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THE NSW doctor

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION (NSW)

AUSTRALIAN MEDICAL ASSOCIATION NEW SOUTH WALES

Calling Australia HOME

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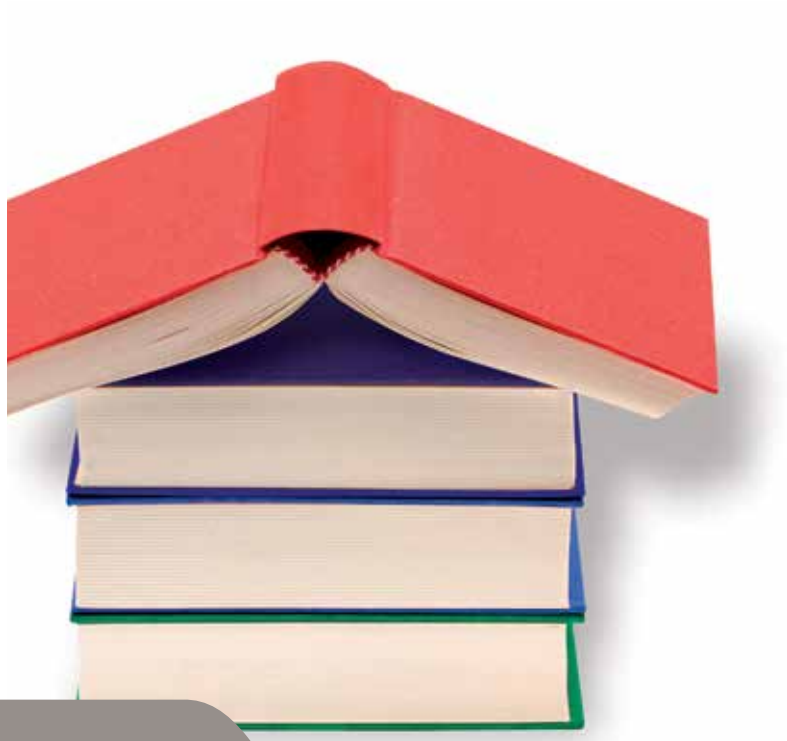

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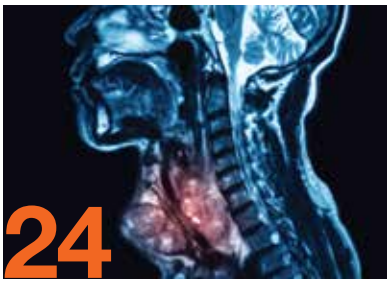
CONTENTS

10 DIT Awards: A night to shine

14 Doctors for Refugees

18 Profile: Dr Ziad Fashka

20 NSW Refugee Health Service



24 Beyond 5: Awareness

26 Survivors Teaching Students

29 The SALSA Program

Regulars

3 President's word
5 From the CEO
7 DIT Diary
9 Student view
30 News
33 Golf
34 Member services
36 New members

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How can we do **better?**

At this critical juncture in history, doctors need to unite for a better, more equitable healthcare approach for all patients under Australian Government care.

FOR MANY years, the medical profession has fought an outward battle.

The medical indemnity crisis, the doctors' dispute, the Medicare provider number disaster – these battles brought doctors together to fight against the erosion of quality healthcare in Australia. They galvanised the profession, and helped demonstrate to members and Government how strong a voice doctors have when we work together.

The Federal Government's failure to adequately address the Medicare freeze and to appropriately fund public hospitals means we must continue to fight these outward battles, and as the profession's most powerful lobby, the AMA remains committed to doing so.

However, in recent years the medical profession has also been fighting an inward battle. After a significant period of self-reflection, some ugly truths about our profession have been uncovered. There is a dark side to being a doctor, and issues such as bullying and sexual harassment, as well as doctor suicide have come to the surface.

While it's been confronting to talk about these issues, these inward battles signify an important change in the profession. They mark a departure from 'The way we've always done things' to 'How can we do things better?'

For the interns of 2018, my message to you is simple. In addition to absorbing the innumerable lessons about our healthcare system and what it means to be a doctor, keep that one question in mind – for we can always do better.

Change is not easy, and it's particularly uncomfortable for some more than others. It's divisive in a way that fighting for health funding is not. But not only is change necessary – it's the right thing to do.

Similarly, AMA's focus on social issues has not been popular with all members. Our advocacy for same-sex marriage was based on our belief that marriage equality is a health issue. Lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ) Australians experience significantly poorer health outcomes as a direct result of discrimination. And as doctors, we have a duty to fight against discrimination in all forms. It's the right thing to do.

> *As doctors, we have a duty to fight against discrimination in all forms. It's the right thing to do.*

The same argument can be made for the current situation on Manus Island. We have an ethical responsibility to ensure the mental and physical health of asylum seekers in detention is maintained.

These men are under the care of the Federal Government, and therefore the health and wellbeing of asylum seekers is Australia's responsibility. As such, they deserve the same level of healthcare that Australians receive.

As I write this, the situation at Manus Island grows incredibly dire. The last of the 300 men who had previously refused to leave the now-closed detention facility have all been forcibly removed and taken to alternative sites. And while the Government maintains the new facilities are adequate, humanitarian agencies warn the medical services there are not.

On the one hand, Minister Peter Dutton promises greater transparency from the International Health and Medical Services (IHMS), meanwhile independent organisations such Medecins Sans Frontieres were denied access to asylum seekers, as was the Federal AMA in its bid to lead a group of medical experts.

How can you increase transparency, while at the same time closing the door to independent health groups?

That is not open, transparent and appropriate health care. And that is not the care that ordinary Australians receive.

We want equitable care for asylum seekers, because that is at the core of what doctors do – we care for people. All people. Regardless of race, religion, country of origin, age, gender identity or sexuality – it is a basic moral tenet of our profession to provide healthcare to all humans to the upmost of our ability.

And if we are going to persuade the Government to uphold its promise to provide the same level of healthcare ordinary Australians receive, then we need to come together as a profession and unite our voices. Whether we are fighting for more funding, increases to the Medicare rebate, marriage equality, or healthcare for asylum seekers. We must fight together – because it's the right thing to do. dr.

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Change for **the better**

A new year signifies change. Here at the AMA, we're focused on effecting change that will improve the medical profession and the healthcare system.

WELCOME to the first edition of *The NSW Doctor* for 2018, and for our intern members, welcome to the AMA. We know how long and hard you have worked to get to internship. We want to assure you that we are here to make your life as a doctor and the society you live and work in the best it can be.

As an AMA member, you have an important role to play in supporting that work. You won't always agree with everything we do, but we hope you will continue to support the vision we have for the profession and the community.

A feature of life in medical politics is to expect the unexpected. For the last few years, we have seen major issues with harassment and health and wellbeing. The AMA has worked hard on each of these problems and to address the underlying cultural factors which influence these issues. We recognise, particularly from the results of the Hospital Health Check survey, that we really have not yet done enough to change the culture of medicine and to make our hospitals and practices safer for all. However, there has been progress and what we now need to do is to focus on spreading those best practices more broadly. It would be great if doctors start sharing advice that is more along the lines of, "Oh, that hospital is great, they do a lot for staff," rather than "Watch out for such-and-such in x department."

Speaking of change for the better, this edition, we also feature a lovely story about the Students as Lifestyle Activists program, or SALSA. SALSA is an educational program in western Sydney schools which aims to encourage healthy lifestyles. I was fortunate enough to attend a presentation from Year 9 students from Chifley College, Rooty Hill High, and Blacktown Girls High. You can read about the event on page 29. It was such a privilege to see the preparation and thought the students had put into their presentations. They understood that they need their Government and their community to make their environment safer so that they can exercise and access healthy food. These students understood the power of good advocacy – be focused, know what you want, believe in what you care about, and sell your message. It's exactly what we try and do at the AMA. dr.

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Counter **productivity**

Doctors-in-training need to be a part of the conversation around productivity, if they are to have a say in the healthcare system they inherit.

THE SHAPE of healthcare in Australia is set to evolve over the next decade. As doctors-in-training, we are likely to find our eventual roles quite different from the ones we trained for. Changes to come could well be a positive – inflexible minds cling to the status quo and healthcare definitely has some domains that need work, including (but not limited to) waste, waiting times, and work hours. Nevertheless, JMOs and DITs should be paying keen attention to plans for the healthcare system we will inherit.

Last October, Federal Treasurer Scott Morrison released a five-year productivity blueprint entitled *Shifting the Dial.* This plan targets health as an area for potential savings in the hundreds of millions. Mr Morrison's stated motivation isn't care of the populace but rather economic productivity. Australians, whilst having some of the best health outcomes globally, spend an average of 10 years in poor health before death, one of the longest periods of disability of any developed country. The Treasurer has realised that that's a lot of lost work hours.

In a nutshell, Mr Morrison's suggested plan is to save money and increase general productivity through better chronic disease management using existing inpatient funds for community programs. This will require better integration between GPs and hospitals. The change will be led by primary health networks rather than health authorities and "social entrepreneurs…the not-for-profit sector, community groups, local governments, health insurers and businesses, [and] businesses contributing as corporate citizens". 'Low value' interventions will be defunded (of concern for women's health this seems to include hysterectomies) and payments will be outcomes based, rather than activity based.

This sounds intelligent enough, it makes sense that money is spent in ways that are objectively effective. As the doctors who write discharge summaries, JMOs probably have a better understanding of activity-based funding than many more senior clinicians (given that we try to fit the most ICD10 codes possible in a readable sentence).

However, I worry that between the lines in this proposal is a tougher situation for doctors trying to do the gold standard for their patients. A scenario in which doctors are (potentially) financially penalised for outcomes the Government doesn't feel look good on paper will not necessarily benefit patients. In fact, such a model could potentially increase disparity between rich and poor areas. Hospitals treating higher rates of smoking and obesity, for example, would get less money despite greater need. The inner city where people smoke less, weigh less, and live longer would get a bigger slice of the pie for, apparently, better data. Inbuilt injustice like that may make those of us doing our training now reluctant to take up positions in the areas of greatest need. Another suggestion in *Shifting the Dial* with this potential is allowing patient satisfaction to be a factor in budget decisions. Addressing every point of the proposal is outside of my scope, but my point is all of this needs serious examination for feasibility and potential impact by stakeholders such as DITs in the public health system.

DITs spend huge amounts of time, money, and personal effort on vocational training. Moving the goal posts over the next five to seven years when it comes to key performance indicators and funding may not inherently be a bad thing, but it will certainly impact on DITs massively as we develop into specialists. A system that privatises, forces competition and penalises doctors could see us regretting all our efforts. JMOs are the first to want improved productivity, reduced waste, and to be paid fairly for hours worked. After all, pressure is greatest at the bottom of the pyramid when investigations are slow, beds are blocked, and patients are unhappy. We must remain informed and aware of the shifting landscape around us and keep up the pressure for training doctors to be seen as stakeholders in the management of our healthcare system. Our futures depend on it and we want to make sure that the wellbeing of both our patients (and also ourselves) is the primary consideration over bureaucratic bottom line thinking. dr.

@elizamilliken

Dr Eliza Milliken Junior Doctor

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A prescription for a **healthier planet**

Calling for action on climate change is consistent with doctors' advocacy on other social issues that impact the health of Australians, argues medical student Damian Gill.

MY DAD was a veterinary pathologist. Although he mainly worked with sick, dying or deceased animals, he was fond of all creatures (except bats – 'bloody dirty bats,' he would growl, 'they carry Hendra virus, you know'). Dad was the first person to tell me about climate change. I was 12 years old when he came into the lounge room one afternoon devastated after reading that the warming planet had caused the extinction of a rare and beautiful frog. The implications of climate change on the Earth's flora and fauna were writ large for me from a young age.

However, as I've grown from that bewildered 12 year old and commenced my studies of medicine, I've come to understand that climate change is as much a threat to human health as it is to the health of the environment. This conclusion is agreed by many medical organisations including the Australian Medical Association and the Royal Australian College of Physicians (RACP). Significantly, the *Lancet Journal* declared in 2009 that climate change is a public health disaster.

Their concern is well-founded, as the potential health impacts of climate change identified by the Australian Climate Commission in 2011 carry significant morbidity and mortality. The direct health consequences of climate change include those caused by the increased frequency and intensity of extreme weather events and the aftermath that can cause loss of life, injury and disease. Indirectly, climate change will increase the distribution and activity of vector-borne diseases such as malaria.

Considering the threat that climate change poses to our health, it would be logical for doctors, other health professionals, and medical students to advocate for action on climate change. If you tell your patients to stop smoking, exercise and eat healthy to prevent disease, then why would you not ask our Government to act on climate change for the very same reason?

Medical practitioners have a proud and successful history of lobbying Governments and industry on issues that threaten their patients' health. Doctors have shown that advocacy and the medical profession go hand-in-hand by their passionate support for the rights of the LGBTIQ community or for greater restrictions on the tobacco industry. Support amongst doctors for action on climate change would be consistent with the very same principle of improving the health of patients that founded their support for these other issues.

There has already been active leadership on this issue as demonstrated by the AMA, Doctors for the Environment (DEA) and the RACP to name a few. They have lobbied the Government for action on climate change and spread awareness about the link between health and climate change. Medical students across NSW, as part of national collectives such as the DEA and Australian Medical Students' Association (AMSA), have also been engaged and active in promoting action on climate change.

Medical students have been particularly vocal advocates for divestment from the fossil fuel industry in their universities and medical groups. This divestment campaign by medical students is part of a global movement that has led to trillions of dollars divested from fossil fuel companies and includes divestments from medical organisations in Australia such as the DEA, the Climate and Health Alliance and the RACP.

In addition to this, Code Green – an environmental initiative of AMSA – has designed an online course available to all medical students that explores the effect of climate change on health. Aside from educating participating students about the health impacts of climate change and the practical actions students can make to reduce their carbon footprint, the course also asks students to consider the role of the environment in the delivery of health information. For example, the additional environmental benefits associated with healthy lifestyle changes can be explained to a patient. This may include pointing out the reduction in carbon emissions when one chooses to walk or cycle to work rather than drive.

When my Dad told 12-year-old me about the extinction of the vulnerable frog, I failed to appreciate how climate change might affect humans. However, it is clear now that the health risks of climate change are substantial. Undeniably, there is a distinct role for doctors to advocate for action on climate change. Indeed, such a threat to our health means that doctors have a moral and logical imperative to be at the forefront of climate change action and advocacy. dr.

Damian Gill
5th Year Medical Student (UNSW)

Best & Brightest

The annual Doctors-in-Training Awards celebrate not only the achievements of the profession's best junior doctors, but it also recognises the teachers and managers who support them.

IT WAS a night of celebration and a chance for junior doctors to relax, mingle and toast their peers.

The AMA (NSW) / ASMOF (NSW) Alliance, together with sponsors NSW Health, HETI, Cutcher&Neale, and Sydney Medical Specialists hosted the cocktail party, which was again held in the swish surrounds of The Ivy's Sunroom.

Special guests included DIT Committee Chair Dr Tessa Kennedy, as well as the Chair of ASMOF's State Medical Officers Group, Dr Alan Pham, who emceed the event.

AMA (NSW) President, Prof Brad Frankum, was joined on stage by ASMOF (NSW) President Dr Tony Sara, along with HETI's Claire Blizard and NSW Health's Leanne O'Shannessy to present the awards.

There were many outstanding candidates in each of the award categories this year, making the judges' job particularly difficult.

Despite the challenges, they were able to see a path clear to deciding on the following winners…

DIT MANAGER OF THE YEAR

Sponsored by ASMOF (NSW) and HETI, the DIT Manager of the Year was presented by Dr Sara to Linda Bell.

Dozens of doctors-in-training submitted nominations for Linda Bell, who is the Network Manager and Education Support Officer for Western Sydney Local Health District.

Nominators for Ms Bell described her as being 'like a mother' to pre-vocational and vocational surgical trainees at Westmead Hospital.

Another described her as, "Truly one of a kind. Her care, compassion and commitment to her job, colleagues and surgical trainees is genuine and admirable. Never have I met someone who will go out of her way at any time of the day or night to help you. I wouldn't be where I am without her support. She is one of those few people you meet and can't help but feel warmth and comfort after every interaction – no matter what the circumstance."

Ms Bell's round the clock care for junior doctors, her high level of organisation and her unbiased rostering system also set her apart.

"Take one look at her outrageous collection of colour coded folders, her complex excel sheets and meticulously planned events," one nominator commented about her heightened sense of organisation.

Another said, "She looks after a total of 26 SRMOs, as well as current and alumni registrars. To say that she has a lot on her plate is indeed an understatement. Her dedication and contribution to each individual trainee is difficult to describe. It is sometimes mathematically impossible

(Clockwise from top left) Winners from the 2017 DIT Awards: Linda Bell; Dr Khushboo Baheti; Prof Nicholas Shackel accepting the award for Dr Hari Nandakoban, and Dr Tom Melhuish.

to fit that amount of hours into a day."

The finalists for this award were Stephen Legge, Debbie Liversidge, Sue Alexander and Gillian Green.

TEACHER OF THE YEAR

The second award, which was sponsored by ASMOF (NSW), was presented to Dr Hari Nandakoban (who was overseas on the awards night). His colleague, Prof Nicholas Shackel, accepted the award on his behalf.

Dr Nandakoban's nomination was widely supported by senior medical and allied staff involved in teaching and research at Liverpool Hospital and he is universally respected by all staff, who recognise his contribution to medical education.

Dr Nandakoban had a vision of raising the standard of teaching at Liverpool Hospital to the highest in NSW.

Despite the challenges of competing service demands and stretched clinical resources in one of the busiest hospitals in NSW, he succeeded in creating a cultural change in the provision of clinical teaching for Basic Physician Trainees.

Under Dr Nandakoban's guidance, BPT training was transformed and there is now an 80%-plus pass rate at Liverpool Hospital.

One of his nominators remarked: "Hari is a well-respected renal physician and medical educator by doctors-in-training at all levels. BPTs and RMOs at Liverpool and outside of the network recognise the support provided to JMOs by the training program that he leads. Many DITs return to Liverpool Hospital for their advanced training. DITs become key educators, many in the BPT unit, and cite Hari as their role model."

Dr Nandakoban also runs a weekly journal club for BPTs, and has developed two awards that recognise academic excellence and good physician qualities. Further, Dr Nandakoban's involvement in teaching includes lecturing, medical student training and running specialty courses.

His most recent achievement, and possibly the most significant, has been the development of the Three Tier Team model, which has been approved to commence in 2018. In light of all his achievements, it was a pleasure to present him with the Teacher of the Year Award.

The finalists for this award were Dr Steven Joung, Dr Lisa Dark, Dr Wenjie Zhong, and Dr Kenneth Nunn.

REGISTRAR OF THE YEAR

Sponsored by NSW Health, the Registrar of the Year Award was presented to Dr Khushboo Baheti.

Dr Baheti is an advanced trainee in psychiatry at Westmead Hospital. She is highly regarded by her colleagues for her hardworking attitude and passion for psychiatry.

She is a strong advocate for patients and is motivated to reduce the stigma and discrimination of those living with mental illness. Dr Baheti displays empathy, compassion and an uncommon initiative. She is always keen to work with her patients to apply evidence-based principles to help them achieve their goals in recovery and life.

One nominator described her collaborative approach towards working with patients.

"She has strong recovery oriented focus in her patient care and believes in empowering the patients so that they can make important decisions of life with adequate guidance. Dr Baheti respects her patients as well as the members of multidisciplinary team she works with."

Dr Baheti also serves as the registrar representative on the Western Area's Network Governance Committee and is a member of the NSW Association of Psychiatry Trainees. She represents her colleagues and is often looked upon to advocate issues of interest on their behalf.

Another nominator commented on Dr Baheti's teaching skills.

"Dr Baheti is an excellent teacher and has received uniform praise from medical students, more junior colleagues and her peers. She is particularly adept at raising awareness of psychiatry and its growing career options with medical students and her contributions to journal club and rounds see her educative efforts extended to more senior staff."

Dr Baheti was one of only two registrars in NSW selected by the NSW Mental Health Commission to attend the

Supporting the Promotion of Activated Research and Knowledge (SPARK) workshop and the International Initiative of Mental Health Leadership conference due to her capacity to make positive changes in the field of psychiatry.

The finalists for this award were Dr Amy Polmear, Dr Jasmin Tilling, Dr Emma Bowcock and Dr Christopher Go.

JMO OF THE YEAR

The Winner of the JMO of the Year award, which is sponsored by NSW Health and HETI, was Dr Tom Melhuish.

Currently doing his training at Wagga Wagga Rural Referral Hospital, Dr Melhuish is pursuing a career in Intensive Care.

His colleagues note his excellent clinical skills, as well as his calm, reassuring demeanour and willingness to lend a hand to others.

"Tom's knowledge is exemplary. Although I have experienced an additional year as a doctor, I have found myself regularly deferring to his expertise. It is reassuring when I hear that Tom is covering the ICU during my nights on call as surgical registrar. During Tom's time in the emergency department, his referrals were accurate and well thought out," said one nominator.

In his role as the RMOA President, Dr Melhuish works tirelessly to advocate for junior doctors, regularly meeting with hospital executives and medical administration. Dr Melhuish was instrumental in developing a health and wellbeing support program for junior doctors, which was recently nominated for a local health district award. In addition, Dr Melhuish has been heavily involved in teaching and medical education, and is noted for running impromptu bedside tutorials.

One nominator noted, "Tom is a vocal advocate for JMO rights within the hospital. He is always happy to approach medical administration and work with them in solving grievances or to discuss improvements to JMO education and training. This year, for example, we as a JMO cohort wanted to make some changes to our teaching sessions. He advocated for these changes with medical administration, resulting in a change to the format of JMO teaching, and incorporation of new teaching topics."

The finalists for this award were Dr Samantha Bobba, Dr Kenneth Cho, Dr Vannessa Leung, Dr John Cherry and Dr Anosh Sivashanmugarajah. dr.

DOCTORS FOR REFUGEES

Dr Barri Phatarfod, GP and President of Doctors for Refugees, urges medical professionals to fight for the healthcare needs of asylum seekers and refugees.

POLITICS should never compromise healthcare.

This was the overriding message from the World Medical Association at its inaugural meeting in 1947, when in the aftermath of World War II, documented gross human rights abuses perpetrated by medical practitioners at the behest of their government were revealed.

Many doctors also have this message reinforced on a daily basis, as anyone who has worked in the prison system will agree. Our job, our duty – our very oath – requires us to put aside personal views and treat the patient as best we can.

So what to make of the current situation in Australia regarding asylum seekers and refugees when the politics spill over into our domain, telling us how and whom we can treat because of a political agenda?

The crisis in the offshore detention system and especially Manus Island is currently getting a lot of coverage, in part because for the first time cameras are able to document the scenes and conditions there. But in fact, many of the detention centres have been operating this way for almost two decades. The centres of Woomera, Curtin, and others have been described as hell holes and a brief search of these reveals shocking videos secretly recorded. There have been around 650 deaths in Australia's detention system since 2000, and less than half have been reported to the Coroner due to a technicality regarding State versus Federal jurisdictions.

Many community and legal groups have long advocated for improved human rights in the refugee detention system, but politicians have used asylum seekers – particularly those coming by boat – as a wedge issue to polarise opinion. However, as doctors we have a distinct advantage: Australian law allows for everyone to obtain a second opinion on the healthcare they receive. In 2011, the AMA policy on refugees and asylum seeker health reinforced the concern of doctors regarding this flagrant abuse of human rights.

While the AMA has faithfully adhered to this platform, it is unrealistic and probably unfair to expect it to focus solely on refugee healthcare, so this was how our group, Doctors for Refugees, started. We formed through the AMA Council of General Practice (AMA CPG) in 2013 when I was the NSW representative, and others on the AMA CGP voiced their abhorrence at what was happening. Our platform is the same as that of the AMA and our focus is solely on healthcare needs. We are qualified to provide that second opinion and within our membership we cover a range of specialties. It's worth remembering that we formed our group during a Labor Government and we are completely non-partisan.

One of the first cases we successfully advocated for was that of an 11-year-old boy who sustained a double fracture of his forearm when he fell off his bicycle in Nauru in 2015. The hospital plastered it up and sent him on his way, but after two weeks when he still experienced debilitating pain his mother contacted us with his X-rays. Doctors for Refugees obtained the opinions of various Australian specialists, including paediatricians, orthopaedic surgeons, radiologists and emergency physicians,

who all reached the same conclusion: this boy needed an urgent surgical repair (ORIF) to avoid permanent disability and that the time to do this had almost passed. When the Immigration Department essentially fobbed us off, with the permission of the boy's mother we went to the media – complete with the X-ray. The result was quite astounding. Within a week the Government flew an Australian orthopaedic surgeon (and an entire operating theatre) to Nauru to do the requisite surgery on this young boy. The absurdity of this expense aside, this appeared to be a successful outcome and almost immediately our group was inundated with requests from others to similarly assist them. We currently have over 300 cases that we are reviewing and as a completely volunteer group, it is hard to meet this demand.

Yet the cases, which include untreated tumours, heart attacks, machete attacks, and gang rapes are hard to turn away from. Some of the cases we have assisted with this year include having a pregnant woman with pre-eclampsia and breech presentation brought to Australia for caesarean section, and a young man with arrhythmia having a pacemaker fitted, after the advice of three separate cardiologists to do so were ignored by the Australian Government. Both these cases, among others, were extensively reported in the media which was ultimately how they were able to get treatment. We will only release de-identified details with the patient's written consent.

The cost of the offshore detention system has been reported at between $5-$9.6 billion for the last five years. Comparing this with the $1.2 billion to upgrade Campbelltown, Nepean and Concord hospitals combined or the $130 million to build and maintain the University of Canberra Hospital puts this outrageous figure in perspective. For doctors who watch patients struggling to pay for medication and other costs, this factor itself should see our strongest condemnation.

The intrusion of politics into doctors' medical work reached its zenith when the Government introduced the Australian Border Force Act in 2015. The secrecy provisions contained in this were in direct conflict with the AHPRA guidelines of

patient advocacy – the guidelines doctors had sworn to uphold. Many peak bodies, including the AMA, medical colleges, and the Lawyers Alliance, immediately called on the Government to reverse this Act or, at the very least, to exempt doctors. After a year of these calls being ignored, Doctors for Refugees, aided by the Fitzroy Legal Centre, challenged the ABFA 2015 in the High Court. Two months later the Government quietly introduced an amendment that exempted health professionals. After some discussion, our committee decided that freeing doctors from their ethical conflict

> *Yet the cases, which include untreated tumours, heart attacks, machete attacks, and gang rapes are hard to turn away from.*

was a welcome measure, but only part of the solution; the healthcare of refugees was still at risk while teachers, security guards, and others were still bound by this law, so we chose to continue on. In August 2017, the Government introduced another amendment, which we are currently discussing.

That the Government, with its massive legal and financial resources, could be forced to back down on its dearly held policy by a group of politically naïve doctors, armed only with our AHPRA Code of Conduct and assisted by a community legal centre, speaks volumes as to the paper tiger it really is.

It also reinforces the power that doctors hold when we stick to our core tenets.

Following our urgent letter regarding the escalating crisis on Manus Island upon the closure of the Regional Processing Centre, we travelled to Canberra in October to meet with several Parliamentarians.

They told us to work on changing public opinion. This is not our role. However, we can ensure that all doctors are informed of the conditions these individuals face. And we can remain united in our condemnation of this treatment.

Most of us became doctors, not just because of our interest in the science of the human body, but to uphold the principles of the sanctity of life – all human life. Currently, this is being violated, so now we face a choice: step up together, or be part of the shameful history that did and said nothing.

Volunteering with Doctors for Refugees is easy. No travel is required, just the ability to review medical records. Most referrals involve such egregious deviations from acceptable care that even the most junior doctor can identify this immediately. We are also self-funded and greatly appreciate any donations. Details can be found on our website doctors4refugees.org. dr.

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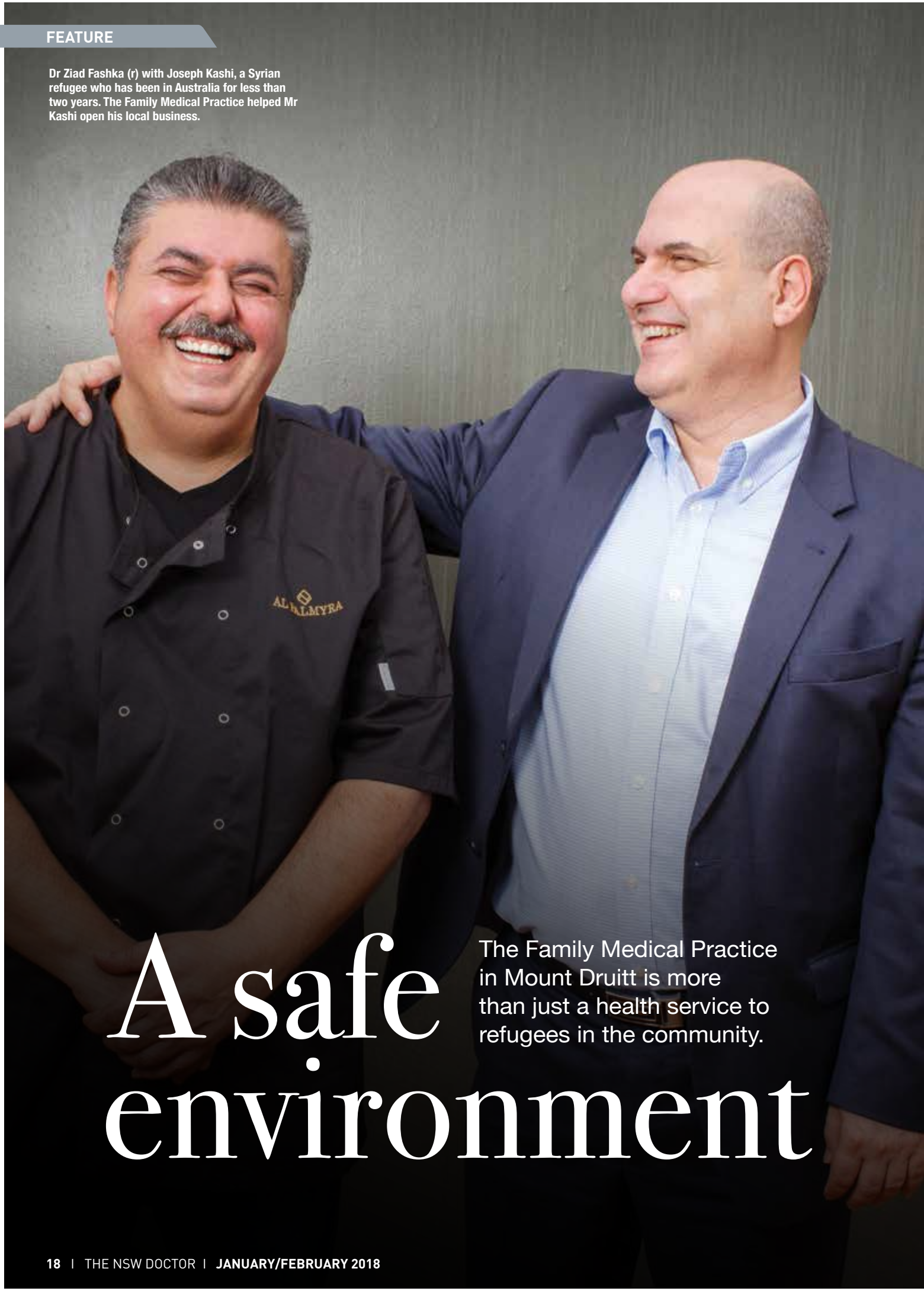


Dr Ziad Fashka (r) with Joseph Kashi, a Syrian refugee who has been in Australia for less than two years. The Family Medical Practice helped Mr Kashi open his local business.

A safe environment

The Family Medical Practice in Mount Druitt is more than just a health service to refugees in the community.

FOR THE doctors and practice staff at the Family Medical Practice in Mount Druitt, it's not unusual to see 'consultations' in the waiting room, in the corridors, or at the front desk.

"We often have people coming to the practice with their electricity bill, asking what's that?" says Dr Ziad Fashka.

Dr Ziad explains that all of the doctors and staff in the centre speak Arabic, and for refugees, the medical centre is a safe and warm environment to ask health-related questions, as well as questions related to the education system, English courses, housing, employment, et cetera.

"Usually dealing with organisations is a cold experience – when they go to Centrelink, for instance, they fret about it, they don't know what to say and they see different people each time. But dealing with our medical centre is a warm experience – they know the staff and the doctors and we have a friendly environment."

The medical practice has become something of "hub" for refugees and patients who come from an Arabic speaking background. Dr Ziad says this transition happened quite organically, as local community groups, churches and individuals – many of whom were moved by the stories they read about people escaping a war-torn Syria – came to the medical practice looking for ways they could help.

"For example, people from the local driving school came to our practice and have offered to give driving lessons to refugees at a reduced fee."

He said other groups have advertised jobs for Syrian refugees at the practice, while some offer English lessons.

"The local refugee centre actually visited our practice and they now refer refugees to our practice," he added.

At least half of Australia's intake of 12,000 Syrian and Iraqi refugees have been settled in western Sydney and Dr Fashka says his practice's patient load has grown accordingly. Currently, about 20% of their patient base are refugees.

Dr Ziad say he finds many refugees go through a 'honeymoon' period when they first arrive, which is replaced by feelings of frustration and angst as they try to understand and navigate the Australian way of life.

"When they first come here, they are safe, they are happy, they have successfully moved to Australia, and they have wonderful, romantic notions of their new world. But after that, once they settle, they start to experience the everyday difficulties."

He is familiar with this transition, having immigrated to Australia himself in 1996. Dr Ziad graduated from medical school in 1991 in Syria, and after coming to Australia, he finished his AMC Exams in 1999, then went on to complete his internship and residency at Nepean Hospital. In 2002, he joined the GP Training program in Newcastle. He returned to Sydney in 2005 and established the Family Medical Practice in Mount Druitt with Dr Adib Obeid and Dr Therese Kanaan.

The experiences of refugees prior to arriving in Australia can have long-term effects on their physical and mental health. For refugees who have fled persecution, they may have suffered trauma as a result of war and conflict. Prolonged time spent in refugee camps with limited access to healthcare and proper nutrition can also have health-related consequences. And even after arriving in Australia, many can find their new environment stressful as they try to navigate a completely new country, with different systems and processes than what they are used to.

Dr Fashka says many of the health problems experienced by refugees are similar to those of his Australian patients. The biggest difference is that his refugee patients have a much higher incidence of mental illness.

"What is prominent in this demographic is post-traumatic stress disorder," he says.

"Most of these people they are exposed to some sort of violence, if not directly to themselves, they have witnessed some form of violence or they have heard about violence or stories of war, persecution, torture. So there is a lot of post-traumatic stress disorder, especially in children. And in adults, we see depression and anxiety and post-traumatic stress disorder."

The Family Medical Practice in Mount Druitt also employs a psychologist and a social worker to help patients experiencing mental health issues.

His advice for other medical practitioners who may be dealing with refugee patients is to find subtle ways of discussing mental health.

"A lot of patients are embarrassed to speak about it and mask it, so the doctors need to dig for it or encourage them in a subtle way. Let the refugees open up about their traumatic experiences and mental issues that they might have." dr.

IMPROVING HEALTHCARE SERVICES FOR REFUGEES

The NSW Refugee Health Service highlights that many refugees may distrust government and authority figures, including medical professionals. Medical consultations and procedures can cause significant anxiety, particularly for survivors of torture and/or sexual violence.

Having an awareness of a refugee's country of origin and the country's political history and conflicts, will help health professionals recognise the potential impacts this might have on patients. Being aware of key cross-cultural issues, using a sensitive, staged approach to history taking and examinations, engaging a professional interpreter and seeking training on working with refugees will also improve health professionals' healthcare service for refugees.

Doctors are encouraged to contact NSW Refugee Health Service on 02 8778 0770 for more information.

CALLING AUSTRALIA HOME

Dr Mitchell Smith, director of the NSW Refugee Health Service, explains how NSW has helped settle the influx of refugees in western Sydney.

OVER THE past two years the Australian Government increased its refugee intake by an additional 12,000 places for refugees fleeing the Syrian crisis. Around half were actually Iraqi refugees, many of whom were residing in Syria but had to relocate due to the conflict.

Between January 2016 and late 2017, over 15,000 refugees have been permanently resettled in NSW alone. Almost 7,000 were part of the additional Syrian intake. Greater Western Sydney has always been the most common NSW location for refugee settlers. For the current cohort, the Fairfield area has been a particular hot spot, mainly because the majority of arrivals were sponsored by family members already living there.

The Australian Government funds Humanitarian Settlement Services (HSS) programs that provide early practical support to refugees on arrival and throughout their initial settlement period. HSS clients are assisted to register with Centrelink, Medicare and health services. Sponsors, however, take on the bulk of these responsibilities for those that they support to travel here.

THE NSW REFUGEE HEALTH SERVICE'S ROLE IN DEALING WITH THIS INFLUX

The NSW Refugee Health Service is funded by NSW Health to provide a range of services and programs to assist those of refugee backgrounds, in particular newly-arrived refugees. As well as teaching, advocacy and research, the Service partners with various agencies to provide health education and health programs for community members, especially those settling in Sydney. NSW RHS also has a clinical role, providing a Refugee Health Nurse Program (RHNP) across metropolitan Sydney, and a limited General Practitioner service. In other parts of NSW, local responses are in place to assist refugee settlers.

Refugee nurses undertake initial health assessments and screening for conditions not detected overseas, at several locations and in selected schools. Part of the rationale of the RHNP is to facilitate care by mainstream health services, including GPs. Also, the program has been shown to reduce impact on emergency departments by providing a responsive first point of contact, and advice on health issues in new arrivals. However, the RHS only sees a proportion of all refugees, given that many sponsors, in particular, take their newly arrived family members direct to their own local doctor.

The NSW Ministry of Health provided a significant funding enhancement from 2016 to assist with the increase in refugee numbers. As well as enlarging the NSW RHS, funds also went towards the statewide torture/trauma counseling service (known as STARTTS), to healthcare interpreter services, chest clinics following up past TB and latent TB infection, and refugee paediatric clinics at Sydney Children's Hospital, Children's Hospital Westmead and Liverpool. Catch-up vaccines also received an initial boost.

RHS expanded its nurse-led assessment team and conducted over 3,000 assessments last financial year. The nurse-led model is based on referral to GPs for ongoing care, to mainstream services such as dental clinics and women's health, and to specialised services for those with

complex conditions.

In March last year, we launched an Early Childhood Nurse Program, the first dedicated just to children of refugee backgrounds, which has already seen over 200 children under five years old, mostly through home visits. Some of these preschoolers and babies are asylum seekers without Medicare.

An interesting program getting underway is called the Health Navigation Program, which is recruiting a team of volunteers to help newly arrived refugees get to their various health appointments in that overwhelming period of early settlement. This was successfully trialled in the past in northern Sydney, assisting Tibetan refugees there.

MAIN HEALTH ISSUES, AND SOME CHALLENGES

Refugees undergo health screening prior to being granted a visa. Nevertheless, not all conditions are sought at that stage. Additionally, the criteria refugees need to meet are now less stringent than for other migrants – an excellent policy decision from a humanitarian perspective, but one that has thrown up some challenging service provision issues in recent years.

The main health issues among this Middle Eastern cohort are:

- Psychological health – significant loss and grief affecting most families;
- Chronic diseases - hypertension, CVD, diabetes – often under-managed in recent times (access to medication is difficult when in exile, especially when one has to pay), or in some cases, undiagnosed prior to arrival;
- Risk factors for CVD are also common: high lipids, smoking, overweight;
- Child and youth overweight and obesity, with limited dietetics referral options;
- Frail aged new arrivals – a new phenomenon, with 6% of arrivals in the past two years being over 65 years old; MyAgedCare services are needing to adapt to this new cohort;
- Under-immunisation, with documents often lacking, and GPs not surprisingly confused about catch-up needs;
- Disability (physical and intellectual) in children and adults has been a very significant issue; these individuals

sometimes arrive with no formal diagnosis, and have had minimal or no intervention overseas (such as one adult with cerebral palsy, bed-bound with severe limb contractures); the National Disability Insurance Scheme (NDIS) rollout has been an unfortunately-timed complicating factor; access to timely assessment services such as occupational therapy has been a struggle, and psychometric testing for adults with intellectual disability remains a particular challenge.

This last issue has led to the creation of a small disability team within our service, including a nurse and social worker to facilitate access to disability equipment, occupational therapy assessments and enrolment in the NDIS. Bilingual educators are used to better inform patients and their carers about available services.

Other conditions identified in some resettling refugees include oral health (with good public dental clinic access for children, but long waiting lists for adults), vitamin D deficiency, iron deficiency anaemia and thalassaemia trait, and in a small number, chronic infections such as hepatitis B and strongyloides. Outreach to high schools has identified hearing impairment and vision problems in a proportion of adolescents. Low health literacy in some means that much explanation needs to be given about preventive health such as cancer screening.

THE GOOD NEWS

Raising awareness about possible health issues in refugees always runs the risk of over-pathologising. Most people of refugee background are basically well and are raring to go in terms of resettling here, improving their education levels and contributing to the society. Many stories emerge of doctors and dentists sitting and passing their exams; wheelchair-bound children delighting in the freedom of mobility, and school attendance, in their newly acquired, re-conditioned electric wheelchairs; mothers of such children now acting as support to other parent carers; 4 year olds who can't hold a pencil rocketing ahead with their fine motor skills once they and their parents are shown what to do.

WHAT CAN MEDICAL PROFESSIONALS DO?

Being informed about refugee health issues is a good start. There are many relevant resources including websites and national guidelines (e.g: www.asid.net.au/products/refugee-guidelines-2016). A number of Primary Health Networks (PHNs) have created HealthPathways on refugee health.

Last year's Commonwealth Budget included funding for catch-up vaccines for all humanitarian entrants. GPs can now ensure all recent arrivals, be they children, adolescents or adults, have the same protection against vaccine-preventable diseases as those born here.

The Australian Government funds the Doctors Priority Line (phone 1300 131 450), a free phone interpreting service for GPs and specialists in private practice, available 24/7. An on-site interpreter can be booked in advance. Health care interpreter services are available to doctors and others working in the public health system across NSW. Practitioners can avail themselves of a large range of translated patient education materials.

Barriers to healthcare, including gap fees, should always be taken into account. We also need to remember that there is a minority of people living in the community as asylum seekers, without Medicare, who need our advocacy and support to maintain their health whilst waiting for their refugee status determination.

Finally, how to approach healthcare for those who have suffered persecution and psychological trauma: respect is a good starting point. "Compassionate listening" is a lovely concept – just letting people tell some of their story can help their healing. In these ways we can all contribute to helping our patients of refugee background who now call Australia home. dr.

The NSW Refugee Health Service operates a number of projects aimed at improving the health of refugees.

THE WOMEN'S Health Project Officer for the NSW Refugee Health Service, B-ann Echevarria, says within some refugee communities cancer is a taboo topic.

"There is still some stigma around talking about cancer openly in the community," she says. "When people die from cancer, there is a reluctance to talk about it, whereas that doesn't happen if they die from other causes."

Ms Echevarria has been coordinating the Refugee Women's Health Project since it commenced in March 2006. Since it started, the project has engaged with women from Afghanistan, Burma, Burundi, Iran, Iraq, Serbia, Sri Lanka, Sudan and Syria. A number of initiatives were undertaken through this project in collaboration with health and settlement services in South Western, Western and Sydney Local Health Districts.

Among these initiatives is the Breast Care Awareness among Older Refugee Women Project, which was funded by the Cancer Institute of NSW to increase awareness among older refugee women of breast care and free screening services offered by Breast Screen NSW.

Information sessions gauged the existing knowledge of participants, as well as provided information about breast cancer and screening, and gave participants an opportunity to raise concerns about breast cancer.

The initial project conducted eight sessions in Auburn, Fairfield, Liverpool, Mt Druitt and Parramatta with a total of 160 women attending, 58 of whom registered for group screenings. Nine group screenings were organised in Parramatta, Liverpool and Blacktown through BreastScreen NSW.

In total, 49 women were screened, 42 for the first time.

"For many refugee women, breast screening is a very new topic," Ms Echevarria explains, adding that many believe breast cancer is a number one cause of death for women.

"There is a misconception that breast cancer is not treatable. So we try to educate them about the benefits of early detection."

Many women were also unaware of the free breast screening services available in Australia.

The sessions were well received among refugee women, who appreciated the presence of an interpreter.

In addition, the project assisted refugee women to access the local health services.

Ms Echevarria explains that making an appointment to attend breast screening is only one part of the process.

"We try to liaise with the women to make sure they can get to their appointment – sometimes, we physically have to accompany women to the appointment and assist them in filling in the forms."

Ms Echevarria adds she is advocating agencies to translate the forms to make it easier for women with limited English.

FAIRFIELD REFUGEE NUTRITION PROGRAM

Feeding your family in an unfamiliar environment can be very challenging for recently settled refugees.

Low income, inability to find traditional ingredients, and difficulty reading nutritional labels or cooking instructions can all contribute to nutritional deficiencies among people of a refugee background.

In addition to creating or exasperating nutritional deficiencies among refugees, food insecurity can also increase family stress, cause further isolation and increase difficulty of the settlement process.

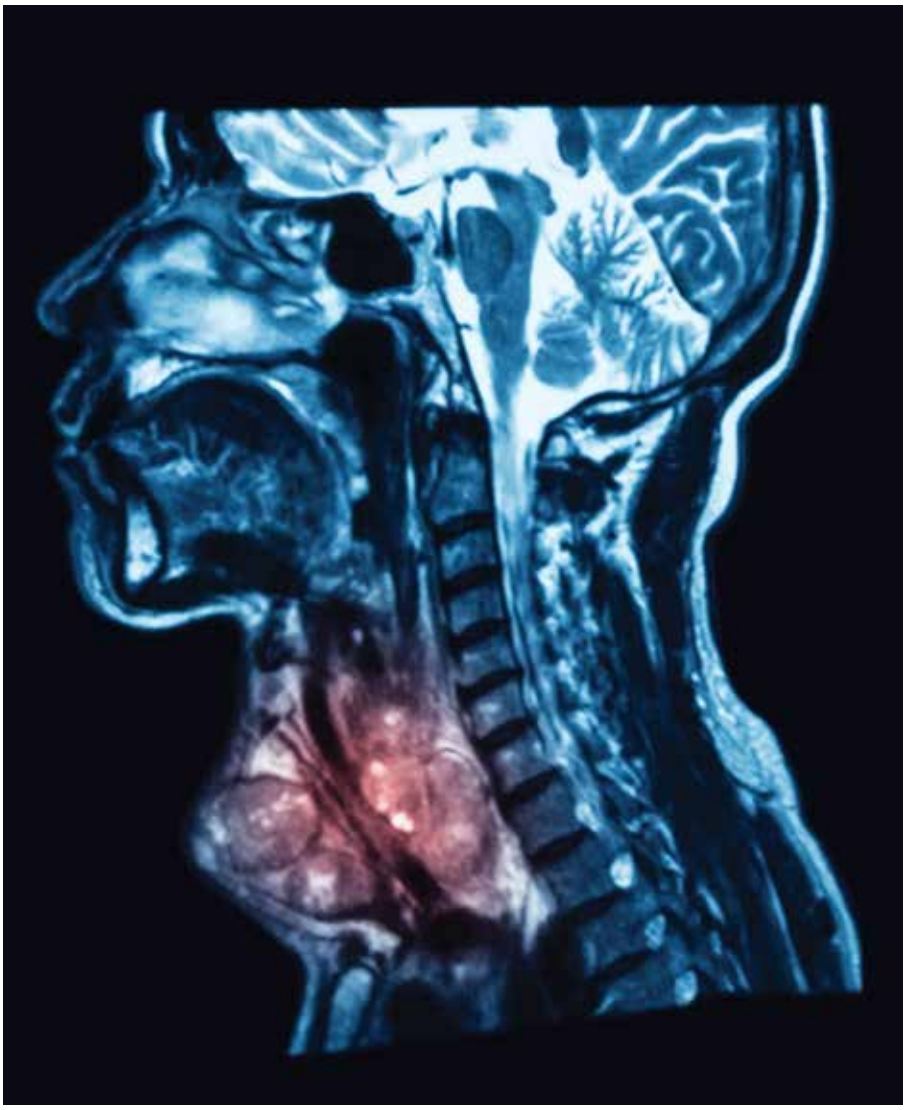
To help people overcome these challenges, the Refugee Health Service developed the Fairfield Refugee Nutrition Program in 2007.

An additional program aimed at kids was created in 2013. Kids in the Kitchen, which targets children from ages 6-12, promotes healthy eating and equips kids with some simple cooking skills. Kids also engage in a physical activity together.

Both nutritional education programs were transferred in 2015 to the NGO "Promoting Healthy Outcomes for Refugees Inc" (PHOR).

Community dietitian Helen Tran delivers the program in conjunction with a Bilingual Community Educator over the course of eight weeks. Topics include healthy food choices, how to read food labels, as well as cooking instructions for common ingredients. Every other week, participants cook together and learn new recipes.

"We give participants practical information throughout the course to help them learn about adequate and safe foods. But it's also a chance for refugees to make new friends," Ms Tran said. dr.



BEYOND FIVE

Head and neck cancer experts created Beyond Five as a resource for medical professionals, as well as their patients and carers.

FOR A DISEASE that manifests itself in such a visible way, head and neck cancer has a low profile in the public consciousness compared to many other common cancers. As a group, it is one of the seven most common cancers affecting Australians. But because it includes more than 10 different types of cancer and these are quite separate, it is incredibly complex and diverse.

Head and neck cancers affect a person's mouth, tongue, salivary glands, skin or voice box. Smoking has long been the most common cause of cancers of the mouth, throat and voice box. However, cancers caused by the human papilloma virus are rapidly increasing in incidence. Thyroid cancer is one type of head and neck cancer that we don't know the cause of. Skin cancers also make up the group and may extend to the eyes, ears, nose and salivary glands. These cancers can affect all age groups.

In terms of pathology, many head and neck cancers manifest as squamous cell carcinoma (SCC). This is because most surfaces in the region are lined by mucosa and cells within the mucosa can grow abnormally and at uncontrolled rates, giving rise to SCC.

Because of this complexity, a diagnosis of head and neck cancer can be difficult for patients and their families, as well as for the healthcare professionals that treat them.

In 2014, a team of passionate people working in the field of head and neck cancer care identified a lack of information and resources for patients and professionals. There was no organisation in Australia offering support to patients and their families along the road from diagnosis to treatment and life after cancer.

And so, the idea for Beyond Five was born.

Beyond Five was set up in December 2014 and is a national not-for-profit organisation that provides access to comprehensive and easy to understand information about head and neck cancer. The name refers to the long-term support that patients with head and neck cancer

often need, due to head and neck cancer treatment. These can include disfigurement and difficulties with speech, eating, swallowing and talking. Patients often need support beyond the typical five years after diagnosis.

The information and resources on the Beyond Five website were developed and reviewed by head and neck cancer experts from Australia and New Zealand and are based on the best available evidence and clinical consensus. Beyond Five is a collaboration across multiple specialties and was founded by a diverse group made up of head and neck and ENT surgeons, radiation oncologists, medical oncologists, specialist nurses, speech pathologists, dietitians, dentists, plastic surgeons, psychologists, health literacy experts and consumer representatives.

Healthcare professionals will find a wealth of resources to help them treat and support their patients. These include optimal cancer care pathways, 3D animations that guide people through the anatomy of the head and neck, information sheets on surgical procedures and information on research, clinical trials and funding opportunities.

Practical information for patients includes explanations of the different types of head and neck cancer in terms that are simple and easy to understand, treatment options and where to get support for the emotional, social and mental effects of the illness. There is a section on health and wellbeing covering topics like nutrition, exercise, skin care and mouth care. There is also a database of support groups across Australia for patients with head and neck cancer and a selection of patient stories.

For those looking after someone with cancer, there is advice on how to support that person. And for those who need it, there is advice on coping with grief and loss.

For more information visit **www.beyondfive.org.au** and to order your free Beyond Five patient cards or A3 poster for your clinic email **contact@beyondfive.org.au** dr

BEYOND FIVE AMBASSADOR: **JULIE MCCROSSIN**

Beyond Five welcomed its first ambassador, broadcaster and journalist Julie McCrossin in October 2016. Julie was diagnosed with stage 4 oropharyngeal cancer in mid-2013.

"Prior to diagnosis I had repeatedly seen my GP complaining of an ear ache, a sore throat and two lumps on my neck. I was taking soluble pain relief twice a day, but I wasn't sick. I was never referred by my GP for any tests or assessment by a specialist.

"Finally, I saw an ear, nose and throat surgeon and he immediately diagnosed my cancer and confirmed the diagnosis with a biopsy the next day.

"I had cancer in my tonsils, the back of my tongue and the side of my throat. I was successfully treated with 30 sessions of radiation and four sessions of chemotherapy," says Julie.

Since her diagnosis, Julie has been committed to getting evidence-based information and sources of support to all that are touched by head and neck cancer, whether that is patients and their families and carers, or the healthcare professionals that care for them. She also co-edited the Head and Neck Cancer Patient Book earlier in 2017 with two patient groups: The UK Swallows Group and Head and Neck Cancer Support Australia.

"I believe that it is very important to work with all the professional organisations for general practitioners, including Primary Health Networks, to provide the latest information about the diagnosis, treatment and recovery of head and cancer patients. Primary care teams have a vital role to play throughout a head and neck cancer patient's journey," says Julie.

To read more about Julie visit www.beyondfive.org.au.

BEYOND FIVE
The Face of Head & Neck Cancer

WHEN PATIENTS BECOME PROFESSORS

A new program uses ovarian cancer survivors to raise awareness of symptoms among medical professionals to improve early detection.

WOMEN diagnosed with ovarian cancer today have about the same survival chances as they did three decades ago. It's no wonder that ovarian cancer has the sixth highest mortality rate of all cancers among women in Australia.

Just two out of five women diagnosed will survive five years from diagnosis, and the incidence of ovarian cancer is still rising – a 23.3% increase since 2011.

Survivors Teaching Students® (STS) is a volunteer-led program that brings the faces and voices of ovarian cancer survivors and caregivers into the classrooms of medical and nursing students. It aims to raise awareness of the symptoms of the disease amongst our future diagnosticians and contribute to their developing communication skills. In Australia, the program is being led by the Australia New Zealand Gynaecological Oncology Group (ANZGOG).

Here is some recent feedback from a medical student in NSW: "Medical students often become very distant and apathetic (perhaps a coping mechanism); teaching like this anchors us back, thank you."

THE IMPORTANCE OF AWARENESS

Around 1,500 women are diagnosed with ovarian cancer every year. Statistically, a GP is likely to see just one case of ovarian cancer in their whole career.

Early detection is an ongoing challenge. There are common symptoms of ovarian cancer: bloating, eating – feeling full quickly or loss of appetite, abdominal pain and trouble with urination (BEAT) but these can be overlooked, assumed to be part of the female experience or often diagnosed as symptoms of other more prevalent conditions, like IBS.

A national study conducted in 2015 by national support and advocacy organisation Ovarian Cancer Australia identified that the majority (93%) of women experienced more than three of the common symptoms of ovarian cancer before their diagnosis, and that the majority of diagnoses were prompted by these concerns (75%).

Yet, 47% of diagnoses required two or more visits to the GP, while 21% involved three or more visits and 18% were

emergency room presentations.

Timely diagnosis is a critical area of need as there is no early detection test. Knowing about ovarian cancer could improve time to diagnosis, reduce the number of GP visits and minimise hospital emergency presentations.

The National Framework for Gynaecological Cancer Control (2016), Priority Area 5 – "Enhancing Health Promotion and Public Awareness" identifies "greater awareness of symptoms of gynaecological cancer and timely investigation and referral of a woman who may have symptoms of gynaecological cancer, may improve earlier detection, enabling more timely treatment and improving the chances of long-term survival."

ABOUT SURVIVORS TEACHING STUDENTS

Survivors Teaching Students (STS) was started in the US by the Ovarian Cancer Research Fund Alliance (OCRFA) in 2002 and has since expanded into Canada, the UK and through ANZGOG in Australia.

The US program has 811 active consumers, working in over 100 medical schools (plus nursing and allied health schools). In 2015, they educated 10,266 students and an additional 303 in the UK. The STS 2015 data showed medical students demonstrated a 21.4% increase in knowledge of ovarian cancer and all others demonstrated 40.45% increase.

The emphasis of presentations is on the need to listen well to women presenting with gynaecological symptoms, recognise the need for early detection, investigation, diagnosis and appropriate referral for best treatment.

Volunteers presenting their story become part of a network that is supported by the program and provides ovarian cancer survivors with additional peer support.

The program has been exceptionally well received by medical schools and people affected by ovarian cancer. Due to the nature of the disease its biggest challenge will be maintaining a pool of volunteers.

FIRST PRESENTATIONS IN NEW SOUTH WALES

Three presentations have been delivered in New South Wales at the University of Sydney reaching more than 200 students in Sydney, Orange, and Lismore in 2017.

By the end of 2020, the program is expected to have expanded into Queensland, Victoria, and Western Australia, with other states and New Zealand to be included soon after.

Caitlin, who is a volunteer with Survivors Teaching Students, described her involvement with ANZGOG's Survivors Teaching Students: "Ovarian cancer is a scary and lonely disease. Not long after my diagnosis I vowed to help save the lives of women affected by ovarian cancer, and to make it a disease that is no longer silent. With STS, I feel as though I am saving lives, as our future doctors and nurses are learning more about ovarian cancer and the many different ways in which it presents, which could lead to earlier detection. It also helps to feel part of a community and to be doing something proactive, rather than waiting around worrying about if, and when, the cancer will come back."

ABOUT ANZGOG

The Australia New Zealand Gynaecological Oncology Group (ANZGOG) is the peak national gynaecological cancer research organisation. We are recognised as a world leader in clinical trials research. Our mission is to improve life for women with ovarian and other gynaecological cancers through research, cooperative clinical trials, information and awareness. ANZGOG's research has changed clinical practice both locally and globally. dr.

Above: Volunteer Coordinator Kristen Larsen (centre) and sister Elsa (left) meeting US volunteer (right) with Survivors Teaching Students; Left: STS volunteer, Caitlin Delaney with her daughters.

GET INVOLVED

- Spread the word on social media, follow @anzgog and share our posts.
- Get STS flyers for your clinic or a patient.
- Enquire about making a booking – Survivors Teaching Students® is not only for medical students, if you have an audience you feel would appreciate a presentation you are welcome to contact us.

Website:
www.anzgog.org.au/inform/survivors-teaching-students/
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A/Prof Smita Shah

Tackling obesity

High school students highlighted healthy lifestyle issues at a recent SALSA – or Students as Lifestyle Activists – event.

WESTERN SYDNEY high school students, who recently spoke at a health event aimed at reducing childhood obesity, identified several local issues impacting healthy eating and exercise for kids.

Students from Blacktown Girls High School, Chifley College Mt Druitt and Rooty Hill High School presented their ideas to create a healthier environment to doctors, police and consumer organisations.

Safety and access were highlighted by the students as two major roadblocks to exercise and healthy eating.

Students from Blacktown Girls High School had conducted a survey that showed most kids felt unsafe travelling from Blacktown Station to school. They asked for better security at Blacktown Station and along the pedestrian route, which would not only improve community safety but encourage incidental exercise.

The group from Chifley College observed that the state of their local supermarket, where they can obtain healthy foods, repels people from visiting because it is in such a state of disrepair. Specific deterrents included the broken and dangerous barbwire fence around Emerton Shopping Village, as well as person-sized pot holes in its carpark. The students identified that these two things turn people away from shopping there; noting that while it sells healthy food, there is an array of fast food options directly adjacent that look more attractive. The students asked for the fence to be removed (or at least fixed) and the potholes to be repaired.

And the students from Rooty Hill High School pointed out their local skate park is both covered in graffiti and hidden away – raising issues of accessibility and safety. They asked for the skate park to be cleaned up and be made a more safe area.

The event was associated with the award-winning program, Students as Lifestyle Activists, or the SALSA program.

SALSA is a peer educational program that provides high school students with the necessary knowledge and skills to maintain a balanced and healthy lifestyle. SALSA is a partnership project with the Mt Druitt Medical Practitioners' Association, the University of Sydney, high schools in Western Sydney and the Western Sydney Local Health District. It is active in 31 schools throughout western Sydney.

"The peer education model is a really important factor in its success, with research showing it's more effective than adults delivering similar messages," said AMA (NSW) Vice President, Dr Kean-Seng Lim, who helped develop the project.

The program is recognised both nationally, and internationally. UNICEF has also recognised SALSA as a best practice prevention program.

A/Prof Smita Shah has been instrumental in orchestrating the program. She indicated it is particularly impactful in western Sydney.

"We know that western Sydney is a diabetes hotspot and that overweight and obesity is a significant problem here.

"We need to do everything we can to reduce these rates by preventing weight gain in the first place, helping people lose weight, and helping people keep it off.

"As everyone knows, losing weight is very hard, which makes prevention absolutely better than a cure."

AMA (NSW) supported the students' ideas in a letter to Blacktown Council, which has already resulted in improvements to the Emerton Shopping Village.

For further information, visit http://sydney.edu.au/medicine/public-health/salsa-triple-a/ dr.

Got a **song** in your heart?

ARE you a singing surgeon or musical medical student? Or perhaps you're a tuneful doctor-in-training, or a GP with perfect pitch?

Doctors and medical students are invited to form a choir and perform with a doctors' orchestra in late 2018 in Sydney.

If you love singing, but don't have time for a regular commitment then this could be for you.

No auditions, all are welcome. Experience desirable, but not essential. Proceeds will go to a nominated charity. Repertoire to be confirmed depending on numbers.

To register your interest, please visit https://www.surveymonkey.com/r/PBB2PCK or our Facebook page https://www.facebook.com/DocsVox/" dr.

Identifying and treating **asthma-COPD overlap**

THE growing prevalence of asthma-COPD overlap as a clinical entity has prompted the release of new guidelines for primary care health professionals.

The National Asthma Council Australia and Lung Foundation Australia released the evidence-based resource for primary care health professionals to help diagnose and manage patients with asthma-COPD overlap.

An emerging body of evidence around the prevalence, diagnosis, and treatment of asthma-COPD sparked the information paper, which was developed by a panel of experts.

"Patients with asthma-COPD overlap should be identified and treated differently from people with COPD or asthma alone because they have more symptoms, more flare-ups, greater use of health services, and higher mortality than patients with either condition alone," said Dr Kerry Hancock, expert panel member and general practitioner.

The paper includes the latest available evidence and implications for practice in primary care. While asthma-COPD overlap is a growing health issue, there is limited evidence to guide pharmacological treatment of patients, because they are excluded from most major studies of asthma or COPD treatment.

Dr Hancock noted, "This information paper provides interim advice for primary care professionals until firm guidelines can be developed from future research in this group of patients."

The Asthma-COPD overlap information paper for health professionals is available for download online and order in hardcopy through the National Asthma Council Australia website and from Lung Foundation Australia's Information and Patient Support Centre (1800 654 301). dr.

BY THE **NUMBERS**

People in disadvantaged communities are:

60%

more likely to live with diabetes

57%

more likely to be obese

2.5

times more likely to smoke

According to the Australian Health Policy Collaboration's Health Tracker Report

$3.8M FOR RESEARCH

THE Heart Foundation announced a $3.8 million funding boost to research in NSW into the causes, treatment and prevention of heart disease.

The funding covers nine scholaships for health professionals to undertake a PhD, 18 Postdoctoral Fellowships to support early-career cardiovascular researchers, 16 Future Leader Fellowships, and 17 Vanguard Grants to test the feasibility of innovative ideas. dr.

CTP scheme claims – **one certificate**

IN A BID to reduce red tape for treating doctors in NSW, one common certificate is to be used for claimants in the NSW workers compensation system and the Compulsory Third Party (CTP) Green Slip scheme.

While the workers compensation certificate of capacity content remains essentially the same, it will look a little different to accommodate the new CTP Green Slip certificate of fitness information.

The new CTP Green Slip scheme started on 1 December 2017. If you have a patient who has been injured in a motor accident in NSW on or after this date, they will need a certificate of fitness every 28 days to receive ongoing medical and income payments.

SIRA has requested integration of the new certificate of capacity/certificate of fitness into GP practice management software applications. Both insurance schemes will, however, accept the old and new versions of the certificates for the first six months of 2018.

More changes are planned in the future with the development of an e-certificate. Your previous feedback and suggestions for improvements to the certificate of capacity will be incorporated where possible into the e-certificate.

To better support people injured on NSW roads, the new CTP Green Slip scheme has a six month (26 weeks) no-fault period from the date of the motor vehicle accident.

If the injured person was not at fault in the accident and has more than a minor injury, benefits can continue for up to two years. Longer time frames for income payments can apply if they make a claim for damages. Medical, treatment and care benefits may continue as required, for life if needed.

More information will be available at www.sira.nsw.gov.au/

MORE QUESTIONS?

AMA (NSW) communicates regularly with SIRA about the workers compensation and motor accidents (CTP) schemes, including how changes could affect medical practitioners. If you have any questions or concerns about either scheme, please contact Helen Winklemann, Director of Professional Services, or our Professional Services Team by emailing professionalservices@amansw.com.au. dr.

MERITORIOUS SERVICE AWARD:

Dr Edgar Freed

CONGRATULATIONS to Dr Edgar Freed, who was chosen as the Meritorious Service Award recipient for 2017.

This Award is granted to a Fellow of the RANZCP in New South Wales who has made a significant and sustained contribution to the practice of psychiatry in a clinical, academic or administrative capacity.

The NSW Branch Committee acknowledged Dr Freed's devotion and passion for the practice of psychiatry for the severely mentally ill in both public and private sectors in NSW. His leadership within public and private hospitals in NSW has been exemplary, and his interest in multiple subspecialties, as well as his dedication to teaching, all played a part in the committee's decision.

His participation in College affairs and within the AMA (NSW) for many years was also a significant factor in his award.

Dr Freed ticked not only all the criteria for this award but also the spirit of the award, which was envisaged to recognise NSW members who have conducted a distinguished career in psychiatry within NSW. dr.

HOW TO SET SMART GOALS FOR MANAGING MONEY

As a doctor who spent years at university, chances are you've heard of SMART goals. It's also likely that you haven't thought too much about them since, but did you know that SMART goal setting can transform the way you manage your finances? Let's take a closer look at how SMART principles can help you achieve your financial goals in 2018.

What are SMART goals?

SMART is an acronym that stands for Specific, Measurable, Attainable, Realistic and Timely. The SMART framework has been around for a long time, for a host of sound reasons. SMART principles are easy to understand, act on, and follow up—all crucial to time-poor health professionals.

If you're saving for a particular purpose, have existing loans or need to get a deposit together, SMART goals can help.

Setting SMART goals for money management

Let's consider some examples of SMART principles in action, and how they can accelerate your financial plans.

Specific

Most of us are guilty of making vague financial resolutions with general aims of saving more or spending less that we often don't follow through on.

SMART goals work because they are detailed - spelling out the what, why, where, who and when – clearly specifying the desired goals. An example is, "I plan on contributing $20 000 into my savings account this year so that I can obtain a loan by next April."

Measurable

How many times have you resolved to save for a certain goal, only to find it hasn't happened? Often it's because the finish line isn't clear, so you meander about in an unfocused way.

You are more likely to achieve a goal that is tangible and measurable than one that is vague, so attach a number to your financial goals. This will give you a verifiable trajectory that will help you be accountable.

Use statements like: "I aim to obtain a loan in the next 12 months. I plan on contributing X per cent of my income, or $X per week so that I can reach my savings target."

Attainable

Even if you're a super-motivated type-A personality, there's no point in setting yourself a goal you can't achieve. If your plan involves putting half of everything you earn into savings while still paying rent and buying food, you are setting yourself up for failure.
If your goal is to save a little more than you're comfortable with, investigate financial products like term deposits that pay higher interest than regular accounts, and lock your money away so you can't be swayed by, say, an astoundingly nice pair of shoes!
Using the different savings products available to you will help you get to those goals quicker.

Realistic

While aiming high is commendable, goals that are not really going to happen—like tripling your income in a year—may end in disappointment.
Evaluating what you can realistically push yourself to is important. A goal of increasing your income by 10 or 20 per cent may well be achievable. However, a goal of quitting your job and becoming a successful blogger who earns millions probably isn't. Keep it real.

Timely

Even eating baked beans on toast most nights is tolerable if there's a definite end-point in sight. Adding deadlines to your financial goals provides a layer of built-in accountability and motivation.
A goal of saving for a practice purchase loan is vague and easy to ignore, but reframing your goal to saving $10 000 so that you can apply for a loan by next Christmas, will ramp your commitment to your financial goal up few notches.

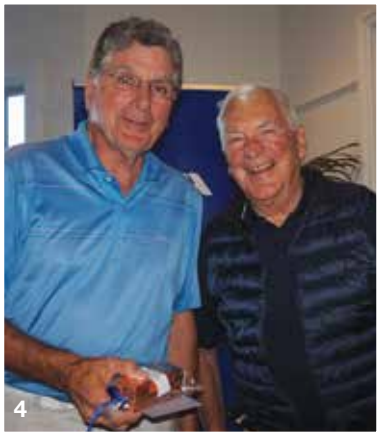
What next?

Being clever about using SMART goals can help you manage your money in a more effective, realistic and attainable way. So if you're looking to get to grips with your finances then using the SMART principles can transform the way you manage your money and help you reach your 2018 financial goals sooner.

GOLF SPRING CUP


1


2


4

Clockwise from left: Winner Mark Bowman with George Thomson. 2. All smiles at the first tee. 3. Joan Tooke, Michael Momsen, David Moss and Malcolm Patch. 4. Runner up Alec Harris with George Thomson.


3

AMA (NSW) Golf Society closed 2017 with some fine competition and is looking further afield for tough courses in 2018.

A PERFECT SPRING day greeted 44 members of the Golf Society at the Elanora Country Club on Tuesday, 31 October for the 2017 Spring Cup. The course was in perfect condition and at its challenging best. The overall results reflected the strength of the competition and quality of play on the day.

Winner of the Spring Cup with 37 Stableford points was one of our great supporters, Mark Bowman. Second place with 36 points was another great supporter, Alec Harris, on a count back from Scott Chapman.

The 2BBB winners with 44 points, also on a count back, were Alec Harris and Alan Home over the runners up, also on 44 points, Mark Bowman and John Shirley.

Nearest the pins were won by Malcolm Patch and Glenn Cooper. Congratulations to them all for outstanding golf on a testing championship course.

Congratulations and special thanks also go to all concerned at Elanora for their assistance on the day, which ensured the day went smoothly.

The AMA (NSW) Golf Society Committee is always on the lookout for suitable venues that can cater for our group and, at the same time, offer a challenge for our members. Looking back over the year it was noted that courses such as Stonecutters, Terrey Hills, New South Wales and Elanora were immensely popular and drew large numbers of golfers.

One new suggestion for 2018 is Magenta Shores on the Central Coast. Perhaps it could be a "one off" occasion to gauge its popularity? Two members of our Committee recently took the trip in a day with an early morning start and found it to be easily achievable and a very pleasant way to spend the day golfing.

Any enquiries about the AMA (NSW) Golf Society may be directed to Claudia Gillis at AMA (NSW) by phone 9439 8822 or email amagolf@amansw.com.au. dr.

AMA (NSW) Golf Society Calendar of Events 2018

Autumn Cup – Friday 23rd March
Magenta Shores

Presidents Cup – T.B.C
Elanora Country Club

Spring Cup – Friday 14th Sept
Stonecutters Ridge Golf Club

International Shield – T.B.C

BMA Cup – Thursday 6th Dec
Terrey Hills Golf Club

AMA (NSW) Golf Society
Claudia Gillis Phone: 9439 8822
email: amagolf@amansw.com.au

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The AMA (NSW) offers condolences to family and friends of those AMA members who have recently passed away.

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