Keep calm and carry votes

The Opposition Leader must concentrate on what he can control and not worry about what he can’t.

John Warhurst

What would you do now if you were Bill Shorten, the Opposition Leader? There can be little doubt that he is sitting down with his advisers and cogitating over this very question. That is the undoubted impact of the apparent political swing of the last week since the Abbott government’s second budget.

This may be the moment he has been waiting for over the past year. He may have always believed that his lead in the polls would be challenged when the government came to its senses. If that is the case he and his advisers will take Plan B from the shelf where it has been sitting and, without missing a beat, smoothly ease it into action. He will be unflustered.

The first thing I would have done is taken a deep breath. Budget politics is not about deep breaths unfortunately, as the reply has to be delivered two evenings later, but even so a deep breath is in order at least metaphorically. It is necessary because Shorten needs to know whether the Prime Minister’s bounce in the polls will last. The evidence is uneven and polls that can bounce up can bounce down again. On some polls the opposition is still comfortably ahead and an average of the polls still puts Labor ahead 51:49 or 52:48. Shorten has to prepare for the worst while hoping for the best.

He should be drawing up a list of the various components of the party battle. They include half a dozen elements such as presentation, tone, stance, policies and programs and relationships. He also needs to remember that he has been winning the battle so far. He also must refresh his awareness of his situation as an opposition leader, not the prime minister. One of the messages I took out the thoughtful insider’s book, The Gillard Project, by one of her speechwriters, Michael Cooney, is that a prime minister always has things to do which are so much more important than anything an opposition leader can do. The job is paramount. A prime minister can immediately begin implementing their vision while an opposition leader can only plan and dream.

Shorten must concentrate on those things which are under his control and not worry too much about those he can’t do much about. The latter include the economic impact of the budget measures and the long-term trends in the economy. Some economists query whether or not there will be a lasting economic impact from these measures anyway and are agreed that the long-term trends in the economy remain negative.

Shorten is stuck with those aspects of his presentation and personality which attract criticism. To some people he comes across as bland and uninspiring. Some responses to his budget reply speech were that the content wasn’t bad but the delivery lacked punch and conviction. I don’t see much prospect of improvement there, although there are professionals who specialise in coaching these elements.

Shorten is who he is. It’s not as if his problems in this regard can be alleviated by a hearing aid, a new haircut or capping his teeth. They are more deep-seated personality traits. Furthermore a shallow attempt to change his style may be counterproductive.

His approach has to be positive rather than negative. Getting this balance right is always difficult. Positivity has a number of elements which include creative ideas, a forward-looking stance and an even tone. It is a mixture of substance and style and the latter can be more important than the former. Some of these elements are within his control and he needs to work at them. If Labor really is the party of initiative rather than resistance, as Cooney firmly believes, then Shorten must have initiatives ready to present.

Compromise in life is frequently something that is left to the other person. There are not always rewards in compromise for an opposition as the government gets
to claim victory by putting a compromise into practice.

**Continued Page 4**

**Shorten’s prescription: keep calm and carry votes**

**From Page 1**

Nevertheless, well-targeted compromises over matters such as tax cuts for small business, already announced, are well received.

The other big element is relationships, which Shorten must keep strengthening. The three crucial sets of relationship are with the media, major pressure groups and the Senate crossbench and Greens. In all cases the relationships have to be open and durable.

The pattern of media commentary on politics is deeply imbedded in the structure and culture of the industry. It is not a matter of Shorten losing or winning over elements of the media but of demonstrating to the public that he has a mature, well-grounded approach to whatever the media dishes out to him.

While the government, including Malcolm Turnbull, is whingeing about media treatment Shorten should resist the temptation to join in.

The government is already also complaining about some pressure groups too.

Treasurer Joe Hockey took the president of the Australian Medical Association, Dr Brian Owler, to task for some critical comments.

These are the middle-of-the-road groups that Shorten must continue to cultivate, while making sure the trade union connection remains strong.

While a lot is made of the government’s relationship with the other parties and independents in the Senate, the opposition’s relationship is equally important but rarely mentioned.

Its doors must be always open to working together with the smaller players and dealing them in, especially if it is compromising with the government.

None of this may matter in the end as the next election may be the government’s to win if it is smart enough. But Shorten must behave as if it is all in his hands from now onwards.

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Crackdown on state's fat-cat doctors

DUNCAN ABEY, Health Reporter

HEALTH Minister Michael Ferguson has pledged to crack down on special deals for the state’s top public doctors after revelations they are being paid up to $1.37 million.

Figures obtained by the Mercury reveal the state’s top public doctor earns $1.08 million for the 0.79 full-time equivalent role. This equates to a full-time salary of $1.371 million.

The state’s top 20 public doctors all earn at least $435,000, with six pulling in $635,000 or more a year.

Mr Ferguson said he was determined to end the special deals.

“I have expressed in the past the Liberal Government’s concern with both locum costs and ‘special deals’ entered into by previous governments,” Mr Ferguson said yesterday.

“A significant part of our current health reforms to create one state-wide health system is to ensure we structure the delivery of services to enhance both patient safety and the ability to recruit the specialists we need without having to resort to locums and special deals.”

Independent health analyst Martyn Goddard said the big salaries paid to retain the state’s best-paid medicos was unsustainable.

“Mr Goddard urged Tasmania’s hospital management to stand firm against strongarm tactics from doctors, saying the state’s health system could not accommodate such excessive medical salaries.

“We can afford to pay our doctors very good wages indeed but we cannot afford to make them some of the richest people in the community,” Mr Goddard said.

“$1.3 million for any doctor, no matter how senior, is unconscionable.

“Imagine how a senior nurse on $70,000 feels about this. Or how another doctor of similar experience and skill feels who’s on maybe $200,000 or $250,000? “The obvious danger is that these ridiculous special deals will cause a flow-on effect through the system.”

Dr Greenaway said that the majority of physicians and specialists in Tasmania were on salaries “nowhere near” those of the state’s top-20 earners.

But he said the Government would have to continue paying the going rate for surgeons and interventionalists offering unique and lifesaving expertise.

“The decision has been taken by somebody historically for these individuals who provide very specialised services to Tasmania that can’t be provided by anybody else here that it is better to have that service provided in Tasmania rather than the
disruption that would occur and the potential harm if patients had to travel,” he said.

“So the market rate really does need to be paid to a very small number of doctors who provide specialised services.

“Obviously this is a lot of money, but it’s important for people to know that this is not the majority of doctors.”

Mr Goddard said he had not heard of such high amounts being paid to public doctors working in other states, and said Tasmanian hospitals had to be prepared to lose important staff members, as they could always be replaced.

He warned that caving in to unreasonable pay demands had serious long-term implications for the culture of the Tasmanian health system.

“I have expressed in the past ... concern with both locum costs and ‘special deals’ entered into by previous government

— MICHAEL FERGUSON

These individuals ... provide very specialised services to Tasmania that can’t be provided by anybody else

— TIM GREENAWAY

We can afford to pay doctors very good wages but we cannot afford to make them some of the richest people in the community

— MARTYN GODDARD
STATE Treasurer Tom Koutsantonis has ignited a new firestorm of anger over the Emergency Services Levy by hitting households with yet another rise.

Mr Koutsantonis, right, announced a 9 per cent increase for most residential property owners, the rise following a $150 increase last June.

He has blamed the move on the huge cost of January’s Sampson Flat bushfire, which broke the Country Fire Service’s firefighting budget.

The State Government’s latest levy grab, foreshadowed in an exclusive report in yesterday’s Advertiser, has reignited anger across the community and sparked a backlash from the state’s volunteer firefighters, who have described it as a “kick in the guts”.

REPORTS PAGES 6,7
Anger ignites as another ESL rise puts heat on us all

DANIEL WILLS
JACKSON GOTHE-SNAPE
JORDANNA SCHRIEVER

HOUSEHOLDS have been hit with another Emergency Services Levy increase, resulting in a total slug of $173 on the average property since discounts were axed last year.

The State Government’s move, foreshadowed in an exclusive report in yesterday’s Advertiser, has reignited anger among community groups and sparked a fresh backlash from volunteer firefighters.

Treasurer Tom Koutsantonis yesterday announced a 9 per cent increase for most residential property owners, which comes on the back of a $150 increase revealed last June.

It means the owner of an average property, priced at $426,400, will see a further $23 increase when their ESL bill arrives toward the end of this year, and a total charge of $269.

Mr Koutsantonis said the latest increase would go directly to covering the costs of January’s Sampson Flat bushfire, new equipment and training for volunteers and cancer compensation.

Last year’s increase was justified as a response to Federal Government cuts to health and education funding and a way to free up cash previously used to provide discounts on ESL bills.

Pensioners and low income earners will continue to receive remissions on ESL bills.

In total, property owners will funnel $285.7 million to the State Government through ESL bills in 2015-16. That is an increase of $19.8 million on the current financial year.

Mr Koutsantonis was unable to say if further increases were likely.

“We don’t know. It depends,” he said. “South Australia is a landscape of contrasts.

“We can have flood and we can have rain or we could have drought, heat and fire.”

The ESL rise joins other cost-of-living hits for SA, where households pay the nation’s highest utility charges.

Spencer Group CFS group officer Michael Crouch said country people felt they were “being shafted” by the bill rises, which were “another kick in the pants” to volunteers.

Independent schools have warned even less money will be available for education after large ESL increases last year. A metropolitan non-government school with $2 million in property faces a rise of $104, or 8 per cent. Bills increase $521, or 9 per cent, for those with $10 million in property.

Association of Independent Schools chief executive Carolyn Grantiskalns said the ESL was being treated as an “endless bucket” of money, forcing schools to delay maintenance.

Opposition Leader Steven Marshall said the increase was completely unjustified as the Government was set to receive hundreds of millions of dollars in unexpected GST payments from the Federal Government.

“South Australians cannot have money ripped out their pockets by the Weatherill Labor Government time and time again,” he said. “Massive ESL hikes two years in a row is an utterly disgraceful act ... given that many South Australians are struggling to make ends meet as it is.”

SA Council of Social Service
executive director Ross Womersley said the ESL should fall in future years when there were fewer emergencies, but “we know it does not happen”. “It’s much more likely to go up than come down,” he said. “There needs to be a good debate about what kind of taxation measures need to be in place.”

Family First MP Rob Brookshires said long-term emergency services funding in the State Budget was too low, and he feared the ESL would continue rising well above the inflation rate. “They’re going to have to increase the budget significantly in the next couple of years,” he said. “I believe that will have to occur because the sector has been grossly underfunded.”

Property Council of Australia SA executive director Daniel Gannon said the ESL had “spiralled out of control”.

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Bushfire puts heat on levy

The Advertiser yesterday.
AUSTRALIAN patients may be getting unnecessary and invasive treatments because health problems are being over-diagnosed by doctors.

Up to one in five breast lumps and half of prostate abnormalities may never harm the patient. But only one in 10 Australians are warned by their doctor of the risk of over-diagnosis.

A new study published in journal *PLOS One* suggests the medical profession and pharmaceutical companies have a conflict of interest in facilitating over-diagnosis.

Over-diagnosis refers to placing a diagnostic label on people with mild or no symptoms, who have abnormalities which will not shorten their lives and for whom the knowledge and treatment may do more harm than good.

Bond University’s Ray Moynihan, a health researcher, found in a 2013 study that three in four of the doctors who work on committees that define diseases have ties with pharmaceutical companies.

In new research, Dr Moynihan surveyed 500 Australians about over-diagnosis and found only one in 10 had ever been told about it by a doctor. Only 18 per cent of men who had prostate screening were warned about the risk of over-diagnosis and 10 per cent of women who underwent breast screening were told.

The survey also found two in three Australians say it is inappropriate for doctors with ties to pharmaceutical companies to be on the panels that set disease definitions.

Over-diagnosis has been made more likely by population-wide screening programs for breast, prostate and bowel cancer.

As medical technology improves, scans and tests are able to identify extremely small abnormalities.

Patients and doctors, however, fear if they do not treat the problem the person might become seriously ill.

“There are ongoing scientific discussions about the best methods for measuring over-diagnosis, as well as strong arguments that some degree of over-diagnosis is an inevitable risk of screening programs, and that attempts to prevent it should not come at the cost of increasing under-diagnosis,” the study says.

“There is a simple issue of informed consent.”

There is something basic about the right to know what are the harms of medical intervention, as well as the benefits.

RAY MOYNIHAN

There is something basic about the right to know what are the harms of medical intervention, as well as the benefits.
Some of Australia’s sickest people will pay more each year for their medicines due to a little-noticed change in last week’s federal budget. Health Minister Sussan Ley (pictured) on Monday announced an agreement with the Pharmacy Guild which she said would deliver “cheaper, more affordable medicines for consumers”, partly because pharmacies will have the option of cutting the patient contribution by $1 per script. However, from January the government proposes to increase the amount patients have to pay each year before they qualify for free or more heavily discounted scripts under the Pharmaceutical Benefits Scheme safety net. Currently, after general patients spend $1453.90 in a year on PBS medicines, they get scripts for the rest of that year for $6.10 each. Under the budget proposal, this threshold will be increased by 10 per cent each year for four years, in addition to indexation in line with CPI, eventually adding several hundred dollars to the amount patients must spend before qualifying for relief.

> theage.com.au — Read more
Saving healthcare billions, one patient at a time

Will Glasgow

Ninety-four-year-old Marjory Deans is thrilled to help Australia’s burgeoning health funding crisis. As a “hospital in the home” patient, she is convalescing in her two-bedroom unit in Ashfield, in Sydney’s inner west, after a blood infection that led to a heart attack.

Rather than take up a hospital bed for six weeks, she was checked into her home ward after a 10-day stint at Concord Hospital, about 10 kilometres away.

“It’d be awfully boring in hospital. I mean, really,” Mrs Deans told The Australian Financial Review from her comfy, sun-dappled lounge chair. “I’m one who is beastly independent!”

Treating patients at home and getting them out of expensive hospital beds is decades old, but is rising in use.

And new technology – such as tele-monitoring and measurements using smartphones – is creating opportunities to greatly expand the range of patients for whom the care is available.

As the states, territories and federal government wrestle over a $57 billion cut in health spending over the 10 years from 2018, it is likely to be one way to deliver better care for less. Health experts see great potential to increase its use for patients with diabetes and chronic lung disease. The rollout of electronic health records, which received another $485 million in the federal budget, should encourage the trend.

“In my opinion, that’s going to be a big part of the solution,” said John Lambert, the chief clinical information officer at eHealth NSW.

For now, hospital in the home is rising steadily without the gadgetry, although off a small base. While only a little more than 2 per cent of overnight acute patient admissions to hospital are treated at home in NSW, the number has increased by more than 11 per cent in the past two years. There are more than 20,000 a year now.

For health bureaucrats and even more so their overlords in the country’s treasury departments, the opportunity to save costs is front of mind.

A 2012 study published in the Medical Journal of Australia found hospital-in-the-home patients were 26.5 per cent cheaper than those in hospital beds. They were also 23 per cent less likely to be re-admitted. But for doctors, nurses and their patients, it is also an opportunity to improve the quality of care.

Every day a nurse comes to visit Mrs Deans to change the tubes and bandages that run from the pack of antibiotics she carries in a bright blue belt-bag.

Shortly after AFR Weekend visited the unit Mrs Deans has lived in for 30 years, Croydon community nurse Ying Zhou arrived to treat her patient in a living room lined with family photos and vases full of white roses.

Once a week, Mrs Deans goes to a clinic at Concord for a check-up by her doctor. The rest of the time she can get on with living, and do her bit to save the taxpayer.

“As long as I can keep doing things myself, it will keep my brain going as well,” she said.
AUSTRALIAN patients may be getting unnecessary and invasive treatments because health problems are being over-diagnosed by doctors.

Up to one in five breast lumps and 50 per cent of prostate abnormalities may never harm the patient but only one in 10 Australians are warned by their doctor of the risk of over-diagnosis.

A new study published in the journal PLOS One suggests the medical profession and pharmaceutical companies have a conflict of interest in facilitating over-diagnosis. Both groups benefit financially when patients are treated for diseases that may never harm them.

Bond University’s Dr Ray Moynihan found in a 2013 study that three out of four of the doctors who work on committees that define disease parameters have ties with pharmaceutical companies.

In new research Dr Moynihan surveyed 500 Australians about over-diagnosis and found only one in 10 had ever been told about those links by a doctor.

The survey also found two in three Australians say it is inappropriate for doctors with ties to pharmaceutical companies to be on the medical panels that set disease definitions. Over-diagnosis happens when someone is diagnosed with a disease that would never have harmed them.

It has been made more likely by population-wide screening programs for common diseases like breast, prostate and bowel cancer.

As medical technology improves, scans and tests are able to identify extremely small abnormalities.

“There are ongoing scientific discussions about the best methods for measuring over-diagnosis, as well as strong arguments that some degree of over-diagnosis is an inevitable risk of screening programs, and that attempts to prevent it should not come at the cost of increasing under-diagnosis,” the study says.

Another study by Dr Moynihan found doctors were fueling over-diagnosis.

Medical panels that reviewed clinical guidelines for some diseases widened the definitions. One panel created a new condition called pre-hypertension (raised blood pressure), another expanded the diagnosis of a heart attack and another lowered the diagnostic threshold for Attention Hyperactivity Disorder.
A healthy concern for patients

AUSTRALIAN patients may be getting unnecessary and invasive treatments because of over-diagnosis by doctors.

Diagnosing a disease that would never have harmed the patient accounts for up to one in five breast lumps and up to half of prostate abnormalities.

And a study published in journal *PLOS One* suggests it financially benefits doctors and pharmaceutical companies, creating a conflict of interest.

SUE DUNLEVY

Bond University’s Dr Ray Moynihan, who surveyed 500 Australians, found only one in 10 had ever been told by a doctor about over-diagnosis. Only 18 per cent of men who had prostate screening, and 10 per cent of women who had breast screening, were warned of it.

There are now population-wide screening programs for common cancers, and as medical technology improves, tests can identify extremely small abnormalities. And patients and doctors fear serious illness if these are not treated.

“The problem is we don’t know yet whether your cancer will go on to harm you,” Dr Moynihan told the *Herald Sun*.

“There is a simple issue of informed consent … about the right to know the harms of medical intervention as well as the benefits,” he said.
EGG-CITING DISCOVERY IN FIGHT AGAINST ALLERGIES

It’s a crack team
LUCIE VAN DEN BERG

VICTORIAN scientists are closer to cracking the secret to making allergy-free eggs after switching off the part of an egg white protein that commonly causes allergic reactions in children.

In a world first, the team has also created synthetic versions of all four egg white proteins in the lab.

Dr Tim Doran, from the CSIRO, and Deakin University’s Associate Professor Cenk Suphioglu said it was one of the first critical steps towards developing allergy-free eggs to make life easier for people with allergies and improve the safety of medications made with eggs, such as flu vaccines.

There are 40 proteins in egg white, but four major allergens that cause the majority of reactions.

Almost 9 per cent of Victorian infants have an egg allergy at 12 months of age, which can lead to dermatitis, asthma, vomiting or gut irritation.

Dr Doran, who has a daughter with such an allergy, said they were used in such a wide range of foods and products, including cosmetics and medication.

Associate Professor Suphioglu said they created all four versions of egg white proteins in the lab and switched off the allergenic response in one protein, which is responsible for the majority of allergies.

“We have developed the synthetic versions of the allergens, which are more pure and standardised than the natural extract, which would be useful for both skin-prick testing and immunotherapy,” he said.

Immunotherapy aims to give people tiny amounts of the allergen in a controlled medical setting to induce desensitisation or tolerance.

The advantage of switching off the allergenic part of the egg white protein would be that the patient would be less likely to have a dangerous allergic reaction during treatment.

Together with PhD candidate Pathum Dhanapala, the scientist’s ultimate aim is to modify the proteins in egg whites to produce chickens that lay allergy-free eggs.

Professor Mimi Tang, from the Murdoch Childrens Research Institute and Royal Children’s Hospital, said the synthetic protein could one day be useful in immunotherapy trials for allergies, but it was very early to be talking about clinical applications of the research.

“I think the major barriers to overcome with this product for it to be useful is to determine if it can be used to modulate immune responses and induce desensitisation or tolerance,” Prof Tang said.

The research is published in the journal Molecular Immunology.

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Mental health welfare cuts ‘discriminatory’

EXCLUSIVE

SEAN PARNELL
MICHAEL OWEN

A plan to strip welfare payments from certain mental health patients has sparked outrage among state governments, health groups and legal advocates, with fears the cost-cutting measure will have dire consequences.

Social Services Minister Scott Morrison wants to save $29.5 million across four years by cutting welfare payments to anyone charged with a serious criminal offence but confined to a psychiatric institution. His department expects the law, once enacted, to affect about 350 people.

However, health groups fear the federal government is adding to the stigma of mental illness and intellectual disability and leave vulnerable people without adequate financial support.

The head of the National Mental Health Commission, Allan Fels, warned that the legislation was discriminatory, sent the wrong message about mental illness and would be detrimental to those in rehabilitation or recovery.

Professor Fels said the commonwealth would remove the distinction between a criminal conviction and being unfit to stand trial, and between rehabilitation and confinement.

“This sends a negative symbolic message, reinforcing stigmatised beliefs that people with mental illness or intellectual disability need to be confined first and rehabilitated second,” Professor Fels wrote to a Senate committee examining the legislation.

State ministers including Queensland Health Minister Cameron Dick and Victorian Mental Health Minister Martin Foley have written to their federal counterparts urging the legislation be withdrawn.

“Forensic patients are typically a highly vulnerable and disadvantaged group,” Mr Foley wrote.

“Without social security payments and related concessions available through the Health Care Card, such as reduced public transport costs, they will have limited capacity to engage in external activities and to achieve recovery.”

Mr Morrison did not respond to requests for comment yesterday but his department has sought to justify the move, saying it would ensure everyone in the criminal justice system was treated the same. It has also rejected claims of a human rights violation, saying those affected would receive “benefits in kind” in lieu of welfare, specifically care and accommodation provided by the states.

South Australia’s Public Advocate John Brayley will give evidence to the Senate committee today and believes the commonwealth has failed to sufficiently justify the discriminatory effect of the legislation. “This amendment will discriminate and create stigma not just towards these people but to other people with mental illness,” Dr Brayley said.

Queensland’s Public Advocate Jodie Cook has similar concerns, while the submissions from the Law Institute of Victoria and Victoria Legal Aid are damming.

Mental Health Australia fears the commonwealth will compound pressures and gaps in the system: people found not guilty because of their illness would be confined for rehabilitation or treatment, but be unable to be released as they had no income.
HEPATITIS OUTBREAK

Importers of frozen berries face new rules

EXCLUSIVE

Andrew Tillett
Canberra

Importers of frozen berries will have to prove their fruit comes from farms and factories with strict sanitation standards after the nationwide hepatitis A outbreak this year.

With the product at the centre of the scare still off shelves, the Federal Agriculture Department enacted new health regulations, with the threat of up to 10 years jail if importers do not comply.

The department will also begin testing berries for E.coli after the rash of food poisoning cases highlighted inadequate screening and lax product labelling rules.

Victoria’s Patties Foods recalled Nanna’s 1kg frozen mixed berries after people were diagnosed with hepatitis A after eating this brand, which was packed in China.

Nanna’s 1kg frozen raspberries and Creative Gourmet mixed berries were recalled as a precaution.

There were early fears that one in 100 people who ate contaminated berries could develop hepatitis A — potentially 4500 cases — but health officials said yesterday 34 tested positive, including two in WA.

The source of the infection remains unknown but the only common element was all patients ate the same brand of berries. Tests on an unopened pack found traces of the virus.

Thirty companies import frozen berries from China.

The food safety watchdog says correctly handled berries do not pose a medium or high threat to health but the new rules require importers to follow good agricultural and hygienic practices throughout the supply chain.

These include no contact with faecal matter or animals, clean and sanitised equipment, the product stays frozen and clean water is used for growing and washing berries.

Before they can ship berries into Australia, importers will have to review suppliers and keep records of these assessments.

Five per cent of berry consignments will be tested for E.coli, which can be a sign of poor hygiene.

Testing for hepatitis A can be difficult because levels of the virus in food may be too low to be detected.

If a consignment of berries fails a test and an importer cannot show sanitation and hygiene standards were followed, the possible penalty is 10 years jail.

Patties Food says it has implemented one of the most rigorous testing regimes in Australia and screens every container of imported frozen berries.
MEDICAL SCHOOL DENIAL

AMA admits being paid to recruit doctors

Cathy O’Leary
Medical Editor

WA’s peak medical body has admitted being paid thousands of dollars to recruit overseas-trained doctors but denies it has influenced its fierce opposition to a new medical school.

The Australian Medical Association WA said yesterday that its employment arm AMA Recruit had recruited GPs and specialists for fees upwards of $3000.

It included overseas-trained doctors and some seeking jobs in the WA public health system.

But the AMA says the program has been scaled back in recent years, with only two overseas-trained doctors now working in WA under the scheme.

Sources have complained to The West Australian that the AMA has a conflict of interest in opposing Curtin University’s newly announced medical school because it has made money bringing overseas doctors to WA.

The AMA said that more than 20 years ago it was contracted by workforce agency WA Centre for Remote and Rural Medicine, now known as Rural Health West, to recruit GPs and specialists to fill vacant positions in areas of workforce shortage as determined by the government.

This was done when many rural towns were without GPs, and the AMA sometimes owned rural GP practices to ensure their viability but they ran at losses.

The association said that as the number of medical students graduating started to increase and the need for doctors decreased, the contract between the AMA and RHW was not renewed after 2010.

While it did not actively recruit overseas doctors, it helped with a rural placement if contacted by a doctor from overseas and a vacancy existed in an area of need. “At present there are only two doctors in WA in this category, and in 2014 there was one, and there were two in 2013,” the AMA said yesterday.

It charged for its services but denied claims that ran into tens of thousands of dollars.

Its fees were upwards of $3000 depending on the placement and services requested.

In the case of a rural placement, the fee was normally paid by the rural general practice engaging the GP.

The AMA said it had also lobbied the State Government over the years to stop recruiting doctors from overseas, which it had done.

The WA Health Department said yesterday it was aware of three doctors in the past six years recruited through the AMA.

ALSTON P24
THE HON SUSSAN LEY MP
Minister for Health
Minister for Sport

THE HON IAN MACFARLANE
Minister for Industry and Science

JOINT MEDIA RELEASE

Wednesday, 20 May 2015

**Australian-first website to connect more patients with clinical trials**

In an Australian-first patients will be given access to potentially life-saving clinical trials at their fingertips with the launch of an online one-stop shop today.

Minister for Health Sussan Ley and Minister for Industry and Science Ian Macfarlane said it will be easier for patients across Australia to take part in innovative medical research as the Abbott Government launched an Australian-first website today – International Clinical Trials Day.

Ms Ley said the website would help boost patient participation following data that indicated just under half of all Phase Three clinical trials conducted in Australia did not meet their patient recruitment targets.

“Clinical trials are an essential part of ensuring that the life-saving treatments and drugs we use are safe and effective,” Ms Ley said.

“This Australian-first one-stop shop of information relating to clinical trials marks a significant milestone in the Australian Government’s $9.9 million commitment to accelerate clinical trials reform and improve access to critical treatments and therapies.”

Ms Ley said participating in clinical trials offers patients access to new trial therapies, offering them hope at a time when other avenues may have already been exhausted. Not being able to recruit enough participants is considered one of the main reasons for a seven per cent decline in the number of trials conducted in Australia from 2012 to 2013.

“This reform will provide Australians right across the country, including regional and rural patients, greater access to clinical trials and will help to improve health outcomes,” Ms Ley said.
Minister Macfarlane said in addition to offering easy access to information about the trial, who can enrol, and what is required of patients, the tool also puts patients in contact with the head researcher with just one click.

“For trials to be scientifically rigorous, they need the involvement of many patients and this online tool will make it easier for patients to be aware of the trials available across Australia, and how they work,” Minister Macfarlane said.

“This website also responds to calls from researchers and the clinical sector to include new e-learning modules to help both consumers and researchers to better understand how the clinical trials system works.”

This initiative is a result of a strong and collaborative effort between the National Health and Medical Research Council, the Department of Health and Sport, and the Department for Industry and Science.

For more information visit: [www.AustralianClinicalTrials.gov.au](http://www.AustralianClinicalTrials.gov.au)

ENDS

Minister Ley’s Media Contact: James Murphy – 0478 333 974
Minister Macfarlane’s Media Contact: Kylie Barron – 0408 508 673
Media Release

19 May 2015

Medical students project major shortage of internship places for 2016

The Australian Medical Students’ Association (AMSA) is expecting that up to 400 graduating medical students will be without an internship position in 2016.

AMSA President, James Lawler, said, “There is a crisis in medical training, and it will only get worse in 2016.

“For a graduating medical student to become a fully-qualified doctor, they first need to complete a mandatory internship year in an Australian hospital.”

Based on data from the 17th Medical Training Review Panel report to government, there will be 3,732 medical students graduating in 2015. However, figures from States and Territories show there are expected to be only 3,226 internship positions next year, plus an extra 100 provided by the Federal Government’s Commonwealth Medical Internships Initiative.

Mr Lawler further states, “These students have studied for up to seven years in Australia and failing to provide them with an internship means they will need to look overseas to complete their training.”

“There were also hundreds of applications to specialist training programs last year which were unsuccessful due to insufficient capacity, including 800 in General Practice.

“Modelling from the recently disbanded Health Workforce Australia indicates that there are more medical graduates than there are training opportunities.

“There will be over 1,000 graduates unable to find training positions by 2030 [without taking into account graduates from the new Curtin Medical School].

“This means that a significant number of junior doctors who have completed medical school will be unable to become fully qualified.

“In light of these figures, AMSA finds the Prime Minister’s $20 million commitment to build a new medical school at Curtin University bizarre.

“The Prime Minister should withdraw his $20 million commitment to Curtin medical school immediately and redirect the funding to postgraduate medical training.”

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