Most the time, this comes as belittlement, condescension or humiliation.

Women are more likely to be mistreated in medical education than men, queer students more than heterosexual, clinical students more than pre-clinical. Consultants are the main offenders in half of the cases.

In the medical world, we are expected to teach and lead as a core part of our work. Doctors spend years learning to practise medicine, but are expected to teach with no training at all.

Your actions matter to the students in front of you in that moment, but also for what they role model going forward. We replicate the examples that were shown to us in our training - so the way you teach now will shape what the medical profession looks in 20 years. If you want to see things change, that is the first place to start.

As a teacher, role model safe practice, good communication, work-life balance. A positive culture is a safe culture.

I know it is not always easy. As students we take time away from your busy days. Sometimes we don't know how to help, and know that our gaps in knowledge fall short of your expectations. All students know the feeling of being a burden on their team. But to learn, we need to be in the room, and able to ask those questions.

Medical students want to work hard, and to be good, safe doctors.

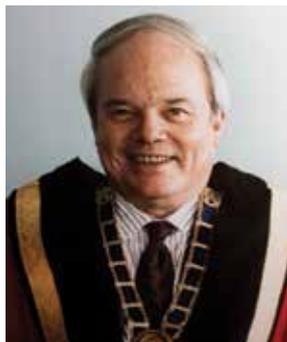
You hold the power to impact the lives of your students each and every day. That's not to say they need to be your first priority. Your patients always come first. But it doesn't have to be one or the other. It only takes a moment to say good job, or to answer a question, or explain how to improve next time.

That moment can make your student's day. It can keep their love for medicine going, through all the other parts of this profession that may otherwise leave us disillusioned far too soon.

Thank you to all of you here who make that effort to be positive mentors and teachers. You are appreciated.

I believe that we can build a medical culture that is safe and nurturing. But it can't wait 20 years, when my peers are filling these seats. It has to start now, and it has to come from the top. In the way you teach, in the way you lead, and in the systems you influence, be part of that change, and I promise, we will do you proud.

AMA mourns the passing of Dr Bruce Shepherd



The AMA mourns the loss of Dr Bruce Shepherd AM, former President of the Federal AMA and AMA NSW, who passed away on May 25, aged 85.

Outgoing AMA President, Dr Michael Gannon, speaking from the AMA National Conference in Canberra, said Australia had lost a giant of medicine and health advocacy.

“Dr Bruce Shepherd put the AMA and medical politics on the map,” Dr Gannon said.

“His tireless advocacy and campaigning for doctors and patients in the Hawke Government years were legendary.

“Bruce played politics tough and without fear, but he was a man of deep compassion and a strong will to help the disadvantaged and needy, built on the foundation of doing the best possible for his two children who were born profoundly deaf.

“Bruce continued his medico-political advocacy beyond his AMA

leadership years, founding the Australian Society of Orthopaedic Surgeons and the Australian Doctors’ Fund.

“His pride was The Shepherd Centre, which specialises in early intervention to help children who are deaf and hearing-impaired develop spoken language skills.

“Under Bruce’s guidance, The Shepherd Centre has become a world leader in its field.

“Not everybody agreed with Bruce Shepherd, but everybody respected him for speaking out for what he believed was best for doctors, their patients, and the health system.

“He leaves a significant legacy. He will be missed.”

The Shepherd family has requested donations be made to The Shepherd Centre in lieu of flowers via www.shepherdcentre.org.au/dr-bruce-shepherd-memorial

JOHN FLANNERY

An obituary for Dr Shepherd will appear in the upcoming print edition of *Australian Medicine*.

GPs to retain access to MBS item 30202

Following representations from the AMA, it has now been confirmed by the Department of Health that GPs will not be precluded from accessing MBS item 30202.

In response to questions from the AMA, the DoH has stated that the MBS Taskforce response to the recommendations of the Dermatology, Allergy and Immunology Clinical Committee had been misreported in the Taskforce’s finding on the website. The reported change to MBS item 30202 would have seen GPs, the predominant users, excluded from claiming the cryotherapy item for removing malignant neoplasms.

The Clinical Committee recommended that the descriptor for MBS item 30202 be amended to replace “specialist” with “Australian Medical Council (AMC) recognised dermatologist”. It was also recommended that the Department of Health should monitor high-volume users to ensure that providers were requesting the appropriate pathology tests to confirm malignancy. At no point was it recommended that GPs be excluded from claiming the item.

However, the material that was released was inconsistent with this and suggested that the MBS Taskforce had recommended to Government that the descriptor be amended to restrict the use of this item to AMC recognised dermatologists and plastic surgeons to support appropriate use of the item and improve patient safety.

The DoH has now acknowledged the concerns raised by the AMA about the potential impact of the change and has confirmed an error was made during the publication of the taskforce’s findings. This will be corrected and amendments to the item descriptors will ensure GPs retain access to this item.

Many GPs, particularly those in rural areas, will be relieved that appropriate patient treatment will not have to be delayed for an unnecessary specialist referral.

MICHELLE GRYBAITIS

AMA National Conference 2018 Picture Gallery





More pics of conference to follow in upcoming editions of AusMed.

INFORMATION FOR MEMBERS

Specialty Training Pathways Guide – AMA Career Advice Service

With more than 64 different medical specialties to choose from in Australia, making the decision to specialise in one can seem daunting.

AMA members now have access to a new resource – one designed to assist in making decisions about which specialty pathway to follow. We know that concerns about length of training, cost of training and work-life balance are important factors in making these decisions, and information on the new site will help here too.

The absence of a comparative and definitive guide was raised by our doctors in training and medical students.

Responding to this need from our doctors in training and medical students, the AMA Career Advice Service has developed a comprehensive guide to the specialties and sub-specialties which can be trained for in Australia. The Guide will be updated annually to reflect changes made by the Colleges, and the 2017 update will be uploaded shortly.

The web-based Guide allows AMA members to compare up to five specialty training options at one time.

Information on the new website includes:

- the College responsible for the training;
- an overview of the specialty;
- entry application requirements and key dates for applications;
- cost and duration of training;
- number of positions nationally and the number of Fellows; and
- gender breakdown of trainees and Fellows.

The major specialties are there as well as some of the lesser known ones – in all, more than 64 specialties are available for comparison and contrasting.

For example, general practice, general surgery and all the surgical sub specialties, paediatrics, pathology and its sub specialties, medical administration, oncology, obstetrics and gynaecology, immunology and allergic medicine, addiction medicine, neurology, dermatology and many, many more.

To find out more, visit www.ama.com.au/careers/pathway

This new addition to the Career Advice Service enhances the services already available which include one-on-one career coaching, CV templates and guides, interview skills “tips” and, of course, a rich source of information available on the Career Advice Hub: www.ama.com.au/careers

For further information and/or assistance, feel free to call the AMA Career Advisers: Annette Lane and Christine Brill – 1300 133 665 or email: careers@ama.com.au

Please note current information within the guide relates to 2016 requirements. Information will be updated to reflect 2017 requirements soon.

Let the AMA's Specialty Training Pathways guide help inform your career decisions.

National alcohol strategy please

BY GEORGIA BATH, AMA PUBLIC HEALTH POLICY ADVISER

Australia has been without a current National Alcohol Strategy since 2011. In late 2017, the current draft of the *National Alcohol Strategy 2018-2026* (NAS) was released for public consultation. The AMA developed a submission expressing frustration at both the time being taken to release the document, and the absence of tangible objectives and indicators. These concerns were echoed in the submissions of a number of other stakeholders.

Much of what is contained in the current draft of the NAS has been proposed in previous iterations of the NAS and related strategies, which appear to have been all but ignored, only to be replicated in the current draft.

The most frustrating example of this discord between the Government's rhetoric and its actions is the exploration of tax reform. Alcohol taxation has been prime for reform for over a decade.

Former Treasury Secretary Ken Henry delivered a suite of recommendations as part of his strategic plan for *Australia's Future Tax System*. Pertinently, he identified volumetric taxation as an effective mechanism for taxing alcohol and outlined a framework in which the revenue of alcohol taxation could be channelled back into initiatives which address the impact of alcohol-related harm. The Henry Tax Review was intended to guide tax reforms for the next decade. We are dangerously close to the end of that decade and one of its most valuable recommendations remains entirely unimplemented.

In 2006, the previous iteration of the NAS conceded that the logic behind volumetric taxation "is difficult to refute". This is apt; it is difficult to refute. It is equally difficult to defend the failure of consecutive Governments to deliver this reform.

The current draft of the NAS, again, makes a very convincing case for the use of volumetric taxation as a means of curtailing alcohol-related harm, although it remains unlikely that these reforms will ever see the light of the Senate floor.

What drives the reluctance to implement such a simple, affordable, and most importantly, effective, policy?

A clue can be found halfway through the consultation draft of the latest NAS. In almost the same breath that the World Health Organization's summation that volumetric taxation is one of the "most efficient strategies to minimise the harmful use of alcohol" is acknowledged, the NAS goes on to stress that the known public health benefits of such measures must be balanced with "conflicting needs of disparate stakeholders".

In other words, the profit margins of commercial alcohol producers are worthy of the same protection and consideration as the health of Australians.

Perhaps the most telling indication of the effectiveness of volumetric taxation is the reaction garnered by its appearance in the latest draft of the NAS. In response to this proposal, Brett Heffernan, CEO of the Brewers Association of Australia, described the draft NAS as "bereft of scientific rigour".

Questionable as this may be, Heffernan is given an opportunity to convey these concerns directly to Health Minister Greg Hunt, who has invited stakeholders to participate in a forum to "collaboratively and collectively" work through issues identified with the NAS. Given the makeup of these stakeholders, it is hard to view this forum as anything other than an opportunity for producers to chip away at the already underdone recommendations put forward by the NAS.

It was only very recently that the Australian Institute of Health and Welfare released a report which identified alcohol and illicit drug use as causal factors in approximately 1 in 20 deaths in Australia. The alcohol industry will tell you proudly that both alcohol-related harm and alcohol consumption more broadly are on the decline in Australia. True as this may be, that is no reason to ignore evidence-based policies with the potential to achieve further reductions in the burden of this harm.

Next time you hear an alcohol lobbyist promulgating this type of argument, simply replace the word "alcohol" with "tobacco", and you may find that these arguments immediately lose their substance.



Health on the Hill
POLITICAL NEWS FROM THE NATION'S CAPITAL

Government funds new hub for mental health

The Federal Government has launched a new research hub focused on preventing anxiety and depression.

To be known as the Prevention Hub, it is a collaboration between the Black Dog Institute and Everymind. It will receive \$5 million in Government funding to bring together research, clinical education and policy experts to work on prevention strategies.

The Hub will implement and evaluate preventive strategies for anxiety and depression across three settings – workplace, education and healthcare.

The workplace strategies will include rolling out and testing online mental health tools and e-mental health and peer support programs to reduce mental health problems in the workplace.

Education strategies will focus on children, teenagers and their families by increasing the capability of educators and providing online prevention screening and referral tools.

Healthcare strategies will include an extension of an online screening mental health platform for GPs and the development of a framework to improve the mental health of our medical workforce.

Health Minister Greg Hunt said funding for the Hub was a continuation of the Government's efforts to make mental health a priority.

An additional \$338 million was allocated to mental health in this year's Budget.

"This includes \$73 million for suicide prevention to directly help people struggling with mental health challenges and more than \$120 million for mental health research," Mr Hunt said.

"Mental illness does not discriminate and is far more prevalent than most people realise. Nearly half of all Australians will experience mental illness in their lifetime. About one million adult Australians suffer from depression.

"Research has shown around 20 per cent of all cases of depression and anxiety could be prevented by delivering evidence-based prevention programs.

"This could potentially prevent thousands of cases of depression and anxiety each year."

CHRIS JOHNSON

INFORMATION FOR MEMBERS

Essential GP tools at the click of a button

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

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

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

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

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

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

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

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



New kit to help with the management of bedwetting children

A new report from the NSW Agency for Clinical Innovation (ACI) has highlighted the need for improved management and health care of bedwetting children.

Titled *Young People with Urinary Incontinence*, the report was released ahead of World Bedwetting Day, which is May 29.

In partnership with the Sydney Children's Hospital Network and the Continence Foundation of Australia, ACI took part in a project known as PISCES, which stands for paediatric information, schema, continence, education, support.

The project was designed to better understand the experiences of children with urinary incontinence, their parents, and the health practitioners who support them.

The report of the project details difficulties in obtaining timely diagnosis and support for the problem, with parents being routinely told "the child will grow out of it", and limited information about it being available.

The release of the report also coincided with the second edition of the Australian Nocturnal Enuresis Resource Kit, developed by the partnership and focussing on the issues surrounding lack of information and delayed access to specialist care post-diagnosis.

Designed to help fill this void, the kit serves as a resource for Australian healthcare professionals, patients and carers.

Nocturnal enuresis, or bedwetting, is defined as the intermittent leakage of urine during sleep.

According to the kit's co-authors, paediatrician at the Children's Hospital at Westmead, Associate Professor Patrina Caldwell; and paediatric urologist at John Hunter Children's Hospital, Dr Aniruddh Deshpande, such a resource is essential in providing additional support to all those affected by nocturnal enuresis.

"We know there are delays diagnosing and treating nocturnal enuresis. Patients and their families require support throughout the treatment journey. Healthcare professionals sometimes need additional help to support their patients, particularly when initial attempts at treatments fail," Professor Caldwell said.

"The Nocturnal Enuresis Resource Kit is designed to offer this support, by providing current and relevant information on nocturnal enuresis management and how to address the challenges and barriers that may present.

"There is a common assumption that bedwetting resolves spontaneously. However, the impact of bedwetting on those who continue to experience nocturnal enuresis is often ignored. Bedwetting can significantly impact sleep quality, self-esteem, emotional wellbeing and daytime functioning, both at school and socially.

"This stigmatising condition is often not talked about, as children are usually very embarrassed about it, leading to feelings of shame, guilt, and helplessness."

As many as 20 per cent of children continue to wet the bed at five years of age, while nocturnal enuresis, which has a male skew, affects as many as 10 per cent of 10-year-olds. Research shows that the risk of bedwetting increases if the child's mother, more so than their father, experienced enuresis as a child.

Dr Deshpande said we now know how nocturnal enuresis affects a child's psychosocial development and perceived quality of life. This impact is not severity dependent, but rather, age and gender dependent.

"Although the negative impact is broadly felt by all affected children, it appears to be perceived significantly more by girls and older children," Dr Deshpande said.

"This is perhaps counter-intuitive and mandates an appropriate response at the primary care level. Research also suggests children who are treated for nocturnal enuresis show improvements in their working memory and other daily activities.

"However, the management of nocturnal enuresis appears to be inadequately taught in medical schools and perhaps even in junior medical staff years, so many GPs may not feel confident initiating treatment of an enuretic child, or know what to do should the initial treatment fail.

"We believe GPs can successfully manage a significant proportion of these children. Therefore, we would encourage the GPs to use the principles, tools and steps outlined in the Nocturnal Enuresis Resource Kit, and offer treatment to enuretic children who seek help."

Continence Foundation of Australia chief executive officer Rowan Cockerell said the common assumption that children will always simply outgrow bedwetting is something that needed to be addressed.

The Nocturnal Enuresis Resource Kit features the latest clinical evidence for the condition, including non-pharmacological approaches, such as pelvic floor training and transcutaneous electrical nerve stimulation (TENS) therapy. The updated pharmacotherapy section also reflects current, evidence-based practice recommendations and algorithms.

A copy of the Nocturnal Enuresis Resource Kit can be downloaded at: <https://www.neresourcekit.com.au>

The Young People with Urinary Incontinence report can be found at: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0003/421896/ACI_0024c-PISCES_Patient-experience-report-A4_FINAL.pdf

CHRIS JOHNSON

WHO public health awards for Western Pacific Region



Public health champions from the World Health Organization (WHO) Western Pacific Region were recognised at the 71st World Health Assembly in Geneva, Switzerland.

Dr Nazni Wasi Ahmad from Malaysia received honours for her innovative research using insects to treat people with diabetes, and the Korea Institute of Drug Safety and Risk Management (KIDS) for contributions to drug safety in the country.

“Dr Nazni Wasi Ahmad and the Korea Institute of Drug Safety and Risk Management have made outstanding contributions to public health in our Region,” said Dr Shin Young-soo, WHO

Regional Director for the Western Pacific.

“The recognition they are receiving today is a strong affirmation of the significance of that work, which positively impacts the lives of many people in Malaysia, the Republic of Korea and beyond.”

Dr Ahmad was awarded the Dr Lee Jong-wook Memorial Prize for Public Health for her research on the therapeutic use of maggots (fly larvae) to clear and expedite the healing of wounds and foot ulcers caused by diabetes. The maggots remove dead tissue and secrete antimicrobial substances that fight infection and promote healing.



WHO public health awards for Western Pacific Region

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The number of people with diabetes is growing around the world, and diabetic foot ulcers are a serious but relatively common complication. If these wounds are not properly treated and become infected, especially with antibiotic-resistant bacteria, it could result in needing to amputate the affected limb.

In Malaysia, about six per cent of patients attending diabetic outpatient facilities develop foot ulcers, and foot complications account for 12 per cent of all diabetes hospital admissions.

Dr Ahmad's method is effective, affordable, simple and available at any time and in any healthcare setting, including small local clinics, said the WHO.

When accepting the award, Dr Ahmad said: "Today, our therapy is being practised in health clinics in most districts in Malaysia, including in hard-to-reach areas. It is easy to access and affordable for the people, especially socially and geographically disadvantaged groups.

"We brought our research findings from the laboratory to the bedside, and now we're preventing limb amputation in diabetic patients in health clinics. This is in line with achieving the ultimate goal of primary health care as advocated by WHO—reducing exclusion and social disparities in health and organizing health services around people's needs and expectations."

KIDS received the 2018 United Arab Emirates Health Foundation Prize for its outstanding contribution to health development. The Institute works to improve health in the Republic of Korea by working on prevention and recognition of drug safety-related issues, supporting evidence-based decisions on drug safety, disseminating safety information, and increasing public awareness.

The country's pharmacovigilance system to monitor the effects of medical drugs consists of 27 regional centres. In this decentralised system, KIDS functions as the focal point, gathering and reporting data from these centres.

The data are used to provide the Ministry of Food and Drug Safety with statistics, safety information and reports of all adverse events. The reporting system further feeds into Vigibase, the global database managed by the WHO Programme

for International Drug Monitoring.

"Nationwide, KIDS operates 27 regional pharmacovigilance centres, promoting the reporting of adverse drug reaction cases and incorporating the data into the WHO international pharmacovigilance programme. We take various safety measures proactively and are keen to share with WHO and other countries our experience and achievements in drug safety management," said Dr Soo Youn Chung of KIDS.

Each year, at the World Health Assembly held in Geneva, prizes are given to recognise expertise and accomplishments in public health.

The prizes have been established either in the name of eminent health professionals and international figures or by prominent foundations committed to supporting international and global public health. Nominations are submitted by national health administrations and former prize recipients and reviewed by specialized selection panels of each of the foundations awarding a prize. The WHO Executive Board, in its January session, designates the winners based on recommendations made by the selection panels.

The Dr Lee Jong-wook Memorial Prize for Public Health is given to an individual whose work has gone far beyond the performance of duties normally expected of an official of a government or intergovernmental institution.

The United Arab Emirates Health Foundation Prize is awarded to a person, institution or nongovernmental organization that has made an outstanding contribution to health development.

Other prizes presented at the World Health Assembly this year were: the Ihsan Doğramacı Family Health Foundation Prize to Professor Vinod Kumar Paul (India); the Sasakawa Health Prize to the Fundación Pro Unidad de Cuidado Paliativo (Pro Palliative Care Unit Foundation) (Costa Rica); and His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion to Association El Badr, Association d'aides aux malades atteints de cancer (El Badr Association, Cancer Patient Association) (Algeria).

CHRIS JOHNSON

AMA Member Benefits

AMA members can access a range of free and discounted products and services through their AMA membership. To access these benefits, log in at www.ama.com.au/member-benefits

AMA members requiring assistance can call AMA member services on **1300 133 655** or memberservices@ama.com.au



Jobs Board: Whether you're seeking a new position, looking to expand your professional career, or looking to recruit staff to your practice, doctorportal Jobs can help you. Discounts apply for AMA members. jobs.doctorportal.com.au



MJA Events: AMA members are entitled to discounts on the registration cost for MJA CPD Events!



UpToDate: UpToDate is the clinical decision support resource medical practitioners trust for reliable clinical answers. AMA members are entitled to discounts on the full and trainee subscription rates.



doctorportal Learning: AMA members can access a state of the art CPD tracker that allows CPD documentation uploads, provides guidance CPD requirements for medical colleges, can track points against almost any specialty and provides access to 24/7 mobile-friendly, medical learning.

Learning.doctorportal.com.au



MJA Journal: The Medical Journal of Australia is Australia's leading peer-reviewed general medical journal and is a FREE benefit for AMA members.



Fees & Services List: A free online resource for AMA members. The AMA list of Medical Services and Fees provides an important reference for those in medical practice to assist in determining their fees.



Career Advice Service and Resource Hub: This should be your "go-to" for expert advice, support and guidance to help you navigate through your medical career. Get professional tips on interview skills, CV building, reviews and more - all designed to give you the competitive edge to reach your career goals.

www.ama.com.au/careers



Amex: As an AMA member, receive no-fee and heavily discounted fee cards with a range of Amex cards.*



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