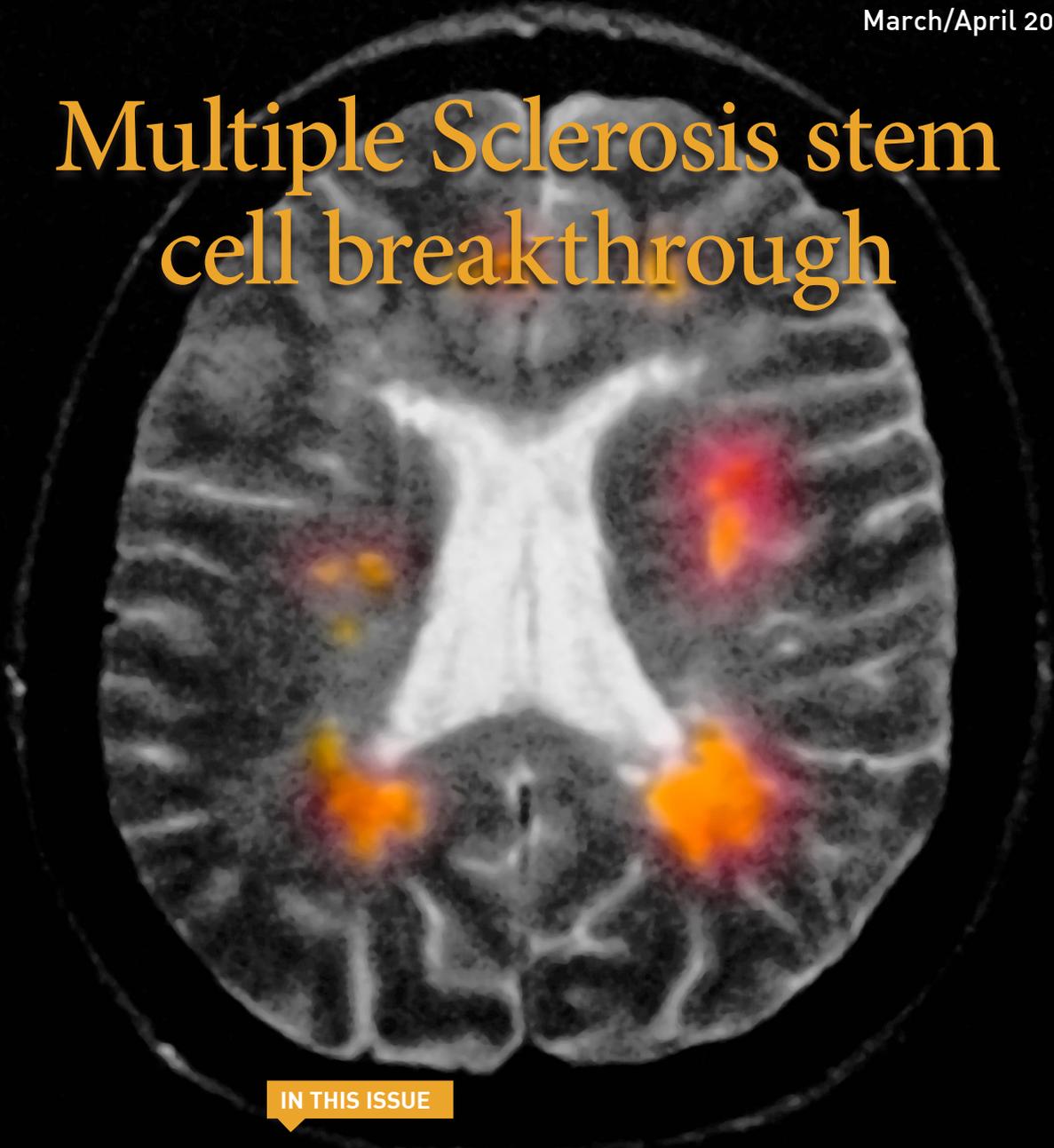


RACP Quarterly

March/April 2019

Multiple Sclerosis stem cell breakthrough



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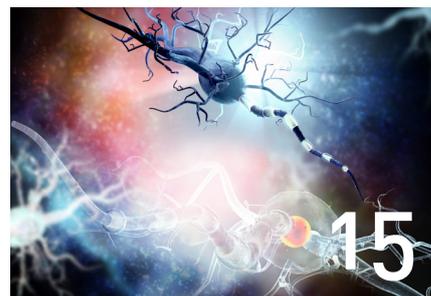
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A message from The President

We acknowledge the grief and loss so many have suffered from the recent Christchurch massacre.

As a College we recognise and support our Fellows and trainees at Christchurch Hospital, at Starship Children's Hospital in Auckland and elsewhere who have been and are still actively involved in post event care and rehabilitation.

All are in our thoughts.

Kia kaha koutou katoa i roto i ēnei wā pōuri.

(Remain strong all of you in these sad/hard times).

In our lead story we profile new insights into both causes and treatments for Multiple Sclerosis (MS) because of the efforts of some Fellows.

We report on the results of a new stem cell trial to combat aggressive MS, conducted at Sydney's St Vincent Hospital led by haematologist Dr John Moore. The success rates are remarkable – with 90 per cent of patients relapse free after three years. You can read more on page 15.

Based at Westmead Institute for Medical Research in Western Sydney, Professor Graeme Stewart is part of the International Multiple Sclerosis Genetics Consortium (IMSGC) and on page 30 discusses the identification of four new genes that contribute to the development of this devastating neurological disease. The discovery adds to 235 genetic risk factors for MS already identified by the consortium.

In an article first published on the Garvan Institute of Medical Research's website, Endocrinologist Professor Jerry Greenfield discusses his innovative clinical study of insulin resistance among Type One diabetes patients. The work measuring resistance in the liver and muscles has received a Millennium Award from Diabetes Australia to support further research.

Supporting medical research is the core mission of our College's Foundation, and in this issue we list and profile recipients of the 2019 scholarships, Fellowships and grants on pages 50 to 55. We also showcase the work of a number of the recipients throughout the magazine.

Our annual Divisional Clinical Exam is an essential step for all trainees in both Australia and New Zealand to progress to Advanced Training.

This year our College has introduced a new rubric to make the marking process as transparent as possible.

The new score combination approach has been developed by Fellows to ensure the outcomes are consistent with the overall purpose of the assessment, based on analysis of the performance of previous candidates. You can read more about the new rubric on page 18.

We have an important update on variations in use of healthcare across Australia, focusing on four clinical areas: paediatric and neonatal health, cardiac tests, thyroid investigations and treatments, and gastrointestinal investigations and treatments.

Australia's *Third Atlas of Healthcare Variation* also tracks national patterns in medicines use over time in four key groups of medicines: antipsychotics, opioids, antimicrobials and medications.

On page 21 you can read expert commentary from Professor Anne Duggan, a gastroenterologist and Atlas Advisory Group Chair, on the worryingly low utilisation of gastroscopies and colonoscopies amongst Indigenous Australian patients, revealed in this edition of the Atlas.

I hope you enjoy this issue of the *Quarterly*.

**Associate Professor Mark Lane
RACP President**



RACP
Member
Overview



83.3%

Australia

12%

New Zealand

4.4% | 1,131

Overseas



3,084

New Zealand



66.4% | 14,207
Fellows

33.5% | 7,162
Trainees

0.1% | 29
Honorary
Fellows

65% | 2,003
Fellows

34.8% | 1,074
Trainees

0.2% | 7
Honorary
Fellows



17,267

Fellows

91% | 15,677

Active

9% | 1,590

Retired



8,265

Trainees

43% | 3,553

Advanced Trainees

57% | 4,712

Basic Trainees

A message from The Board

Since the last edition of the *RACP Quarterly* your Board met on 14 December 2018 in Sydney. There were a number of matters for Board consideration, and in summary the following were discussed or agreed:

- The Board resolved to release three independent reports commissioned by the College.
- The Korda Mentha Report into the 2018 election, and the Ferrier Hodgson Report into the computer-based exam failure were released early in the New Year, with an appropriate covering note.
- The Board has released the BDO report into the computer-based exam failure.
- These three reports have been posted on the RACP website.
- The Australian Medical Council (AMC) conducted an RACP mid-term assessment review on 26 and 27 November 2018. The College is awaiting the AMC formal report into the assessment review, but their verbal summation at the conclusion of the assessment visit was positive.
- The assessment panel commented on the incredible depth of talent that RACP has within its Education Directorate and across the College, the strong progress made against the AMC conditions and standards, and the high quality and effort that went into developing the supporting information in preparation for the visit. The panel also commented on the number, seniority, and high-quality of the Fellows and trainees who gave up their time to speak with the review committee and noted RACP's 'whole of College' embrace of the importance of our education program.
- The RACP Three-Year Strategic Plan was released as promised prior to Christmas and the Board and staff are excited to share it with the Membership.
- An amendment to the New Zealand Committee By-law to expand on references to Tikanga Māori concepts and provide further detail and context in the development of cultural competency of Fellows, trainees and RACP staff was supported. This is in alignment with the College's Indigenous Strategic Framework, and delegation was given to the New Zealand Committee to amend the Terms of Reference of all of its Standing Committees.
- The Board approved a number of appointments to Board Committees and thanks all of those members who provide their time and expertise to allow our College and its core business to operate.

- Professor Paul Colditz, President, Paediatrics & Child Health Division, will be representing the College at the Royal College of Paediatrics and Child Health (RCPCH) annual conference in Birmingham, United Kingdom, and the Board will look forward to hearing his report upon his return.
- We are excited to support the Education Renewal Technology Program, which will progress from January. This system will deliver an improved experience to our trainees, supervisors and administrators through a best-in-class platform to support training, assessment and accreditation.
- A number of media training sessions for DFaC Presidents or their nominated alternates have been conducted with eight Presidents or their nominees enrolling. Further media training opportunities will be provided in 2019. The media training will prepare participants to successfully interact with the media and include practice interviews and how to deal with tough questions. It will also provide guidance on College approval processes. If you have any questions, comments or concerns, please do not hesitate to contact RACPBoard@racp.edu.au.
- A Kaitohutohu Māori Resource to provide advice, guidance and tautoko (support) in College major events, and to implement strategic initiatives effectively has been fully supported by the New Zealand Committee and the Board during the second year of implementation of the College's Indigenous Strategic Framework.
- RACP in Aotearoa/New Zealand acknowledges and supports the principles of Te Tiriti o Waitangi (the Treaty of Waitangi) namely Partnership, Participation and Protection. Directors and our New Zealand cohort are looking forward to working alongside a Māori resource in this area of huge importance to New Zealanders.

Associate Professor Mark Lane
RACP President

RACP Fellows honoured



Congratulations to the 35 RACP Fellows recognised in the 2019 Australia Day and New Zealand New Year Honours lists. We would also like to congratulate Dr Sue Packer AM who is the 2019 Senior Australian of the Year recipient and Professor Bill Glass who is the 2019 Senior New Zealander of the year recipient.

These awards highlight the outstanding work RACP members do and the importance of that work in local, national and international communities.

Australian and New Zealander of the Year Awards

Senior Australian of the Year

Dr Suzanne Packer AM, FRACP
Since starting her career as a paediatrician in 1972, Dr Sue Packer AM has worked tirelessly to advocate for the rights of children. Sue has been a leader in child abuse prevention and treatment and a champion of the importance of early childhood environments for the developing brain.

Senior New Zealander of the Year

Professor William (Bill) Glass FAFOEM (Honorary)

Professor Glass is the godfather of occupational health in New Zealand, spending over 60 years drawing attention to unseen fatal effects of exposure to substances in the workplace. One of the major successes of his career was the creation of the Asbestos Exposure Register. Professor Glass's efforts have resulted in better health for countless workers by not only proving the danger posed by substances like asbestos, lead and silica, but also by organising methods to reduce exposure.

New Zealand New Year Honours

Member of the New Zealand Order of Merit (MNZM)

Dr Susan Mary Bennett Morton FAFPHM

For services to epidemiology and public health research.

Australia Day 2019 Honours

Companion (AC) in the General Division of the Order of Australia

Emeritus Professor Richard Graeme Larkins AO, FRACP

For eminent service to medicine and medical research, to education through academic leadership, to public health care, and to the community.

Professor Kathryn Nance North AM, FRACP

For eminent service to genomic medicine nationally and internationally, to medical research in the fields of genetics, neurology and child health, and as a mentor and role model.

Officer (AO) in the General Division of the Order of Australia

Professor Sharon Ruth Lewin FRACP

For distinguished service to medical research, and to education, in the field of infectious diseases, particularly HIV/AIDS.

Professor John James McNeil AM, FRACP, FAFPHM

For distinguished service to medicine in the fields of clinical epidemiology and cardiovascular research, and to public health.

Emeritus Professor Trefor Owen Morgan FRACP

For distinguished service to medicine, and to medical research in the physiological sciences, particularly in relation to hypertension.

Associate Professor Beverley Jane Rowbotham FRACP

For distinguished service to medicine through roles with professional associations, to pathology, and to medical education.

Member (AM) in the General Division of the Order of Australia

Dr Bronte Francis Ayres FRACP

For significant service to children's charities, and to medicine as a cardiologist.

Professor John Francis Beltrame FRACP

For significant service to cardiovascular medicine, and to medical research and education.

Dr David Collis Burke FRACP, FAFRM

For significant service to medicine, particularly to brain injury rehabilitation, and to professional medical bodies.

Professor Anne Bernadette Chang FRACP

For significant service to paediatric respiratory medicine as a clinician and researcher.

Associate Professor Nathan Isaac Cherny FRACP

For significant service to medicine, and to education, in the fields of palliative care and medical oncology.

Professor Milton Laurence Cohen FRACP, FAFRM

For significant service to medical education in the field of pain management.

Professor David Alan Forbes FRACP

For significant service to medicine in the field of paediatric gastroenterology.

Dr Paul John Garrahy FRACP

For significant service to medicine in the field of cardiology as a clinician, mentor, advocate and researcher.

Professor Ronald Robert Grunstein FRACP

For significant service to medical education and research in the field of sleep disorders.

Professor Paul Steven Haber FRACP, FACHAM

For significant service to medical education and research, particularly in the field of addiction medicine.

Professor David Charles Harris FRACP

For significant service to medicine, and to medical education, in the field of nephrology, and to professional societies.

Dr Margaret Elena Hellard FRACP, FAFPHM

For significant service to medicine as an infectious diseases and public health physician and research scientist.

Professor Jennifer Frances Hoy FRACP

For significant service to medicine, and to medical education, in the field of infectious diseases.

Professor Matthew Colm Kiernan FRACP

For significant service to medicine, and to medical education, in the field of neurology.

Dr Paul Angus Lancaster FRACP, FAFPHM

For significant service to community health, particularly to perinatal and paediatric medicine.

Associate Professor Donald Raymond McTaggart FRACP

For significant service to medicine as a cardiologist, and to the community of Launceston.

Professor Paul Pavli FRACP

For significant service to medicine, to patient care, and as a researcher and mentor.

Professor Matthew John Peters FRACP

For significant service to thoracic medicine, to medical education, and to professional organisations.

Professor David Carlisle Whiteman FAFPHM

For significant service to medical research in the field of cancer epidemiology.

Dr Roger Konrad Wilkinson FRACP

For significant service to medicine as a cardiovascular surgeon, and to the community.

Medal of the Order (OAM) of Australia in the General Division

Dr Ahmad Alrubaie FRACP

For service to the Iraqi community of Sydney.

Dr Christine Maree Connors FAFPHM

For service to medicine through a range of roles.

Associate Professor Steven Miles Coverdale FRACP

For service to medicine on the Sunshine Coast.

Dr Peter Ian Davidson FRACP

For service to medicine as a general practitioner.

Dr Stuart Francis Dorney FRACP

For service to medicine as a paediatric gastroenterologist.

Dr Nigel Warren Hocking FRACP

For service to medicine as a paediatrician.

Dr Bernard Maurice Jenner FRACP

For service to the community of the Barwon region.

Dr Maharaj Kishore Tandon FRACP

For service to the community through a range of roles.

Honouring a paediatrician's phenomenal work improving the lives of children

The extraordinary and exemplary work of Dr Sue Packer AM was celebrated and honoured in one of the highest possible ways when she was named 2019 Senior Australian of the Year on 25 January 2019.



2019 Senior Australian of the Year
Dr Sue Packer receiving her award from
Prime Minister Scott Morrison

Photo courtesy of the National Australia Day Council

Among a field of high achievers from all walks of life, Dr Packer's decades of tireless advocacy for the rights of children saw her bestowed with the coveted honour.

A paediatrician since 1972, Dr Packer says she almost didn't enter the profession.

"I only knew about general practitioners (GPs) because I grew up in the country and I was going to be a GP," she says.

"At the time many junior doctors did six months of obstetrics and six months of paediatrics before trotting off to be a GP."

Dr Packer quickly developed a passion for the paediatric side of practice and ended up in Darwin, where she spent time with Dr Alan Walker.

"He was the sole paediatrician in Darwin and that experience really opened my eyes to the issues of Indigenous health and remote paediatrics," she explains.

"After this I went to England with more of an interest in dealing with family and emotional issues, rather than the medical issues.

"While in England I worked with Professor David Hull who was very keen on the community aspects of paediatrics. He saw the tertiary hospital as the pointy end of the triangle which affected a few children's lives for a short time."

Dr Packer says it was this experience that heightened her passion for community paediatrics and a profound understanding and belief in the importance of embedding paediatricians in community settings.

"In the middle of all this work overseas I took time off and had two children and came back to Australia because my mother was ill," she recalls.

"I did a lot of locums for different paediatricians in Canberra and it was very useful because I was practicing paediatrics in a lot of different ways to support their practices.

"My third child was born at this time, making work/ family balance more complex. I would not have managed if my late husband had not been so accommodating to my erratic work demand.

"It taught me a lot about different ways of handling things, different approaches and the generality of problems being faced by paediatricians."

Pioneering service developed

After starting her career in a range of settings, Dr Packer was then given the opportunity to be the sole community paediatrician during creation of the Australian Capital Territory's (ACT) Child-at-Risk Health Unit.

"This was at the time of emerging interest in child sexual assault," she explains.

"The Legislative Assembly in the ACT wouldn't approve funding for a sexual assault unit but they did instead approve funding for a general child abuse and neglect unit to look at all aspects of child abuse and neglect. This was a forward thinking decision for the time."

"The bitter truth remains that the most damaged children are extremely badly served by the system. They never get to court because they can't give a reliable history because their lives are too confused."

Based on her experience, Dr Packer believes the justice system remains inaccessible for many children.

"It was quite shattering to learn a lot of these things. A lot of the issues remain to be corrected, although a lot of very committed and conscientious people have tried to improve the system.

"In some small ways it has improved, but in other areas I feel there's a limit to the improvement that can happen given the structure of our legal system.

"If you're a child in the legal system, even from a very supportive articulate

family, you're basically having to talk as an adult to adults. If you're a child from a chaotic family who has scarcely been spoken to yourself and has had to lie to survive, you face more hurdles.

"For many of these things we have to look outside the legal system for solutions."

Maintaining balance and health

When asked how she managed her own wellbeing working in tragic and distressing situations, Dr Packer says balance and supervision were key.

"I never just worked with at risk children. I made a point of remaining as a community paediatrician and was involved in policy and service delivery design with organisations concerned with mainstream children's experience of the health system.

"This is because working with children who are abused or neglected can really only make sense, or be properly understood, in the context of the broader system.

"There's also less risk of burnout if you're doing a bit of both."

When working as part of a small team in the Child-at-Risk unit, Dr Packer says she was lucky to have an external supervisor for herself, as well as providing supervision for the Unit.

"I was working with Dr John Boots from Sydney, who was very experienced in such work. He was always available when I sought help and supported me to think through the situations I was in.

"I think we often underestimate and trivialise the whole idea of supervision. It has to be revisited all the time because you can start off a career with a good supervision system but it can drift away quite easily."

She says it is critical to view supervision as "more than a tick box requirement, but as an essential part of work."

Issues worth considering

An outspoken, determined and passionate advocate – Dr Packer believes all adults need to reconsider how they treat children and reflect on whether or not our present life priorities in Australia improve children's lives.

“Increasingly I think children are being sequestered out of our society. They're either in school, or before or after school care, or holiday programs or early childhood facilities.

“We seldom see kids just playing in groups outside unsupervised. The usual scene is a couple of children tagging along with their parents and if there is a dog in the group as well, the dog gets the attention and compliments, not the children.

“We so often ignore responsibility for any children other than our own.”

Dr Packer says genuinely noticing children is critical.

“One thing in the press that gets a lot of coverage is stranger danger. For so many people, it's seen as an excuse for stepping back and not getting involved in any way with kids, particularly if you are a male.

“We all know that 98 per cent of abuse and neglect is from somebody well known to the child or in the child's family. The chance of it being a stranger is minimal.

“Predatory people seek out the isolated vulnerable child, not the child surrounded by people who are noticing the child. The same applies in parks, shops or anywhere else.”

Dr Packer is interested in the concept of a 'good child' as one that does not intrude into the adults world, except to be cute and amusing and then disappear into the background again.

“If you regularly notice children, you do risk offending some parents who find it intrusive when you draw attention to a concern. They are less likely to be offended by a compliment. But we almost consciously don't see children. We don't want to see children.

“Everything comes down to relationships. We are curtailing the opportunities for children to learn from all the adults in their lives about appropriate communication and how to negotiate relationships.

“It's everything from talking to older people in a polite fashion, to being encouraged and supported to be interested in what people are doing. So often, if you casually talk to a child, you can see the confusion and apprehension in the child's face 'Is this a stranger? What should I do?' Every child should be confident that the community is there to help them and that scary people are the exception, not the norm.”

Providing comprehensive care

Reflecting on the privileged position paediatricians are in to positively influence a child's development and family dynamics, Dr Packer says doctors should ask this key question.

“How can I make each of my encounters with a child be one that helps parents feel proud and positive about their child and themselves as parents. We all respond to genuine praise and recognition.

“Routine neonatal health checks are one of the most phenomenal opportunities to involve the whole family and help them to share the wonder, and amazing abilities, of a newborn child. It takes a bit longer but encourages the family to really delight in their child and this in turn helps keep the baby safe in the huge new responsibility the family is taking on.

Help them to listen to the baby's heart. Demonstrate the clever neurological things the baby can do. Explain that their baby can hear and see and feel already and is ready to learn from them if they are gentle and patient. Wonder and delight makes the sleep deprived existence easier for them to bear.”

Dr Packer says all doctors should see each encounter with a child as an “opportunity to bolster

the kids positive feelings about themselves and the parents positive feelings about themselves.

“Many parents come to see the doctor feeling guilty because their child is injured or unwell,” she says.

“A genuine positive comment about them as parents can help more than we often realise – even simple remarks such as ‘your help has made my job examining your child so much easier. Thank you.’

“Paediatricians are in a superlative position to do this, and not in a fatuous way. All of us know when praise is fatuous.”

“People (including some doctors) just think of where the child is developmentally. They don't think ‘every interaction I have with the child is a demonstration to this child of how grown-ups behave’ and I think they should.”

Continued commitment

While Dr Packer is no longer in clinical practice, her commitment to children remains. She is still heavily involved in a range of child safety and wellbeing organisations and government bodies.

“I'm still on the Child Death Review Committee and a number of other committees including Families Australia and NAPCAN as well as local early childhood organisations.”

Away from paediatrics, Dr Packer also now cares for her sister living with chronic health problems and enjoys spending time with her four very young grandchildren and her children who all live locally. Her best retirement activity has been to develop her garden into a garden for small children to play in freely.

The RACP congratulates Dr Packer on her remarkable career, significant achievements and unwavering commitment to the health and wellbeing of all children.

Professor Bill Glass – Metlifecare Senior New Zealander of the Year 2019

One of our most prominent Occupational Medicine Fellows (Honorary) has received the accolade of Senior New Zealander of the year, in particular for his “drawing attention to unseen fatal effects of exposure to substances in the workplace” and “organising methods to reduce exposure”.



The Australasian Faculty of Occupational and Environmental Medicine recognises Professor William (Bill) Glass at RACP Congress every year with the eponymous Ferguson-Glass Oration. We are proud to have his illustrious career and impact on the lives of New Zealanders recognised nationally.

Professor Glass has been a keen advocate for workplace health and safety for over 50 years.

Considered by many of his peers to be the godfather of occupational health in New Zealand, Bill has drawn attention to the unseen fatal effects of toxic substances in the workplace.

During his career Professor Glass has been a passionate practitioner, educator, researcher and provocateur. He has mentored, trained and inspired many New Zealanders working in the field of occupational medicine.

One of the major successes of his career was the creation of the Asbestos Exposure Register. Professor Glass's efforts have resulted in better health for countless workers by not only proving the danger posed by substances like asbestos, lead and silica, but also by organising methods to reduce exposure.

Throughout his career Professor Glass has developed a reputation for challenging both his medical colleagues and government agencies to take workers seriously and accept that they know better than anyone –

doctors included – when it comes to their job and the way it affects them.

Professor Glass's interest in occupational medicine began at Otago Medical School in the late 1950s. He went to England to do a postgraduate qualification in the field before taking a post as Deputy Medical Officer of Health in Auckland.

In subsequent years he has worked in private practice, with trade unions and government agencies, at medical schools, and on a wide range of public bodies, including the panel of the Notifiable Occupational Diseases System and the National Asbestos Medical Panel, which he still convenes.

He has also been a key player in medico-legal work, providing expert evidence in support of many people seeking cover through the Accident Compensation Corporation (ACC) for work-related health conditions or gradual process injuries.

Professor Glass's award was one of six conferred as part of The New Zealander of the Year Awards in February, sponsored by Kiwibank, honouring those who use their passion to make New Zealand a better place. ^{RQ}

(Information sourced from Metlifecare and Kiwibank media releases).

Members in the media

Is it time to stop working outdoors?

When we're exposed to extreme heat, the protein in our brains can start to cook.

Dr Genevieve Gabb FRACP from the Royal Adelaide Hospital discusses her latest research into the long term affects of heat stroke, with senior RMIT lecturer in Occupational Health and Safety, Leo Ruschena.

ABC Life Matters,
31 January 2019

Infectious disease expert praises response to acute flaccid paralysis

Doctors and health authorities are on high alert to stop a terrifying polio-like virus, which has paralysed children in the UK and the US, from spreading to Australia.

One of the nation's top infectious disease experts has praised the Department of Health for its expert policing of the challenging disease acute flaccid paralysis (AFP), which attacks children of an average age of seven.

The Centers for Disease Control and Prevention in the US set up a taskforce in November to help find the cause of the condition.

The US has recorded almost 500 cases since 2014.

Professor Robert Booy FRACP, head of clinical research for the National Centre for Immunisation Research, said there had been an outbreak of polio in Papua New Guinea due to low vaccination numbers.

However he praised Australian health authorities on their fast action to stop any spread from our neighbours.

Northern Territory News, 5 January 2019

Cough syrup withdrawals: codeine ban uncovers hidden addictions

Patients hooked on cough syrup and dependent on painkillers are turning up to GP clinics suffering from opioid withdrawals one year after the over-the-counter codeine ban was enforced.

The move to make codeine prescription-only in February 2018 has uncovered opioid addictions in people who never suspected they had become addicted to the drug.

These patients, some of whom were taking 100 painkillers a day, see their GP for nausea, anxiety, gastro problems and sleeplessness, unaware that they are symptoms of withdrawals, Sydney GP and addiction specialist Dr Hester Wilson FACHAM said.

"My GP colleagues say patients are coming in saying, 'I'm taking these huge amounts of cough medicine and I can't stop,'" Dr Wilson said.

She said some have likely stockpiled the products before the over-the-counter ban was enforced.

These patients have developed a tolerance to the drug and need increasingly greater doses of opioids to get the same effect, she said.

Though it is too early to draw any conclusions from national prescribing data, anecdotally, several of Dr Wilson's colleagues have noticed a surge in patients presenting unwittingly with opioid withdrawals.

Sydney Morning Herald, 12 February 2019



Medical experts suggest egg and peanuts in babies' diets to prevent food allergies

Guidelines developed by the Australasian Society of Clinical Immunology and Allergy recommend that parents should start feeding solid foods to babies at around six months of age, preferably while they continue to breastfeed.

The society suggests egg and peanuts should be introduced by 12 months but not before four months.

Once the foods are introduced, the guidelines recommend they should be continued twice weekly in the baby's diet so that tolerance is not lost.

"Hydrolysed" infant formula – designed to be hypo-allergenic – is no longer recommended for the prevention of allergies.

The recommendations are outlined in the latest Medical Journal of Australia, published today.

Lead author Dr Preeti Joshi FRACP, based at The Children's Hospital at Westmead, in Sydney, said food allergy rates in Australia were among the highest in the world.

Melbourne research has shown that about one in 10 babies have a proven food allergy before their first birthday. Food allergies involving egg, cow's milk, wheat, soy, peanuts, tree nuts, fish and shellfish are the most common in Australia.

The Daily Telegraph, 14 January 2019



Alarming heart survey shows need for national health checks

While almost every one of us is in danger, only one in six people realise their lifestyle and health problems make them a candidate for heart disease.

The YouGov survey reveals 94 per cent of Australians have at least one risk factor for heart disease and 71 per cent have multiple risk factors. Disturbingly, the greater the number of risk factors a person has the less likely they are to consider themselves in danger of a heart attack.

The survey also found heart health is rarely raised when a person visits their GP; just one in five discuss it with their doctor.

Yet without a diagnosis of heart disease eight in ten Australians are unlikely to take any action to improve their health, the poll found.

Hopefully that will change following the success today of News Corp's campaign with the Heart Foundation to get the federal government to fund heart health checks in a bid to prevent 76,500 heart attacks and save \$1.5 billion over the next five years.

This check will help overcome the dangerous community ignorance about heart disease and act as a prompt for people to change their lifestyle to avoid a heart attack.

Over 18,500 people a year die from heart disease. Senior cardiologist Dr Nick Cox FRACP said this is because there is widespread ignorance about heart health risks — a situation made clear by the survey's findings.

"I'm an interventional cardiologist and I got up at 4.30am this morning to treat a 60-year-old man who had a stent put in at 5am and it was the first time he was aware he had a heart problem," he said.

The Daily Telegraph, 23 February 2019

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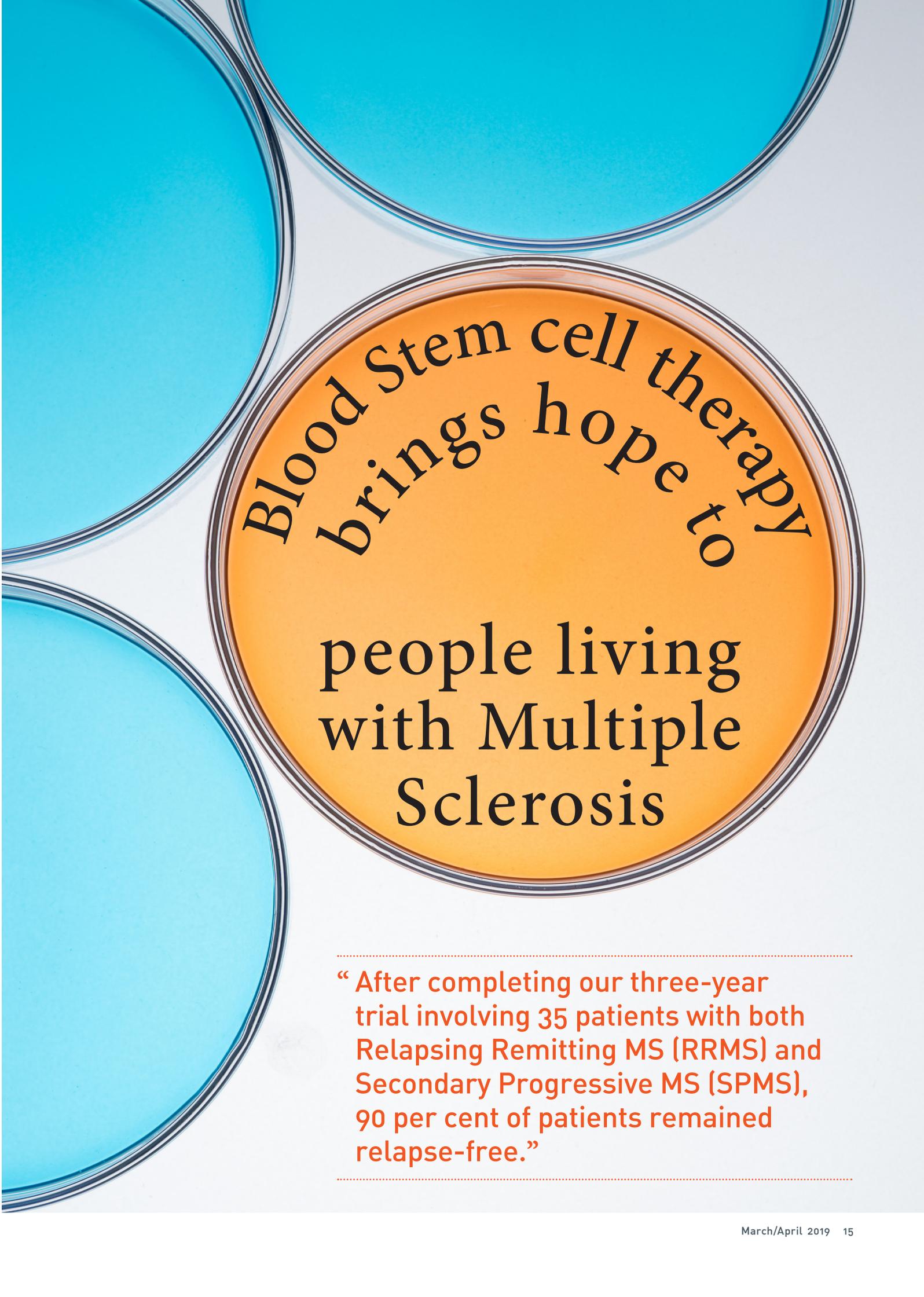
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Blood Stem cell therapy
brings hope to

people living
with Multiple
Sclerosis

“After completing our three-year trial involving 35 patients with both Relapsing Remitting MS (RRMS) and Secondary Progressive MS (SPMS), 90 per cent of patients remained relapse-free.”

Over the last two decades autologous haematopoietic stem cell transplantation (AHSCT) has been explored globally as a potential treatment for Multiple Sclerosis (MS), however, clinical trials in Australia have previously been limited.

MS is a chronic inflammatory condition where the immune system attacks the patient's brain and spinal cord causing a wide range of side effects such as: tremors, optic neuritis, difficulty or inability to walk, fatigue, slurred speech and sensory abnormalities. MS affects over 25,600 people in Australia and over two million people worldwide, with approximately three times more women diagnosed than men.

Currently there is no known cure for MS, but there are several treatment options available. Sydney hematologist Dr John Moore FRACP hopes that after the positive results of a recent study at St Vincent's hospital that AHSCT might soon be one of them.

"After completing our three-year trial involving 35 patients with both Relapsing Remitting MS (RRMS) and Secondary Progressive MS (SPMS), 90 per cent of patients remained relapse-free.

"Results for people with RRMS, which is the earlier form of MS, saw up to half of them have an improvement in their function resulting in a major decrease in disability," Dr Moore said.

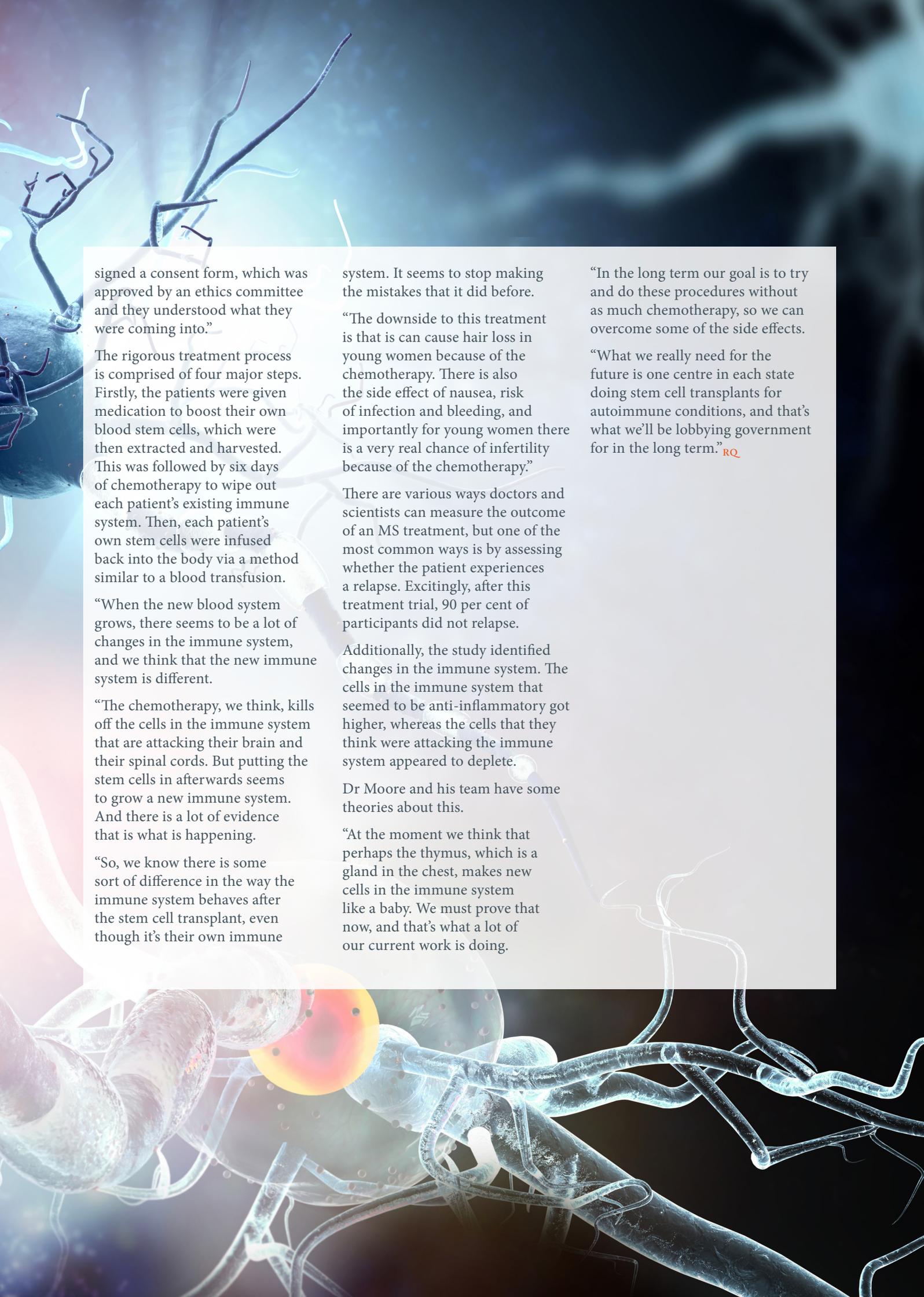
The treatment, which had gained controversy in the past due to some of the risks involved, was carried out in an ethically approved clinical trial with strict oversight of patient safety. The study only included participants who had tried, and relapsed, after multiple different MS treatments.

"In our study the average number of treatments they'd had before they came to us was four. And two thirds of them had been exposed to Tysabri, an agent which most people think is the most important treatment in MS.

"So, they were very heavily pre-treated, but they still had inflammation on their MRI. And the way to tell that is by looking at their MRI and you can see little spots throughout the brain. It's a sign that the immune system is actively attacking the nerves."

Dr Moore went on to explain that they wanted to do the study after seeing positive results from similar studies overseas.

"We wanted to do a study in Australia, but we wanted to do a study prospectively. Meaning we decided we were going to use stem cell transplant as this treatment and do it in a specific way. We then detailed the process and all patients



signed a consent form, which was approved by an ethics committee and they understood what they were coming into.”

The rigorous treatment process is comprised of four major steps. Firstly, the patients were given medication to boost their own blood stem cells, which were then extracted and harvested. This was followed by six days of chemotherapy to wipe out each patient’s existing immune system. Then, each patient’s own stem cells were infused back into the body via a method similar to a blood transfusion.

“When the new blood system grows, there seems to be a lot of changes in the immune system, and we think that the new immune system is different.

“The chemotherapy, we think, kills off the cells in the immune system that are attacking their brain and their spinal cords. But putting the stem cells in afterwards seems to grow a new immune system. And there is a lot of evidence that is what is happening.

“So, we know there is some sort of difference in the way the immune system behaves after the stem cell transplant, even though it’s their own immune

system. It seems to stop making the mistakes that it did before.

“The downside to this treatment is that it can cause hair loss in young women because of the chemotherapy. There is also the side effect of nausea, risk of infection and bleeding, and importantly for young women there is a very real chance of infertility because of the chemotherapy.”

There are various ways doctors and scientists can measure the outcome of an MS treatment, but one of the most common ways is by assessing whether the patient experiences a relapse. Excitingly, after this treatment trial, 90 per cent of participants did not relapse.

Additionally, the study identified changes in the immune system. The cells in the immune system that seemed to be anti-inflammatory got higher, whereas the cells that they think were attacking the immune system appeared to deplete.

Dr Moore and his team have some theories about this.

“At the moment we think that perhaps the thymus, which is a gland in the chest, makes new cells in the immune system like a baby. We must prove that now, and that’s what a lot of our current work is doing.

“In the long term our goal is to try and do these procedures without as much chemotherapy, so we can overcome some of the side effects.

“What we really need for the future is one centre in each state doing stem cell transplants for autoimmune conditions, and that’s what we’ll be lobbying government for in the long term.” RQ

A new scoring approach

for the Divisional Clinical Examination

One of the benchmarks in an RACP Fellow's training is the Divisional Clinical Examination (DCE). The College is excited to announce that this year a new scoring approach will be implemented for the DCE to make the process easier for examiners and more transparent for candidates.

Traditionally, the DCE has consisted of candidates reviewing six real-patient cases (two long cases and four short cases) in a hospital setting. It is designed to assess a trainee's clinical skills, clinical acumen and interpersonal skills as well as to determine whether trainees have reached the standard for completion of Basic Physician Training in Adult Medicine and Paediatric Child Health.

The purpose of the long cases is to test clinical assessment skills with an emphasis on accuracy in the history and clinical examinations, synthesis and prioritisation of clinical problems, understanding of the impact of the illness on the patient and family, and development and discussion of an appropriate management plan.

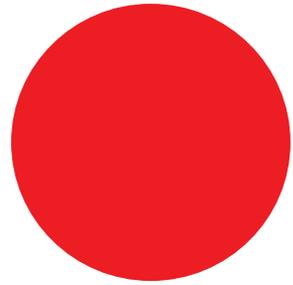
The purpose of the short cases is to test clinical assessment skills through direct observation with assessment of the interaction with patient/family, examination technique, examination accuracy, interpretation

and synthesis of physical findings, and investigations/management.

Although the DCE format has not changed, the 2019 examination will have some improvements based on new methodologies developed through the Clinical Examination Assessment Review (CLEAR) project, in direct response to recommendations set by the Australian Medical Council (AMC).

"The CLEAR process reflects our teaching and assessment goals and I believe it is fairer to the candidate," says one DCE Examiner.

As part of the new changes to the DCE, the scoring system has been reduced from a nineteen-point scale to a six-point scale. The previous marking system had a series of plus and minus (+/-) scores which have been eliminated to make scoring more consistent and easier for candidates to understand their results. An improved marking rubric has been updated to improve clarity and better define expectations, the six-point scoring



ADULT MEDICINE LONG CASE		CRITERIA FOR ASSESSMENT OF PERFORMANCE			
ASSESSMENT DOMAINS	ACCURACY OF HISTORY	ACCURACY OF THE CLINICAL EXAMINATION	SYNTHESIS & PRIORITISATION OF CLINICAL PROBLEMS	UNDERSTANDING THE IMPACT OF THE ILLNESS ON THE PATIENT AND FAMILY	DEVELOPMENT AND DISCUSSION OF AN APPROPRIATE MANAGEMENT PLAN
6 Excellent Performance	<ul style="list-style-type: none"> Sophisticated interpretation of the history Focuses on key issues Shows perceptiveness in extracting difficult information 	<ul style="list-style-type: none"> Actively seeks subtle signs that might enhance diagnosis Superior organisation of difficult examination 	<ul style="list-style-type: none"> Identifies all major and minor problems Very careful prioritisation which includes a long term view Recognises social impact of disease 	<ul style="list-style-type: none"> Shows mature understanding of subtle, difficult, or intimate aspects of patient's functioning Demonstrates balance when discussing issues and sophisticated use of external social support 	<ul style="list-style-type: none"> Superior construction of management plan, including long term impact Highly developed and discriminating use of investigations Mature recognition and interpretation of inconsistent results
5 Better than Expected Standard	<ul style="list-style-type: none"> Emphasis on appropriate details Appreciates subtleties Interprets significant aspects of the history 	<ul style="list-style-type: none"> Includes important relative negative signs Appreciates significance of more subtle signs 	<ul style="list-style-type: none"> Confidently identifies essential problems Shows maturity in recognising lesser issues 	<ul style="list-style-type: none"> Shows persistence in exploring subtle psychological issues, or issues that impact on the patient or family 	<ul style="list-style-type: none"> Proposes appropriate management plan with good understanding of social impact lifestyle and psychological aspects of disease Discriminating investigations
4 Expected Standard	<ul style="list-style-type: none"> Complete and accurate history Minimal need to clarify details Timely and well structured Some interpretation 	<ul style="list-style-type: none"> Correctly identifies all important physical signs 	<ul style="list-style-type: none"> Identifies all key problems Arranges problems in order of priority 	<ul style="list-style-type: none"> Understands patient's psychological function to disease Appreciates impact of prognosis on patient 	
3 Below Expected Standard	<ul style="list-style-type: none"> Poorly organised Omission of some key issues Inaccuracies or lack of detail Need to clarify important details Some interpretation 	<ul style="list-style-type: none"> Omission and/or incorrect reporting of some important signs 	<ul style="list-style-type: none"> Problems poorly prioritised Significant problems undervalued 	<ul style="list-style-type: none"> Fails to recognise so aspects of the disease family Misses some aspects functioning or reacts 	
2 Well Below Expected Standard	<ul style="list-style-type: none"> Omission of many key points Focuses only on single problem Repetitive, poorly structured Historical details not clarified 	<ul style="list-style-type: none"> Many significant signs not recognised 	<ul style="list-style-type: none"> Poor understanding of significant problems Requires substantial prompting 	<ul style="list-style-type: none"> Poor understanding of disease on patient Shows little concern psychological aspects 	
1 Very Poor Performance	<ul style="list-style-type: none"> No clear structure Focuses only on single problem Minimal detail 	<ul style="list-style-type: none"> Minimal attention to detail with the examination 	<ul style="list-style-type: none"> Most key management issues unidentified No attempt to establish priority 	<ul style="list-style-type: none"> Impact of disease or unable to be discussed 	
EPA	EPA 1, EPA2	EPA 1	EPA 1	EPA 1, EPA2	
Competencies	Medical expertise, communication, (cultural competence)	Medical expertise	Medical expertise, judgement and decision making	Medical expertise, ethics and professional conduct, judgement and decision making	

NOTE: In coming to an overall assessment score, not all domains will be equally weighted or always applicable due to variability of patient cases

PAEDIATRICS & CHILD HEALTH SHORT CASE		CRITERIA FOR ASSESSMENT OF PERFORMANCE			
ASSESSMENT DOMAINS	INTERACTION WITH PATIENT/FAMILY	EXAMINATION TECHNIQUE	EXAMINATION ACCURACY	INTERPRETATION AND SYNTHESIS OF PHYSICAL FINDINGS	INVESTIGATIONS/ MANAGEMENT
6 Excellent Performance	<ul style="list-style-type: none"> Candidate SHOULD achieve the expected standard in terms of their interaction with the patient/family Essence elicited succinct 	<ul style="list-style-type: none"> Plans and accurate and explains Minimal adjustment to ensure where appropriate 	<ul style="list-style-type: none"> Correctly identifies all essential and most subtle signs 	<ul style="list-style-type: none"> Exhaustive and fully explains on basis of examination. Considers all likely alternatives 	<ul style="list-style-type: none"> Correctly interprets investigations and integrates with examination findings without priority Organises and discloses areas of concern Uses results to support differential diagnosis and discussion
5 Better than Expected Standard	<ul style="list-style-type: none"> Candidate SHOULD achieve the expected standard in terms of their interaction with the patient/family Most essential elicited 	<ul style="list-style-type: none"> Plans and accurate and explains Minimal adjustment to ensure where appropriate 	<ul style="list-style-type: none"> Correctly identifies all essential and most subtle signs 	<ul style="list-style-type: none"> Identifies most likely diagnosis and provides reasonable differential diagnosis based on physical findings 	<ul style="list-style-type: none"> Correctly interprets all major findings
4 Expected Standard	<ul style="list-style-type: none"> Candidate SHOULD achieve the expected standard in terms of their interaction with the patient/family Subsides highlighted to the patient Stones asked for patient's history, leading permission for further aspects of examination Response and medical examination when patient 	<ul style="list-style-type: none"> Understands systematic examination of required area or system without unnecessary distraction Demonstrates confidence in the examination Obtains relevant data in appropriate time 	<ul style="list-style-type: none"> Detects all essential signs Discusses significant findings Does not find subtle signs that are not present 	<ul style="list-style-type: none"> Possible appropriate interpretation of signs Recognises inconsistencies in interpretation and findings Provides sensible rationale in diagnostic diagnosis 	<ul style="list-style-type: none"> Accurately interprets in context of investigations Suggests appropriate use of investigations and integrates them with examination findings
3 Below Expected Standard	<ul style="list-style-type: none"> Candidate SHOULD achieve the expected standard in terms of their interaction with the patient/family Inappropriate and insensitive approach to patient 	<ul style="list-style-type: none"> Understands incomplete or lacking history or systematic approach 	<ul style="list-style-type: none"> Misses essential signs Fails to look for or mention important negative findings 	<ul style="list-style-type: none"> Not consistent with a diagnosis List of differential diagnosis poorly developed Unable to clarify alternative explanation for findings Discusses more than signs prompting to reconsider options 	<ul style="list-style-type: none"> Does not offer appropriate investigations Misinterprets or is unable to integrate investigations with examination findings
2 Well Below Expected Standard	<ul style="list-style-type: none"> Candidate SHOULD achieve the expected standard in terms of their interaction with the patient/family Unlikely to engage, clumsy or careless patient without explanation or apology 	<ul style="list-style-type: none"> Misses essential signs Finds abnormalities they are not asked Fails to look for important negative findings 	<ul style="list-style-type: none"> Unable to suggest a reasonable diagnosis May mention diagnosis inconsistent with signs Requires substantial prompting Unable to reconstruct additional information with any past diagnosis 	<ul style="list-style-type: none"> Unable to use investigations to assist in diagnosis Inappropriate compromise on investigations 	
1 Very Poor Performance	<ul style="list-style-type: none"> Candidate SHOULD achieve the expected standard in terms of their interaction with the patient/family Requiring explanation to be obtained 	<ul style="list-style-type: none"> Very poor and requires substantial prompting and guidance 	<ul style="list-style-type: none"> Misses all essential signs Finds abnormalities they are not asked Fails to look for important negative findings 	<ul style="list-style-type: none"> Unable to suggest a reasonable diagnosis Unable to interpret the physical signs 	<ul style="list-style-type: none"> Unable to suggest reasonable investigations Misinterprets information provided
EPA	EPA 1, EPA 2	EPA 1	EPA 1	EPA 1	EPA 1, EPA 2
Competencies	Medical expertise, communication, ethics and professional conduct	Medical expertise, judgement and decision making	Medical expertise, judgement and decision making	Medical expertise, judgement and decision making	Medical expertise, judgement and decision making

NOTE: In coming to an overall assessment score, not all domains will be equally weighted or always applicable due to variability of patient cases

Version 1.4 • 7 December 2018



links directly to the domains of the basic training curriculum.

“A clearer and well justified rubric is important, but perhaps the main strength of the CLEAR system is the way in which specific results are processed to generate an overall mark. Replacing the current, arbitrary marking system with one that is logical, well-reasoned and more transparent is not only desirable, but is our responsibility,” says a 2018 examiner.

Another change to the scoring system is a new scoring grid which changes the way long and short case scores are combined to determine whether a candidate passes or fails. The long and short cases assess different but overlapping competencies. The previous approach was a sum of the performance for all long and short cases. The new approach, however, allows compensation between case performance while establishing a minimal level of performance for both long and short cases.

“The CLEAR process reflects our teaching and assessment goals and I believe it is fairer to the candidate.”

The new approach was pilot tested in 2017, with further evaluation in 2018 assessing the results of 880 candidates across both Australia and New Zealand.

Results of the evaluation found that the new approach:

- clarifies the purpose of the examination and promotes transparency of process
- is easier for examiners to use and results in better agreement of a candidate's performance scores
- applies educational principles to match scores to the scoring guide and the curriculum
- improves the process of valuing both long and short cases when determining candidate success
- results in outcomes that better reflect a candidate's performance.

We wish all candidates success in their DCE this year. **RQ**

For more information on the changes and dates, as well as detailed breakdowns of the scoring system visit: www.racp.edu.au/trainees/assessments/exams/divisional-clinical-examination

Third Atlas tracking disparities in healthcare outcomes across Australia

Despite considerable improvements in the health of Australians over the last century, there are still significant health inequalities between different population subgroups.

The Australian Atlas of Healthcare Variation Series highlights these inequalities by mapping the use of healthcare according to where people live. The map is a useful tool for health professionals to address the way they practise and treat their patients in areas of inequality.

The *Third Atlas* in the series was released in December 2018 and investigates the differences in healthcare use in four clinical areas: paediatric and neonatal health, cardiac tests, thyroid investigations and treatments, and gastrointestinal investigations and treatments. It also tracks national patterns in the use of antipsychotics, opioids, antimicrobials and medications.

RACP Quarterly takes an in-depth look at three of the key findings from the *Third Atlas* and how these are being addressed by the RACP's policy priorities.

Paediatric health – over-prescription of antibiotics in children

The *Third Atlas* identified the over-prescription of antibiotics in children aged nine and under as a key issue in the area of paediatric health, tracing variations in prescription rates based on remoteness and socioeconomic status.

Rates of antibiotic dispensing in children aged nine years and under were found to be the highest in areas

with lower socioeconomic status in major cities and inner regional areas. The rates of antibiotic dispensing were higher for children aged four years and under (113,906 prescriptions per 100,000) than for children aged five to nine years (80,417 prescriptions per 100,000 children).

The higher levels of antibiotic dispensing in lower socioeconomic areas may be in part explained by parents with lower levels of education having a poorer understanding of the viral versus bacterial causes of childhood illness.

According to Associate Professor Nitin Kapur, a paediatric respiratory specialist, varying levels of clinicians' adherence to guidelines could also explain the differing rates of antibiotic dispensing.

"The unnecessary prescription of antibiotics is a serious issue that needs to be addressed if we are to avoid the development of antibiotic resistant bacteria," he said.

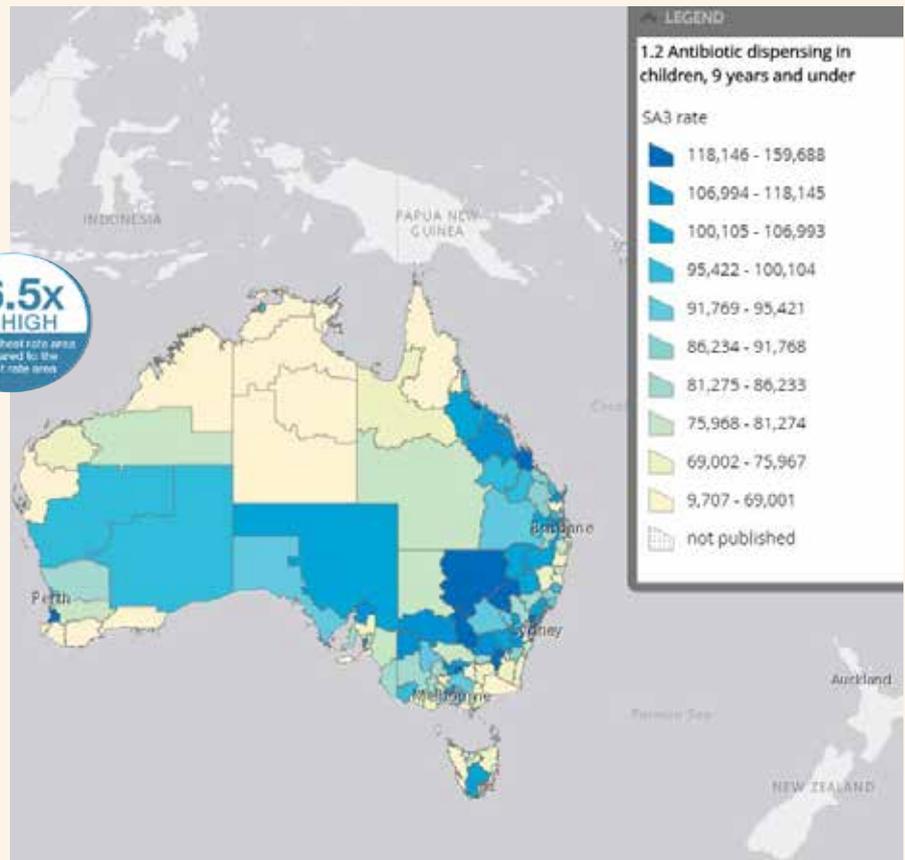
The RACP has developed a number of recommendations to assist clinicians to reduce the incidences of over-prescription, particularly in relation to asthma and other upper respiratory conditions.

"Doctors need to avoid prescribing antibiotics for conditions where there is no evidence of their efficacy," explains Dr Kapur.

The RACP recommendations for reducing over-prescription of antibiotics to children with asthma and related conditions:

- Do not prescribe combination therapy (inhaled corticosteroids with long-acting beta2-agonist) as initial therapy in mild to moderate asthma before a trial of inhaled corticosteroids alone.
- Do not prescribe antibiotics for exacerbation of asthma.
- Do not use oral beta2-agonists as bronchodilators in asthma, wheeze or bronchiolitis.
- For children with bronchiolitis without other co-morbidities, do not delay discharge from an inpatient admission based on oxygen saturations alone if saturations are below 90 per cent.
- Do not delay immunisation/s based on the presence of mild respiratory symptoms in the absence of fever.

16.5x AS HIGH
in the highest rate areas compared to the lowest rate areas



Third Atlas, AIHW, 2018.

Gastrointestinal health – gastroscopies and colonoscopies among Aboriginal and Torres Strait Islander population

The *Third Atlas* detected wide variations in the use of gastroscopies and colonoscopies across Australia, particularly between non-Indigenous and Indigenous Australians.

Gastroscopies, most commonly used to investigate upper gastrointestinal symptoms such as heartburn, are also used to detect oesophageal and stomach cancers.

The rate of hospitalisations for gastroscopies among Aboriginal and

Torres Strait Islander Australians was 34 per cent lower than the rate for other Australians (1,279 per 100,000 people compared with 1,934 per 100,000 people).

The lower rates of gastroscopies among Aboriginal and Torres Strait Islander Australians is particularly disconcerting given that they are 1.5 times as likely as other Australians to be diagnosed with stomach cancers and 2.2 times as likely as other Australians to be diagnosed with oesophageal cancer.

Aboriginal and Torres Strait Islander Australians were also less likely to be hospitalised for a colonoscopy procedure, highlighting the need to develop and test methods to improve

uptake of the National Bowel Cancer Screening Program by Aboriginal and Torres Strait Islanders.

Professor Anne Duggan, a gastroenterologist and Atlas Advisory Group Chair reflected on the glaring inequality:

“As a doctor I am always concerned when it seems that there is underuse of important investigations or treatments by people who could benefit greatly from their use. For Aboriginal and Torres Strait Islander peoples, and people in regional and rural Australia, this is unfortunately true for many of the procedures investigated in this year’s Atlas. These communities continue to require a stronger focus.”

Opioid medicines

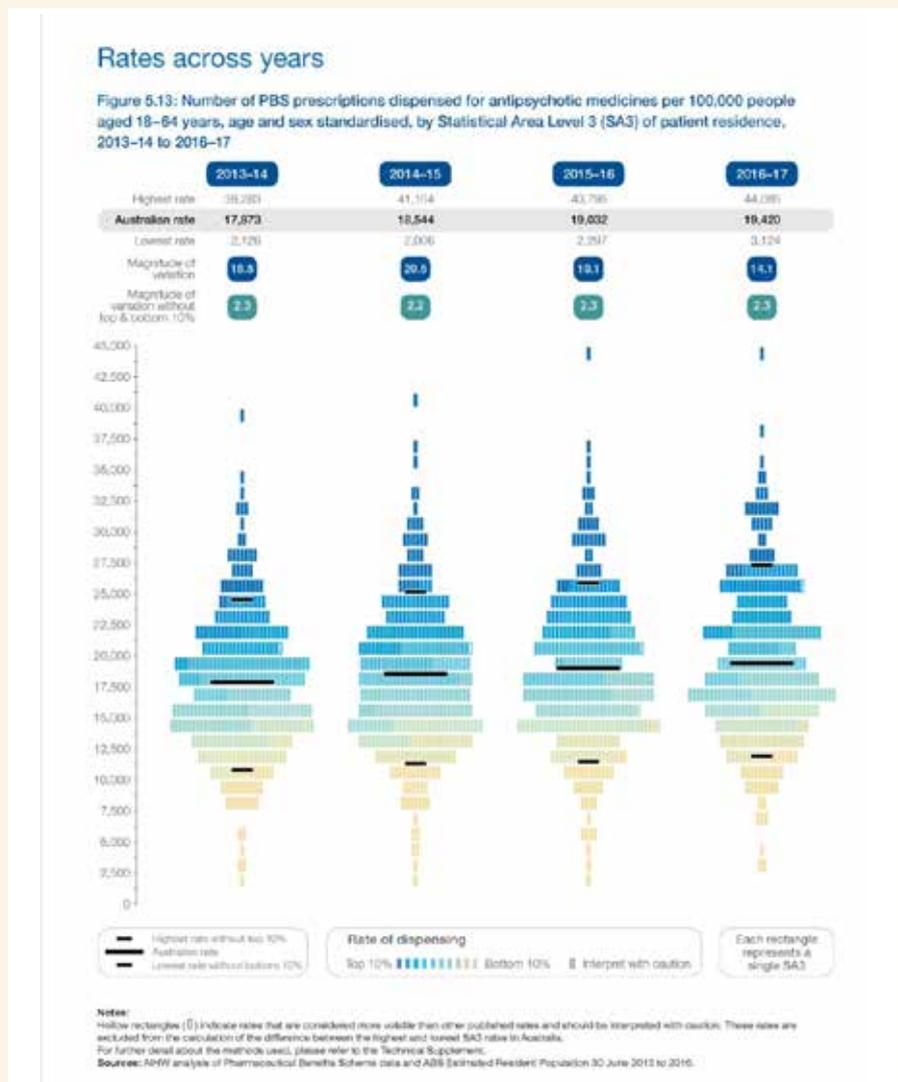
The *Third Atlas* found that from 2013 to 2014 and 2016 to 2017, the rate of opioid medicines dispensed per 100,000 people increased by five per cent nationally.

While opioid medicines are effective for managing acute pain, cancer pain and pain in palliative care, opioids are increasingly being used outside these indications, leading to misuse, overdosing and potentially fatal opioid dependence.

Between 2011 and 2015, twice as many people died from overdoses associated with an opioid medicine as from an overdose of heroin, highlighting the serious risks associated with the misuse of the medication.

On the back of a series of recommendations put forward in the *First Atlas* in 2015, state and territory departments of health, along with PHNs (Primary Health Networks), have developed addiction medicine referral pathways for GPs managing patients with substance abuse disorders.

Despite a number of other initiatives and regulatory changes, the dispensing rate of opioids continues to increase, indicating more work needs to be done to address the issue of opioid addiction in Australia. [RQ](#)



Third Atlas, AIHW, 2018.

In a 2018 submission to the Therapeutic Goods Administration consultation paper 'Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response', the RACP put forward the following recommendations:

- establish a national integrated real-time prescription monitoring system
- improve access to advice from pain and addiction specialists for primary care practitioners
- implement a national approach to educate and train medical students, hospital medical officers and GPs to better recognise, prevent and manage drug dependence
- methadone and buprenorphine treatment needs to be more affordable for patients with opioid use disorder
- improve access and affordability of Naloxone, an opiate reversal agent.

Professor Jerry Greenfield receives prestigious award

Congratulations to Professor Jerry Greenfield FRACP on receiving a Millennium Award from Diabetes Australia to support an innovative clinical study in type 1 diabetes.

Professor Jerry Greenfield from Garvan's Diabetes and Metabolism Division and St Vincent's Hospital Department of Diabetes and Endocrinology received one of two Diabetes Australia Millennium Research Awards of \$150,000. The award will support Professor Greenfield's novel study of insulin resistance in people with type 1 diabetes – a group who have previously been thought only to have a defect in insulin production.

Type 1 diabetes affects more than 120,000 individuals in Australia and the global incidence is rising by four per cent per year. Type 1 diabetes is known to cause cardiovascular disease and premature death.

Professor Greenfield and his team, including his co-investigators Jane Holmes-Walker and Christian Grigis, PhD candidate Jennifer Snaith and collaborators from St Vincent's and Westmead Hospitals, will be looking at a group of people with type 1 diabetes and measuring how sensitive they are to insulin at the liver and muscle. The aim is to try to establish why some people with type 1 diabetes are prone to insulin resistance and to examine possible strategies for treatment.

While insulin resistance is usually associated with type 2 diabetes, it is increasingly being detected in people with type 1 diabetes. Insulin resistance can increase a person's risk of developing a range of diabetes-related complications, such as cardiovascular disease.

“There is a need to determine the metabolic factors that contribute to insulin resistance in type 1 diabetes, as this knowledge will open up the opportunity to being able to target these abnormalities in order to reduce

the risk of cardiovascular disease in the future.”

Because these people have reduced sensitivity to insulin, Professor Greenfield believes that metabolic therapies, such as the medication metformin, will have potential to improve diabetes control, weight and cardiovascular risk, which will be measured by non-invasive vascular markers in study participants.

The clinical study, made possible by the Millennium Award grant, will focus on personalised treatments for insulin resistance in adults with type 1 diabetes. It will identify predictors of response to metformin, a drug commonly used to improve insulin resistance in type 2 diabetes.

Professor Greenfield was presented with the Millennium Award on Monday 26 November at an event at Parliament House, Canberra, by Graham Perrett MP and Rowan Ramsey MP, co-chairs of the Parliamentary Friends of Diabetes. [RQ](#)

ABOUT THE DIABETES AUSTRALIA RESEARCH PROGRAM

The Diabetes Australia Research Program supports and develops outstanding diabetes research in Australia by funding a range of grants across the full spectrum of diabetes research through a merit based, competitive, peer review process. Research projects can focus on prevention, management of diabetes or the cure for diabetes. Each year, two Millennium Awards of up to \$150,000 (one for type 1 diabetes and the other for type 2 diabetes) are presented.



Professor Jerry Greenfield with Rowan Ramsey MP, Member for Grey, and Graham Perrett MP, Member for Morteon, the Co-Chairs of the Parliamentary Friends of Diabetes group.

This article has been reprinted with the permission of the Garvan Institute of Medical Research.

Supporting trainees and growing the Indigenous specialist workforce

Substance misuse, unemployment, job satisfaction and related health outcomes are some of the issues Dr Brett Shannon believes he can target once he completes his physician training.

A descendant of the Ngugi people of Stradbroke and Moreton Islands in Queensland, Dr Shannon is training to become a Fellow of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM).

He is the inaugural recipient of the 2019 RACP Indigenous Health Scholarship for Occupational and Environmental Medicine (OEM).

“OEM is a growing area with small numbers, this scholarship provides a good opportunity to meet with colleagues,” Dr Shannon says.

“Dr Sid O’Toole, an occupational and environmental physician, introduced me to the field and ultimately offered me a job working as his trainee.

“Stints as an emergency medicine trainee, and in non-clinical roles, left me with a desire to find a balance between clinical and non-clinical work that complimented my background in epidemiology – which fits well with OEM.

“I believe the RACP training through the AFOEM provides a unique composition of clinical skills, policy making and public health work which gives a unique perspective for targeting Indigenous health concerns such as substance misuse, unemployment, job satisfaction and related health outcomes.”

Dr Shannon’s considerable experience working in a range of settings has instilled in him a commitment to

Indigenous health, he says.

“As the only the Indigenous medical student to graduate in my class, it was important to me that additional supports be implemented to improve recruitment and retention of Indigenous medical students.

“This drove me to create the first ever Indigenous medical peer-tutoring scheme at the University of Queensland.

“The results of this program were unprecedented with a 100 per cent success rate through my time with the program.”

Dr Shannon obtained an undergraduate degree in Applied Science (Human Movement Studies) and Business. He says this triggered his interest in healthcare.

“I became interested in how the body works in parallel with approaches to service planning and delivery that are based upon solid business models, with the appropriate financial, human and physical resources – as well as the systems and processes required to underpin successful approaches.

“I supported myself financially during this study through part time employment in the Aboriginal and Torres Strait Islander community controlled health sector.

“During this period I completed a series of state-wide community profiles that included an analysis of demographic, health and socioeconomic indicators at

For a full list of 2019 recipients of RACP scholarships, fellowships and grants, turn to page 50.

a local and regional level.”

These profiles supported service development and implementation, policy and advocacy interventions as well as best practice clinical management.

“This instilled in me an interest in research that led to my enrolment in the Masters in Applied Epidemiology at the Australian National University (ANU).

“Over the two years of this program, I continued to work part-time in Aboriginal health and completed a series of individual research projects that formed the requirements of this degree.

“These include an epidemiological data analysis, evaluation of a disease surveillance system, investigation of infectious disease outbreaks and an evaluation of a public health program.”

Dr Shannon says he is driven by strong connections to family and community, early career experiences that exposed him to inequities in health outcomes, gaps in service delivery, poor translation of available evidence and the need for research that will have an impact on health outcomes.

“I have a keen interest in exploring innovative models of healthcare and I’m committed to improving Indigenous health outcomes in this country and building a sustainable Indigenous medical workforce.”

Applications for 2020 RACP Indigenous Health Scholarships open on 1 October 2019. [RQ](#)

“I believe the RACP training through the AFOEM provides a unique composition of clinical skills, policy making and public health work which gives a unique perspective for targeting Indigenous health concerns such as substance misuse, unemployment, job satisfaction and related health outcomes.”

WHAT THE RACP INDIGENOUS HEALTH SCHOLARSHIP COVERS:

- RACP training fees for the duration of either Basic or Advanced Training, Faculty and Chapter training (three or four years)
- examination fees
- attendance at RACP Congress or relevant Annual Scientific Meeting each year (return economy airfare, registration, three nights’ accommodation)
- \$2,500 cash assistance at the beginning of the scholarship.

RACP CONGRESS 2019

RACP Congress 2019 is just around the corner, taking place from Monday, 6 to Wednesday, 8 May 2019 at the Aotea Centre in Auckland, New Zealand.

This year we take an in-depth look at the range of ways physicians impact patients' lives, from paediatrics to palliative care. TED style sessions, workshops, panel discussions and polling will look at the bigger picture, ask the tough questions and challenge perspectives. It will cover a range of thought-provoking issues within the medical world:

- Life course theory: 'How do we impact health along the life course?'
- Obesity: rising to the challenge
- First 1000 days and non-communicable diseases
- Medically unexplained symptoms Masterclass
- Mental health and addiction of patients
- Chronic disease and integrated care.

A celebration of Tikanga Māori – the Māori way of doing things – will flow throughout the three-day event and a number of sessions will place special emphasis on Māori health.

For the full program and to register, visit www.racpcongress.com.au

Can't attend RACP Congress in person? Follow along on Twitter with #RACP19

In 2019, the RACP Congress Program Committee have introduced an exciting new initiative to showcase and embrace the different interests and talents of our healthcare professionals.

We realise that the talents of healthcare professionals often go beyond the realms of medicine and we would like to take the opportunity to celebrate and showcase the people behind the profession.

DISCOVER THE

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EXPERIENCE

May health and wellbeing be with you

- Health and fitness activities – Join your colleagues for morning workouts and re-energise for your day ahead

Health professionals have talent

- Up to four-minute main stage performances in the Plenary Theatre.
- 'Open Mic' showcase in and around the venue during break times.

Unplugged zone

- Showcasing art and photography work created by health care professionals.
- Take a mindful break from the educational content and spend time doing crafts, reading and community related activities.

Impacting health along the life course

Choose your RACP Congress pathway – with so many thought-provoking sessions taking place at RACP Congress 2019 we've put together a chart of what your days at Congress might look like. Visit www.racpcongress.com.au/program to view the full program and map out your RACP Congress 2019 schedule.

MONDAY

9.10 to 9.50am	Opening Keynote Oration 'Indigenous knowledge and science: Doctors at the interface' Sir Mason Durie			
11.05 to 12.35pm	The key to unlocking optimal health – The life course paradigm As physicians and paediatricians, we care for patients struggling with preventable illness every day. We know that unhealthy housing, insecure and precarious work and poor mental health directly impact our patients' health and wellbeing. Too often we treat illness knowing our patients are returning to social situations that will perpetuate poor health. We need to challenge the current state, where unacceptable levels of child poverty and poor housing conditions have become normalised. Our expert panel will be interviewed by renowned journalist Susie Ferguson on their thoughts, views and solutions on 'Make Health the Norm'.			
1.40 to 3.10pm	Obesity: Rising to the Challenge Unhealthy diets are major contributors to obesity, diabetes, dental caries, cardiovascular diseases, mental health conditions and many cancers – the very diseases which fill our hospital beds and swamp the health budget. Physicians and paediatricians see patients and families every day who are struggling with obesity and related health conditions. Hear first hand from consumers who have experienced weight stigma and bias, gain insight from specialists working on the ground to tackle the obesity issue and walk away with tools to help you change your practice.	Rue Wright Presentations Support your colleagues as RACP Fellows, trainees and members of the Chapter of Community Child Health present for this prestigious annual award. The Rue Wright award recognises excellence in hypothesis, scientific merit and relevance to Community Child Health.	The search for value in what we do Adult medicine physicians delve into the value in their practice, explore the role of the professional organisation, equity and justice, and the concept of value-based healthcare.	Rural and remote populations and health issues Listen to speakers working with Australians and New Zealanders in rural and remote areas discuss the various factors impacting these communities, such as higher rates of chronic disease and mortality, poorer access to health services, and behaviours associated with poorer health. Explore how physicians can be better supported to achieve higher health outcomes for these populations.

3.45 to 5.15pm

The first 1000 days – the window of opportunity for long term health

All children, no matter where they live or who they are, should have the same opportunity to fulfil their potential. Many children who experience inequities in health are also disadvantaged in accessing health care, leading to problems now.... and into the future.

Listen to our expert speakers as they explore how we can address and make positive changes to what could be the most important years of our patients' lives.

Ramazzini presentations

The Ramazzini Prize is an annual award presented to an AFOEM trainee who presents the best scientific paper related to occupational and environmental medicine. The presentation assists trainees to demonstrate their research methods and communication competencies. All AFOEM Advanced Trainees must present at least once during training to meet eligibility requirements for Fellowship.

Gerry Murphy Award presentations

Each year AFPHM seeks abstract submissions from public health trainees to present their research in the Regional Gerry Murphy Prize. The recipient of each regional competition is then invited to present in the National Gerry Murphy Competition during RACP Congress. This is an opportunity for both Fellows and trainees to hear about the work of our future leaders in public health medicine.

TUESDAY

11.10am to 12.40pm

Medically unexplained symptoms Masterclass

You heard in 2018 why doctors struggle with dealing with Medically Unexplained Symptoms. Attend in 2019 and gain an in-depth insight into how to deal with medically unexplained symptoms. Delegates will walk away fully equipped with tools, tips and a greater confidence to better manage their medically unexplained symptoms patients' physical and mental health.

Transition from paediatric care into adult medicine

Transitioning a patient from paediatric care to adult care can be a complex undertaking. The Paediatrics & Child Health Division and Adult Medicine Division combine to bring expert presentations from the paediatric and adult medicine spheres to seek solutions to create a smooth process for patients, their carers and medical teams.

Practical tips for common challenges

Ever wondered how to manage sleep and shiftwork across all age groups? Tricky and common dermatology issues? Whether people have sufficient vision for commercial driving, flying, and other work roles? And how should you manage patients who are also doctors? Four skilled specialists will summarise their experiences and give practical guidance on how to assess and manage these common challenges.

Populism and public health

Today's world of 'fake news' and populist leaders is seeing the health of populations suffering from damaging consequences at an increasing level. AFPHM have selected notable leaders within this field to explore the impacts of populism on public health at both local and global levels and will investigate how this issue can be alleviated.



1.45pm to 3.15pm	<p>The opioid epidemic – latrogenesis on a worldwide scale</p> <p>Doctors struggle to help patients with chronic pain. There is little evidence for opioid prescribing for non-malignant pain – yet, prescribing feels like an easy solution. The risk is long-term opioid dependency and addiction. This is the growing epidemic we are seeing around the developed world.</p> <p>Let our speakers take you on an intimate journey as we hear first hand a surgeon’s personal addiction story, what the clinical aspects and mechanics of pain management are, what the alternatives to opioids are and how we enable our patients to return to work.</p>		<p>Innovative teamwork</p> <p>Focusing on initiatives including innovations in multidisciplinary teamwork, patient-led integrated care, and the use of technology. The Health Benefits of Good Work Collaborative Partnership initiative, designed to improve work participation, will be explored.</p>	
	3.45pm to 5.15pm	<p>Integrated care – the future must be about partnerships</p> <p>Our patients’ health needs are changing and for those living with chronic or complex health conditions, the health system can simply be an overwhelming place to navigate. The role of the multidisciplinary team is now more important than ever. The integration of care plays a vital role in ensuring a better experience for both consumer and clinician, coupled with better economic outcomes.</p> <p>This can only be achieved by partnership, with the person at the centre of a team approach.</p> <p>This session will explore these facets in detail through the eyes of industry entrepreneurs and consumers.</p>	<p>Pathways to hot science – how I got here</p> <p>Join a line-up of esteemed researchers as they present on their work and the career choices that paved their way. This session will promote the new Paediatric Academic Pathways, a guide to approaching careers in paediatric research. It should be of particular interest to trainees and new Fellows contemplating their future direction, as well as any delegates with an interest in cutting-edge research.</p>	<p>Occupational Medicine 101 for regular folk</p> <p>We’re all about making your job easier. The occupational contribution to your patients’ illness and recovery may not always seem obvious. Shiftwork and extended hours have significant effects on health. Exposure to chemicals, dust, noise, and stress affect long-term health risks. Many patients have issues with their ability to continue working. This session will cover occupational medicine basics for other doctors, including common missed conditions, the upsurge of advanced silicosis, legislation that affects you, and how we can support you and your patients.</p>
<p>WEDNESDAY</p>				
10.40am to 12.40pm		<p>Physician heal thyself</p> <p>As doctors, our career is all about improving the health of others – but sometimes this can come at the cost of looking after our own. Being healthy means more than just the absence of ill-health. It encompasses mental, physical and social wellbeing, and it enables us to practise effectively throughout our careers – including during our training.</p> <p>Through the highs and lows of personal stories of various physicians, along with representation from the New Zealand Medical Council and global experts in health and wellbeing, the closing plenary will give delegates a heart-warming but realistic look into the world of what it takes to ‘heal thyself’.</p> <p>The RACP congress closing plenary is now becoming renowned to ‘wow’ our delegates and 2019 will not disappoint.</p>		

New genes found to contribute to neurological disease, Multiple Sclerosis

RACP Fellow Professor Graeme Stewart played a key role in a collaboration with the International Multiple Sclerosis Genetics Consortium (IMSGC), that has discovered four new genes which have been identified as independent risk factors for developing Multiple Sclerosis (MS).

The impressive study, published recently in the journal *Cell*, involved a search for new genetic variants that increase susceptibility to MS ('MS genes'). This was done by comparing 36,012 healthy individuals with 32,367 people with MS living in Australia, 10 European countries and the United States of America.

"It represents a massive effort by the IMSGC, with technical and statistical challenges, driven with skill and remarkable persistence over several years by Associate Professor Chris Cotsapas, an Australian-trained British scientist at Yale University. The major Australian contributor to the study was Professor Bruce Taylor, an outstanding MS neurologist and researcher at the University of Tasmania," said Professor Stewart.

"Whilst four new genes (PRF1, HDAC7, PRKRA, NLRP8) may seem a small yield from such a large experiment, together they uncovered a conservatively estimated five per cent of the genetic susceptibility to MS. Most importantly, each new gene is a potential roadmap for a better understanding of pathogenesis."

While all previous large-scale experiments by the IMSGC were structured to detect what are known

as common genetic variants, this study used a different technique.

"The current experiment was structured to detect the contribution of rarer genetic variation in gene coding regions (exons) allowing analysis of 120,991 low-frequency variants across all autosomal exons.

"The four new genes identified will stimulate international interest amongst immunologists aimed at uncovering the mechanism for MS association. The predominant expression of each in cells influencing adaptive and innate immunity, reinforces, through a different experimental approach, the dominant genetic architecture of MS as an archetypal autoimmune disease



caused by the interaction of inherited variation in immune function with environmental risk factors.”

Although the findings in this study will not be translated immediately into new treatments, this discovery should strengthen the confidence in people living with MS, Professor Stewart explained.

“The MS research community continues to make forward steps through investment in high-level, globally collaborative research with valuable outcomes.

“The search for MS risk genes is not about stamp collecting. It is driven by the insights they can provide into pathogenesis with a resulting road map to the development of novel, effective therapies.

“Discovery of the MS associated genes have played a significant role in the development of the currently available effective treatments for the relapsing remitting phase of the disease and will continue to do so.”

Professor Stewart, who became involved in establishing the IMSGC in 2002 and has been a member of the five-person Governance Group ever since, firmly believes that international research collaboration has the potential to unlock the causes and better treatments for MS patients.

“My involvement in the search for genetic factors that increase the risk of MS started during my PhD in the 1970s, with a passion that continues more than 40 years later. In the 1990s, I joined with other MS genetics researchers in the UK and Europe into a consortium (GAMES) which subsequently joined with US researchers to form the IMSGC.

“One of the keys to discovery of the ‘MS genes’ has been the power that comes from studying very large numbers of carefully phenotyped patients; in the current study, more than 32,000 people with MS. No single country could achieve this. The now 20 nation IMSGC has this capacity as well as the coordinated ability to share ideas, skills, technologies and commitment to finding a cure for MS.”

Professor Stewart’s hope for people diagnosed with MS is to see the development of drugs with very low toxicity that stop the disease permanently as soon as it is diagnosed, treatments that reverse the disability in those already adversely affected and population-based interventions that prevent future MS disease.

“At a personal level, I want to be there on the day when all people and families affected by MS are told ‘the long fight is over, MS will now be a thing of the past; science, perseverance, compassion and human ingenuity have won.’” RQ

“ Discovery of the MS associated genes have played a significant role in the development of the currently available effective therapies for the relapsing remitting phase of the disease and will continue to do so.”

Massive funding injection giving hope to people with Parkinson's



A groundbreaking program combining clinical trials and genomics to help find a cure for Parkinson's disease has received \$30 million funding from the Australian Government's Medical Research Future Fund.

The Australian Parkinson's Mission will aim to recruit around 1,000 people with Parkinson's over five years in a program of disease modifying trials aimed at finding a cure. Scientists who are part of the Mission will be able to investigate the utility of a range of novel biomarkers as well as the relationship between an individual participant's genetics and their response to the drugs they have taken.

RACP Fellow, Professor Simon Lewis, Director of the Parkinson's Disease Research Clinic at the University of Sydney's Brain and

Mind Centre, is leading the clinical trial arm of the research initiative. He says the Australian Government's funding announcement is one of the most significant of its kind – combining clinical trials, biomarkers and genomics domestically and internationally.

"Australia has very much been in the 'control arm of the experiment' so to speak. Whilst major efforts in disease modifying therapies have been gathering pace on an international level there have only been very limited trials for our patients here," he says.

"It is also a really big statement on the international stage. Since the funding was announced I've already had contact from people in other countries saying 'wow, this is great that the Australian Government has done this because maybe now we can persuade our government'.

"This is going to have knock on effects all around the world."

Professor Lewis says the initial trial will evaluate four repurposed

drugs in a novel protocol design where there will be only one placebo group. These investigational products have been as part of the Linked Clinical Trials initiative.

"For the last four or five years on an annual basis, a group of clinicians and research scientists have been meeting to evaluate potential drugs that could be introduced either as new molecules, or repurposed approaches into diseased modifying trials around the world," he says, explaining the work involved.

"The Linked Clinical Trials initiative has given us the idea for our first trial to say 'what do we think might be useful drugs that can be assessed in parallel in a single trial'.

"My major contribution has been to say 'we have no expectation that any of these drugs will be better than the other, why don't we do a multi-arm trial where instead of doing one-to-one placebo versus drug that we actually have one placebo and screen four different drugs in the same protocol.'"

Patients will have a lower chance of being randomised to the placebo, Professor Lewis says.

“We have the ability to try and create a protocol where patients will believe that they’re all on the same treatment but with patients realising that they have a relatively low chance of receiving a placebo, which should help recruitment and retention. It is quite a different way of doing a clinical trial, especially when we add in the biological markers.”

Developing and experimenting with biomarkers will be a key part of the research too, Professor Lewis says.

“For example, at the end of last year my research team here at the Brain and Mind Centre, published work from simple blood tests, showing that there’s a difference in the activity of a specific enzyme between patients and healthy age-matched controls. The same enzyme is known to have reduced activity in the brain at postmortem in people with Parkinson’s.

“That might allow us a dynamic check on drug response. For example, if exposure to a drug showed a change in the blood types that was mirrored by their clinical progression then we might be able to use such blood tests to rapidly screen a whole host of drugs before committing them to larger, longer trials.”

That’s the biomarker side, then on the genomics side where we’ll actually be able to study people’s genetic contributions because we do realise that Parkinson’s isn’t that homogeneous. There may be genetic contributions just like you see in breast cancer where some patients may respond very well to a drug whilst others do not.

“At the end of the trials we want to have the ability to look and see if there are any sub populations that do better in the trials. Then we will see if there is a genetic signature that goes with that. Effectively that’s the model for the way the trials will run.”

Initial trials will happen in New South Wales, Victoria and Queensland with a plan to expand rapidly across the country, Professor Lewis advises.

Associate Professor John O’Sullivan will lead the Queensland trials. He says that, while trials involving the repurposing of drugs are largely similar to novel drug trials, there is a major difference.

“Because the pharmacology and safety of the repurposed drugs has been established, we can move to phase three trials and registration much more quickly,” he says.

“This significantly reduces the time and cost of conducting trials.”

Associate Professor O’Sullivan believes clinical trials for repurposed drugs, particularly for disease modification in neurodegenerative diseases, are challenging on many levels.

“They will be conducted outside traditional pharmaceutical trial programs,” he says.

“This sometimes requires novel partnerships between clinician triallists, scientists, patient organisations and funding sources, particularly government.”

“We are exploring novel trial designs and scientific methods to assess the alteration of disease mechanisms and target engagement with these repurposed drugs so collaboration between the key stakeholders is essential for success.”

Associate Professor O’Sullivan says that, while over the years there has been progress in understanding and managing Parkinson’s, little progress has been made in treating the disabling non-motor symptoms responsible for considerable morbidity.

“More importantly I haven’t been able to alter the neurodegenerative progression, and I’ve watched my father, a general practitioner and my inspiration to study medicine, succumb to Parkinson’s.

“It remains a common multisystem disorder with so many unmet needs and I want to be involved in driving this next phase of research to be able to offer people with Parkinson’s hope for more than is currently available.”

Professor Lewis says hope over hype is precisely what the Australian Parkinson’s Mission is delivering.

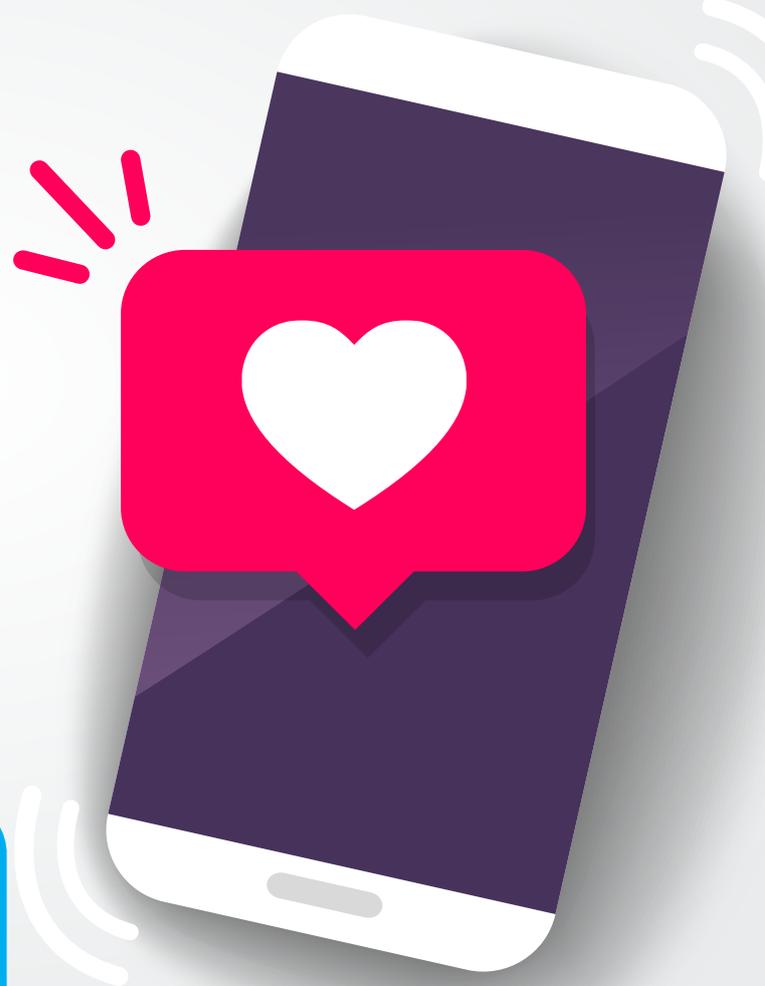
“We’re going to do properly constructed scientific trials whereby we can say to patients ‘we are going to try something that we think is going to have a reasonable chance of altering the course of your disease, which at the moment we’re absolutely and utterly bereft of anything we can offer,’” he says. RQ

ABOUT THE AUSTRALIAN PARKINSON’S MISSION

- Australian-led international collaboration developed by The Cure Parkinson’s Trust, Parkinson’s Australia, Garvan Institute of Medical Research, Michael J. Fox Foundation for Parkinson’s Research and Shake It Up Australia Foundation.
- Aiming to ultimately identify and fast-track new treatments for people with Parkinson’s.
- Creating a pioneering model for future nation-wide collaborations between researchers, clinicians and people living with Parkinson’s.
- Increasing access to repurposed and novel drugs.
- Identifying potential diagnostic tools for Parkinson’s to enable early detection and intervention.
- Visit www.theapm.org.au for further information.

Researchers measuring mobile health prevention interventions

Can a text message-based heart disease prevention program change behaviour and have an impact on health outcome measures, such as blood pressure, weight, diet and smoking status?



That is one of the questions Dr Harry Klimis and his team of researchers are seeking to answer as part of innovative research into automated intelligence systems that deliver text messages to improve cardiovascular health.

Dr Klimis, a cardiologist, is the recipient of a \$45,000 RACP Fellows Research Entry Scholarship for 2019.

His research aims to help address the challenges posed by heart disease – a leading global cause of premature death and disability.

“Modifiable risk factors, such as smoking and hypertension, account for over 90 per cent of the risk of myocardial infarction worldwide,” Dr Klimis explains.

“Existing prevention programs are underutilised and thus ineffective. We need high quality, accessible, cost-

effective and customisable prevention programs that target high risk individuals.”

Dr Klimis believes mobile Health (mHealth) interventions could transform how preventive healthcare is delivered and will allow low-cost customised support to be delivered.

“There has been growing interest in mHealth technology in cardiovascular disease prevention, but there are very few robust evaluations of these solutions,” he says.

“Only a few have been shown to be effective in randomised controlled clinical trials. From the evidence that does exist, it is apparent that mHealth strategies have the potential to improve health outcomes.

“However, there are still significant unanswered questions about how to optimise interventions, and how to



For a full list of 2019 recipients of RACP scholarships, fellowships and grants, turn to page 50.

maximise and maintain engagement and thus health outcomes.”

The research Dr Klimis is now undertaking aims to answer questions about mHealth, including how to optimise mHealth prevention programs and maintain engagement with patients.

Dr Klimis and his team have previously developed and evaluated cardiovascular disease prevention text-message programs.

“The TEXTME program involved delivery of semi-personalised messages about tobacco, exercise and diet four times a week for 24 weeks,” he advises.

“The messages provided advice, motivation and information that aimed to encourage healthy behaviour change.

“Example text messages included ‘Harry, did you exercise today – the Heart Foundation recommends at least 30 minutes of exercise most days of the week’ and ‘Is there a low fat option? Most products have low fat options. Check the markings on the back.’

“The messages were semi-personalised. Some used the participants name and were based on smoking status, diet and physical disability.

“For example, only smokers received messages regarding smoking cessation, vegetarians did not receive messages regarding meat in their diet and patients who were incapable of physical activity were not sent messages regarding exercise.”

Results from this study were published in *The Journal of the American Medical Association* (JAMA).

“Although the results were promising, we did not tailor the message content to all individual needs.

“Existing prevention programs are underutilised and thus ineffective. We need high quality, accessible, cost-effective and customisable prevention programs that target high risk individuals.”

“In this new research, we plan to assess whether we can utilise artificial intelligence (AI) and machine learning to deliver a more customised program tailored to individual needs.

“We will do this by first grading each text message sent according to health literacy level, readability, and whether a formal or conversational tone is used. To gauge participant preferences, similar messages of varying health literacy, readability and tone across the different content modules will be delivered to participants.

“Each text message sent will prompt participants to reply to the message with a score using a Likert-type scale between one to five from strongly dislike to strongly like.

“This will then guide future messages delivered via a computer algorithm with the result being that messages will be tailored to the health literacy, readability, tone, and content desired by the participant.

“Every message delivered to participants will prompt for a score and thus participant preferences may evolve throughout the delivery of the program.”

Dr Klimis believes prioritising personalisation and leveraging off technological capabilities could improve participant engagement with mHealth prevention programs,

health behavioural change and health outcome measures.

He says the RACP Research Entry Scholarship provided by the RACP Foundation will ensure he can focus on full-time research and comfortably run the study.

“The study will ultimately inform future development and optimisation of mHealth interventions that will provide a novel mechanism of improving and reinforcing health behaviours and thus improve cardiovascular risk.

“If found effective, this study will lead to the design of a large multicentre trial examining the role of more automated intelligent systems into the delivery of text message programs in improving overall cardiovascular health.

“The data that would be obtained during this tenure of the award will be an essential component to paving the way to success in submission of future project grants and partnership grants.” ^{RQ}

Physician burnout – a crisis in healthcare



As Australia implements electronic health records and New Zealand contemplates a similar move, United States (US) research sounds a warning.

Long hours and multiple, complex and sometimes conflicting demands of patient care and medical administration are often a physician's lot.

But new US research is describing consequent escalating rates of burnout among physicians as nothing less than a public health crisis.

In a paper for the Harvard Global Health Institute in cooperation with Massachusetts Medical Society, Massachusetts Health and Hospital Association and the Harvard T.H. Chan School of Public Health, lead author Andrew R. Illiff, MA, JD cites recent evidence that nearly half of all physicians in a US survey measured last year using the Maslach Burnout Index experienced burnout in some form.

The problem appears to be increasing, with 78 per cent of physicians surveyed in a US Physicians Foundation survey last year experiencing feelings of burnout at some time; an increase of four per cent from a similar survey conducted two years ago.

The paper cites a phenomenon referred to as 'moral injury', where physicians become disillusioned because of their inability to provide high quality patient care due to factors outside their control, such as patient poverty or unreasonably short appointment times.

The increased focus on rewards, punishment and pay for performance in contemporary healthcare systems is cited as another contributor to increasing rates of physician burnout. Not surprisingly, US medical students also reference the 'pressure to succeed'

as a leading cause of burnout.

Physician wellness programs are praised as worthy in intent, but the authors believe, on their own, such wellness, mindfulness or physical exercise programs are likely to be of limited utility due to more fundamental and systemic root causes of burnout.

In fact a significant factor aggravating US physician burnout is dissatisfaction and frustration with electronic health records (EHRs).

As Australia introduces the digital My Health Record system, and New Zealand's Ministry of Health develops a business case for doing so, the US research sounds a warning.

Over a decade ago, US legislation was enacted to encourage greater use of

DON'T TREAT THE SYMPTOMS, TREAT THE DISEASE

"It's a very interesting piece of research and I'm not surprised that we're seeing this pattern emerging given the increasing use of technology in medicine," says Dr Beata Byok FAFOEM, President of the Australasian Faculty of Occupational and Environmental Medicine and Chair of the RACP's Physician Health and Wellbeing Reference Group.

"It's probably too soon to be able to make direct comparisons between the United States and Australia regarding national electronic health records, but certainly at a state level we're seeing emerging frustration regarding these systems. They're often imposed on doctors by decision makers, but system design requires input from those who must use the system every day. What this creates is a model we see regularly in high stress occupational environments; that of high demand on workers, but low decision-making control. We need leadership from the top to include physician end-users when it comes to implementing electronic health records. Health and wellbeing programs like those developed by the RACP are an essential part of the mix, but we need to look at these types of systemic issues as well. As physicians say, don't treat the symptoms, treat the disease."

EHRs, but physicians find they are now spending "...two hours of computer work for every hour spent face to face with a patient, including numerous hours after work – so called pyjama time..."

Described as the single greatest pain point faced by physicians, US EHRs are criticised for poor workflows, distracting and unhelpful alerts, and inefficient and burdensome documentation systems. Similar criticisms abound across other US medical craft groups.

In particular, the paper highlights the need to develop and use open healthcare Application Programming Interfaces (APIs) which would allow third party developers to develop apps that can work with any EHR, with no special effort.

These are structural contributors to burnout and as such require structural change.

The paper also advocates the appointment of a new executive level position at every major healthcare organisation in the United States – that of Chief Wellness Officer.

The role would be mandated to study and report on the scope and severity of physician burnout across an institution, as well as "...exploring technological and staffing innovations like voice recognition, workflow improvements and EHR customisation to streamline workflow and reduce administrative burden."

While there are many differences between the much larger, user pays, highly decentralised US healthcare

system, and those of Australia and New Zealand, the Harvard research provides an interesting insight into the unintended consequences of the increasing digitisation of patient records. [RQ](#)



LOCAL



HEALTH



NETWORKS

tackling global child and adolescent health issues

Leading health, research and educational institutes across Sydney and Melbourne are addressing global child and adolescent health issues. The Sydney Global Child Health Network and Melbourne Children's Global Health are two groups providing a platform that links leading researchers and paediatricians.

The Sydney Global Child Health Network is a joint initiative between the Discipline of Child and Adolescent Health and the Sydney School of Public Health at the University of Sydney. The Sydney Children's Hospital Network (including the Children's Hospital at Westmead and the Sydney Children's Hospital Randwick) have also partnered with the network to support clinical outreach and capacity building.

The network facilitates world-leading research to improve the health of

pregnant women, children and adolescents in low and middle income countries with a focus on the Asia Pacific region.

A major project led by Dr Gulam Khandaker and Professor Nadia Badawi focuses on the care of children with Cerebral Palsy (CP) in developing country settings, in partnership with the Cerebral Palsy Alliance.

"There's an excellent Cerebral Palsy register in Australia and the principles of our CP register have been replicated in Bangladesh, initially in one small

More information about the current projects and how you can be involved is available on each network's website:

www.sydneyglobalchildhealth.com/ and www.melbournechildrens.com/global-health/

“It’s exciting to see that global adolescent and child health in Australia is seen as a priority so we’re pleased to see that new organisations are being established.”

region but it is currently being scaled up nationally. This has led to the identification of a large number of children with CP who were previously unknown to the healthcare system,” explains Professor Ben J Marais, network co-leader with Professor Mu Li from Public Health

“Obviously it’s a big challenge in a resource limited setting, but in Bangladesh it’s led to a far greater awareness within communities of children with CP, and disability in general. It’s provided assistance with living aids, such as rugged wheel chairs – now made locally, and support groups where families share best practices and provide emotional support. Pilot projects have been initiated in Vietnam and Indonesia as well.”

Another focus is capacity building, coordinated by the Sydney Child Health Program which trains a large number of healthcare workers in developing country settings.

Domestically, the network is also creating opportunities for trainees. “We’ve partnered with MSF (Médecins Sans Frontières) to create an Advanced Trainee position located at one of the MSF field sites where there’s adequate supervision. The first position has been advertised with a lot of interest and if that works well the aim will be to have a permanent rotating Global Health Placement for Advanced Trainees,” says Professor Marais.

Melbourne Children’s Global Health was launched in December 2018 with the goal of reducing inequity and improving child and adolescent health in disadvantaged populations globally. An initiative of the Melbourne Children’s Campus, the network is a partnership between the Murdoch Children’s Research Institute, The University of Melbourne’s Department of Paediatrics and The Royal Children’s Hospital, Melbourne.

Professor Andrew Steer is co-chair of Melbourne Children’s Global Health which focuses on the Indo-Pacific region, including Fiji, Papua New Guinea, the Solomon Islands, Laos and Mongolia.

“It’s exciting to see that global adolescent and child health in Australia is seen as a priority so we’re pleased to see that new organisations are being established,” says Professor Steer.

Though the initiative is still in its early days, advancements are already being made in vaccine development. This area is a priority of the initiative with developments in multiple vaccines. The initiative is already performing trials of a rotavirus vaccine in Indonesia. While there have been global efforts to stop rotavirus, it still kills over 215,000 children under five each year. The RV3 Vaccine was developed and discovered at the Murdoch Children’s Research Institute with a clinical trial in Indonesia published last year.

“We hope to see the vaccine taken up by Indonesia and look forward to seeing lives saved in Indonesia, and we also hope to see the vaccine taken up in other parts of the world,” says Professor Steer.

Professor Steer is currently working on the development of a vaccine against Group A Streptococcus (Strep A). Strep A is the bacteria that causes a sore throat; however, it can also go on to cause a number of other diseases including Rheumatic Heart Disease.

“Rheumatic Heart Disease is a chronic disease causing a big problem in Indigenous communities of Australia but also in many low and middle-income countries. It is estimated to affect about 33 million people worldwide and results in over 300,000 deaths, mostly in adolescents and young adults around the world each year. We’ve been interested in developing a vaccine against Strep A,” says Professor Steer.

“The Minister for Indigenous Health, Ken Wyatt, has recently announced 35 million dollars in funding for the development of a Strep A vaccine over the next five years in Australia – so that’s really exciting to see. Also, the Heart Foundation announced a large multi-million dollar grant for development of an Australian vaccine so our group in Melbourne will be working on both of those endeavours to try and accelerate the development of a vaccine.” **RQ**

Partnering with Aboriginal communities to halve skin infection rates

Infectious Disease Specialist Dr Asha Bowen is the recipient of the RACP Foundation's 2019 Bayer Australia Medical Research Establishment Fellowship. She discusses her work to reduce the burden of skin infection in remote Aboriginal communities in the Kimberley region of Western Australia.



The SToP (see, treat, prevent) trial is a randomised controlled trial that will evaluate a comprehensive skin control program, which if found to be successful will see a significant reduction in skin infections and their sequelae.

“Aboriginal children living in remote communities have the highest burden of skin sores, known as impetigo, in the world,” explains Dr Bowen, who conducts her research at the Wesfarmers Centre for Vaccine and Infectious Diseases at the Telethon Kids Institute and also works in a clinical role as an Infectious Disease Specialist at Perth Children’s Hospital.

“This unacceptable position as world leaders means that almost one in two remote living Aboriginal children have impetigo at any one time. The positive flipside of this is that one in two remote living Aboriginal children have healthy skin. My vision is to reduce this burden of skin infections through a coordinated, translational research program that answers the key questions and translates research findings into practice so all remote living Aboriginal children have healthy skin.”

Dr Bowen says there are many reasons why she is passionate about seeing improvements to the skin

health of Aboriginal children in remote communities.

“Once you have described the burden of a problem as I did in my PhD, I feel there is a mutual obligation to work hard to address this, particularly as Aboriginal children in remote communities have such a high burden that is unacceptable in our country and leads to so many downstream health problems.

“I treat children in hospital all the time who have invasive Streptococcal or Staphylococcal infections that result directly from a skin infection. Prevention of this comes from healthy skin, so I want to do everything I can to prevent these nasty complications.”

The Fellowship Dr Bowen has received will fund employment and upskilling of local Aboriginal community-based environmental health research partners in the SToP trial.

“Partnering with local Aboriginal communities and organisations is integral to the success of this project,” Dr Bowen explains.

“Funding this capacity building arm is innovative and is essential for ensuring sustainability beyond the life of the trial.”

For a full list of 2019 recipients of RACP scholarships, fellowships and grants, turn to page 50.

Dr Bowen says she ultimately hopes her team's research will reduce the prevalence of impetigo and scabies by 50 per cent – from a baseline of 40 per cent prevalence. If this is achieved, the trajectory has been changed to continue to progress towards healthy skin for all Aboriginal children.

“To achieve this, the aim is to implement a streamlined, sustainable skin infection management program that aids clinical staff to ‘see’, ‘treat’ and ‘prevent’ skin infections in Aboriginal children.

“The SToP trial combines the latest evidence-based treatments in a ‘treatment as prevention’ model whilst incorporating training modules that will equip families, teachers, clinic staff and community members with the knowledge to recognise skin infections.

“It has been designed as a sustainable skin infection program for immediate translation, so that all communities in the Kimberley and across Australia can rapidly implement the successful learnings.”

If skin infection rates can be reduced, Dr Bowen says children's wellbeing, school performance and attendance will also be improved.

“Downstream health consequences caused by the impetigo bacteria – such as acute rheumatic fever, rheumatic heart disease, acute post streptococcal glomerulonephritis, chronic kidney disease, skeletal infections and sepsis – will be reduced.

“Skin infections are one of the most remediable causes of serious disease in Aboriginal communities,” she advises.

The importance of the RACP Foundation and organisations like Bayer providing research funding and support is critical. It is particularly important that this can also support local community members to participate in this research trial, as the real health improvements will be community led, Dr Bowen says.

“It is really important for the RACP Foundation to support clinician-scientists like myself who are advancing knowledge and leading a learning health system.

“My research spans from bush to bench to bedside, and it is a privilege to be able to contribute new knowledge to improve health.

“Clinician-scientists are needed throughout Australia as we are well positioned to contribute to improving

“Partnering with local Aboriginal communities and organisations is integral to the success of this project.”

patient outcomes by advancing knowledge. We are also committed to rapid translation of our findings to improve health for all. An example of this for use across Australia is the recently released National Healthy Skin Guideline where clinicians can access useful information, diagnostic aids and a quiz to help in managing skin infections in Aboriginal people.

“Having RACP Foundation support for this makes it possible.” [RQ](#)

WHAT THE RACP INDIGENOUS HEALTH SCHOLARSHIP COVERS:

- RACP training fees for the duration of either Basic or Advanced Training, Faculty and Chapter training (three or four years)
- examination fees
- attendance at RACP Congress or relevant Annual Scientific Meeting each year (return economy airfare, registration, three nights' accommodation)
- \$2,500 cash assistance at the beginning of the scholarship.

Innovative approach aiming to reduce childhood obesity in communities

RACP Cottrell Research Establishment Fellowship recipient Dr Yvonne Anderson is using the \$75,000 funding she has received to support ongoing development of an application platform for the assessment and management of children and adolescents affected by obesity.

Whānau Pakari, which means active families in every sense, is a multidisciplinary intervention program that has been created to support children and adolescents struggling with weight issues.

“It is a whānau-based (family) intervention program that prioritises Māori and those from the most deprived households, given their over-representation in obesity statistics,” Dr Anderson explains.

The program provides psychology sessions, dietary information and education, and activity sessions for a year.

Dr Anderson says it is unique because “we are providing a home-based assessment rather than a hospital-based model of care.”

“This has been shown to be far more appropriate and acceptable to participants and their families,” she says.

A collaborative venture between community stakeholders, Sport Taranaki, the Taranaki District Health Board, and the Liggins Institute, University of Auckland – Whānau Pakari has received almost 900 referrals since its launch in 2012.

“Of all the issues affecting children and adolescents that I see in clinical practice, weight issues are the most

common,” Dr Anderson says.

“Our team are really committed to undertaking research by communities, for communities. I am humbled by the stories of the children and the families that I see in clinical practice, and I’m constantly motivated to ensure we have the most accessible and culturally relevant services in health that we can.”

The RACP Cottrell Research Establishment Fellowship will support Dr Anderson and her team to create an assessment information technology (IT) application based on the pre-existing Whānau Pakari database.

It is hoped this will allow for individualised investigation and management of weight-related comorbidities with obesity, utilising comorbidity prevalence data to date, unique participant characteristics and the expertise of an already established national working group.

“After completing my PhD last year, it became clear that we needed to address the IT platform that the multidisciplinary team were using in order to individualise investigations and management for weight-related health issues,” Dr Anderson advises.

“Attaining funding to develop patient-centred IT applications isn’t easy, but this work is critical if we are to link

For a full list of 2019 recipients of RACP scholarships, fellowships and grants, turn to page 50.



You can hear from Dr Yvonne Anderson when she discusses Whānau Pakari during the Research and Innovation Stream at RACP Congress 2019, taking place in Auckland from 6 to 8 May 2019.

Dr Anderson is scheduled to speak at 3.45pm on Monday, 6 May.

The Research and Innovation Stream includes presentations by prominent researchers who have received prizes and awards from the RACP Foundation.

www.racpcongress.com.au for more information and to register.

programs together and understand what works best for families trying to make healthy lifestyle changes.

“This will mean that communities can create their own solutions in terms of multidisciplinary programs. The assessment and recommendation pathways can also be shared between regions and the application can act as an ‘expert in your pocket’, no matter where the assessments take place.

“We are focused on finding non-judgemental, non-stigmatising solutions to obesity – one of the most fundamental issues affecting the immediate and long-term health outcomes of tamariki (children) and rangatahi (youth) in Aotearoa/ New Zealand.

“Our work will improve health equity through access to a home-based model of care that individualises recommendations for weight-related comorbidities, with the ability to

collect and input data efficiently onto a tailor-made application, specific to service needs.” ^{RQ}

“ Our team are really committed to undertaking research by communities, for communities. I am humbled by the stories of the children and the families that I see in clinical practice and I'm constantly motivated to ensure we have the most accessible and culturally relevant services in health that we can.”



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16th Annual Meeting

LEURA Critical Care ECHO

The Fairmont Resort, LEURA

Doppler Theory, Hands on Doppler-Cardiac Output, Pulmonary Artery Pressures, TDI Valve Assessment, Heart-Lung Interactions, Septic Cardiomyopathy, Diastolic Dysfunction in critically ill, Live Streaming (from Nepean Hospital ICU), Case Reviews, and more!

SAVE THE DATE: 14th - 17th September 2019

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Highly recommended course for the Physician starting out in critical care echo.

Haemodynamic Evaluation

By Echocardiography 2.5 days (15th, 16th and 17th). [ADVANCED]

Suitable for those undertaking EDEC, DDU - for those seeking to enhance their knowledge and skills in critical care echo.



International Speaker:
Prof Philippe Vignora,
Intensive Care Medicine,
Limoges, France

National Speaker:
Dr Faraz Pathan, Cardiology,
Sydney, Australia

FOR FURTHER INFORMATION
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1/4 page	133 x 96	\$1158	\$1125	\$1087	\$1061
1/8 page	66 x 96	\$641	\$609	\$575	\$544

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A LIBRARY TREASURE

The Journal of a Voyage to New South Wales – 1790

The History of Medicine Library of the RACP has some extraordinary treasures. One book which should be singled out for special mention is the *Journal of a Voyage to New South Wales with sixty-five plates of non-descript animals, birds, lizards, serpents, curious cones of trees and other natural productions by John White Esq^{re}. Surgeon General to the settlement*, published in London in 1790.

This superb quarto contains White's account, accompanied by 65 fine coloured plates which depict strange, previously undescribed specimens encountered in this new British colony. Although White's journal was the third of six early contemporary accounts, his report was the first Australian work published by a medical practitioner (Figure 1).

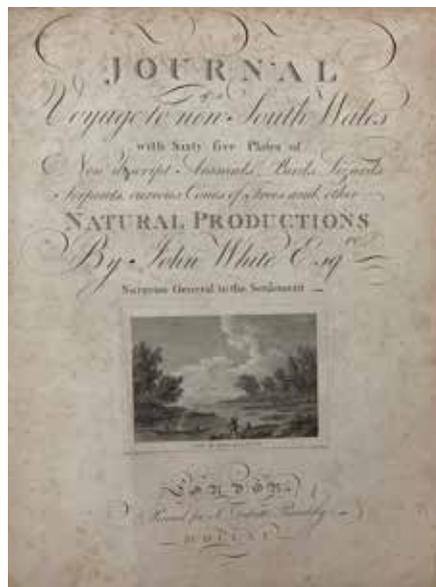


Figure 1: The title page of the Journal includes a view of Port Jackson, reproduced from one of John White's own drawings.

John White (1757 to 1832) entered the Royal Navy in 1778 as third surgeon's mate. By 1786 he was the naval surgeon serving on the *Irresistible*, 74 guns. He greatly impressed his superior, Captain Sir Andrew Snape Hammond. Hammond shortly after, recommended White as Surgeon-General to accompany Captain Arthur Phillip on that remarkable journey which would see the convicts and marines transported to the other side of the globe to establish a new British colony.

White used this opportunity to maintain a journal. His first entry

occurred on 5 March 1787, and he wrote:

"I this day left London, charged with despatches from the Secretary of State's office, and from the Admiralty, relative to the embarkation of that art of the marines and convicts intended for Botany Bay..."

He continued to record his impressions throughout the voyage; more snippets of life on board and in port rather than a comprehensive account. At times the reader is privy to his thoughts such as when he wrote of a convict death.

"Departed this life, a convict, who, worn out by lowness of spirits and debility, brought on by long and close confinement, resigned his breath without a pang..."

Then on 20 January 1788, the Fleet reached their destination at Botany Bay and White recorded his relief at this conclusion:

"To see all the ships safe in their destined port, without every having, by an accident been one hour separated; and all the people in as good a state of health as could be expected or hoped for, after so long a voyage, was a sight truly pleasing, and at which every heart must rejoice..."

However, Phillip decided that this place would not sustain his motley colony and went in search of a more suitable site. On 26 January 1788, the Fleet moved up the coast and White recorded his first impressions:

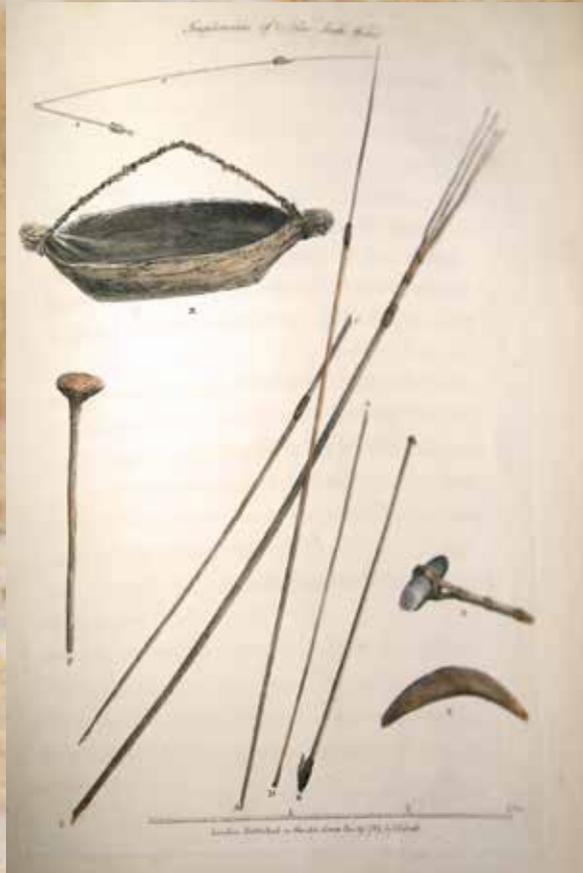


Figure 2: Implements of New South Wales



Figure 3: New Holland Cassowary

“Port Jackson, I believe to be, without exception, the finest and most extensive harbour in the universe, and at the same time the most secure; being safe from all the winds that blow. It is divided into a great number of coves, to which His Excellency has given different names. That on which the town is to be built, is called Sydney Cove.”

White continued to record his activities in his new home; the trials of setting up his medical service; his excursions to surrounding areas; his encounters with the local Aboriginal people and many of their activities. (Figure 2)

As well as his day to day affairs, White appeared captivated with the new flora and fauna. He wrote descriptions in his

journal and sent preserved specimens back to London. On 20 January 1788, he described the external appearance and internal organs of a New Holland Cassowary which was brought to camp while concluding that “the flesh of this bird was very good, and tasted not unlike young tender beef”. He added that ‘a drawing was taken from this bird, of which an engraving is annexed. (Figure 3).

On 11 October 1788, he recorded his last note. White forwarded his handwritten notes to his publisher, Thomas Wilson, in London, with a suitable dedication from Sydney Cove. Wilson then set about the task of collating this material. He distributed the specimens to several experts in natural history including Dr John Hunter, and many of these found a home in

the Hunterian Museum (The Royal College of Surgeons of England), while arranging for the finest illustrators to execute the drawings for use in the book (Figures 4, 5). The result is the magnificent quarto, a copy of which is held in the College Library.

The publication was an immediate success, and within a short time numerous editions appeared in several languages. The library also holds a number of these, but none of the other editions can claim the superb coloured illustrations of the original.

**Catherine Storey OAM
MB BS MSc FRACP**

**Clinical Associate Professor
Sydney Medical School
University of Sydney**



Figure 4: Red shouldered paroquet



Figure 5: Banksia serrata

The various copies of the Journal held by the RACP History of Medicine Library:

1. White, John. Journal of a Voyage to New South Wales with sixty-five plates of non-descript animals, birds, lizards, serpents, curious cones of trees and other natural productions. London, printed for J Debrett...1790
2. – another edition. With biographical introduction by Rex Rienits. Edited by Alec H. Chisholm. Sydney, Angus and Robertson, published in association with the Royal Australian Historical Society, 1962
3. – another edition. New York, Arno Press & The New York Times, 1971 (Physician Travellers)
4. – Tagesbuch einer Reise nach Neu-Südwallis von John White Esq..., Wien, gedruckt und verlegt bey F.A. Schrämbl, 1792
5. – Voyage a la Nouvelle Galles du Sud, a Botany-Bay, au Port Jackson, en 1787, 1788, 1789; ...Traduit de l'Anglais, avec des notes critiques et philosophiques sur l'histoire naturelle et les moeurs; par Charles Pougens. Paris, chez Pougins...,1795

RACP upcoming events

For more comprehensive info on the latest events visit
www.racp.edu.au/news-and-events/all-events

6
APR
2019

New Zealand Trainees' Day 2019

RACP NZ Trainees' Day is an annual professional skills development event, developed by trainees for trainees. In 2019, we celebrate 10 years of trainees coming together to share learning, experiences and the community of trainees in NZ.



6 April 2019, 8.30am to 10pm



Crowne Plaza Hotel Queenstown, 93 Beach Street, Queenstown, New Zealand



Trainees' Day is supported as a recognised skills day for Basic and Advanced Trainees by New Zealand DHBs and attendance costs are reimbursable



www.racp.edu.au/news-and-events/all-events

13
APR
2019

Australasian Faculty of Rehabilitation Medicine NSW Saturday Lecture Series

The NSW AFRM Branch runs monthly training sessions on various Saturdays throughout the first half of each year. These sessions give trainees practice in the Objective Structured Clinical Exam (OSCE) sessions in preparation for their Fellowship exams.



13 April 2019



Concord Hospital, Hospital Road, Concord NSW



Complimentary to registered RACP trainees



www.racp.edu.au/news-and-events/all-events

18
APR
2019

Supervisor Professional Development Program Workshop 1 – Practical Skills for Supervisors

Practical Skills for Supervisors incorporates the overarching themes of developing trainee expertise and using coaching techniques to improve feedback. This workshop focuses on delivering feedback using two frameworks, the GROW model and the four areas of feedback. By using these models, supervisors can facilitate change and growth in trainees towards expert performance.



18 April 2019, 5.30pm



Mercy Hospital for Women Education Centre, 163 Studley Road, Heidelberg VIC



Complimentary to registered RACP Supervisors



www.racp.edu.au/news-and-events/all-events

29
APR
2019

Supervisor Professional Development Program Workshop 2: Teaching and Learning in Healthcare Settings

Teaching and Learning in Healthcare Settings provides a range of teaching strategies to manage and overcome challenges supervisors face in a complex healthcare setting. These strategies include planning for learning, differentiated instructions for multi-level groups, and using teaching techniques such as questioning. This workshop explores some cultural aspects that may impact on learning, including the hidden curriculum, tribalism and the need for effective role modelling.



29 April 2019



Online



Complimentary to registered RACP Supervisors



www.racp.edu.au/news-and-events/all-events



3
MAY
2019

Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Annual Training Meeting (ATM)

The AFOEM ATM is held in conjunction with RACP Congress each year. Trainees come together to learn, share and network. The ATM provides trainees with invaluable experience and knowledge. The ATM is an integral part of the AFOEM training program, with breakout sessions tailored to all stages of training.



Friday, 3 May 2019 to Sunday, 5 May 2019



Various – Auckland, New Zealand



\$731.40 per person (NZD)



www.racpcongress.com.au/ancillary-events

5
MAY
2019

Chapter of Community Child Health Satellite Day

The Chapter Satellite Day 2019 will be held on Sunday, 5 May 2019 at the Aotea Centre in Auckland, New Zealand. The event will follow on from the NBPSA Rational Prescribing Workshop held on Saturday, 4 May, and will flow into the RACP Congress, held at the same venue from Monday, 6 to Wednesday, 8 May 2019. A joint dinner of the Neurodevelopmental and Behavioural Paediatric Society of Australasia and Chapter members will be held on the evening of Saturday, 4 May 2019.



Sunday, 5 May 2019



Aotea Centre, Auckland, New Zealand



\$100pp for day only or \$164pp for day and dinner (NZD)



www.racpcongress.com.au/ancillary-events

6
MAY
2019

RACP Congress 2019 – Influencing health along the life course

As the premier annual event on the RACP calendar, Congress includes the College's Convocation Ceremony as well as a diverse program with topics that span the breadth of the medical industry.



Monday, 6 to Wednesday, 8 May 2019



Aotea Centre, Auckland, New Zealand



Various costs apply



www.racpcongress.com.au

6
MAY
2019

RACP Congress Gala Dinner



Monday, 6 May 2019, 6.30pm to 10.30pm



Grand Millennium Hotel, 71 Mayoral Drive, Auckland, New Zealand



Included in full Congress registrations. For day registrations and additional tickets cost is \$180 per person.



www.racpcongress.com.au/ancillary-events

29
JUN
2019

2019 Queensland Fellows Forum

This is a free event for all Queensland Fellows and members who have recently gained Fellowship (or will soon). 2019 will be the third year we have run the forum in this format with a varied program. Topics may include SPDP workshop, wealth health, self-care, medical legal issues, informed consent plus others.



29 June 2019, 9am to 5pm



TBC South Brisbane, Queensland



Complimentary to registered RACP members



www.racp.edu.au/news-and-events/all-events

RACP FOUNDATION

2019 research awards

RECIPIENT	AWARD	AWARD VALUE	PROJECT	INSTITUTION
Career Development Fellowship				
Dr Ken Pang	RACP Fellows Career Development Fellowship	\$100,000	Improving delivery of RNA therapeutics	Murdoch Children's Research Institute
Research Establishment Fellowships				
Dr Asha Bowen	Bayer Australia Medical Research Establishment Fellowship	\$50,000	Aboriginal community capacity building in the SToP trial: a cluster randomised trial with a stepped wedge design to reduce the burden of skin infections in remote Aboriginal communities	Telethon Kids Institute
Dr Yvonne Anderson	Cottrell Research Establishment Fellowship	\$75,000	The Whanau Pakari assessment and management application project	The University of Auckland
Dr Philip Clayton	Jacquot Research Establishment Fellowship	\$90,000	Transforming national kidney allocation to increase utility and equity	South Australian Health and Medical Research Institute
Dr Andrea Viecelli	Jacquot Research Establishment Fellowship	\$90,000	Towards improving patient-important outcomes in haemodialysis	The University of Queensland

RECIPIENT	AWARD	AWARD VALUE	PROJECT	INSTITUTION
Dr Rachel Conyers	The Kids' Cancer Project Research Establishment Fellowship	\$90,000 per annum for two years	The Australian Cardio-Oncology Registry and biobanking study	Murdoch Children's Research Institute
Associate Professor Peter New	RACP AFRM Research Establishment Fellowship	\$50,000	A pilot study exploring the requirements and potential benefits for stroke rehabilitation patients from interactions with an autonomous humanoid robot as a complement to routine rehabilitation therapy	Monash Health
Associate Professor Adam Deane	RACP Diabetes Australia Research Establishment Fellowship	\$50,000	Liberal gLUcose Control in critically Ill patient with pre-existing type 2 Diabetes (LUCID): a phase IIB multi-centre single-blinded parallel group randomised control trial	The University of Adelaide
Dr Jasna Aleksova	RACP Endocrine Society of Australia (ESA) Research Establishment Fellowship in Endocrinology	\$50,000	Improving Fracture Prediction and Clinical Care for Patients with Chronic Kidney Disease and Kidney Transplantation	Hudson Institute of Medical Research
Dr Jason Trubiano	RACP Fellows Research Establishment Fellowship	\$75,000	Addressing the health-care burden of antibiotic allergies – The role of antimicrobial stewardship-led programs and novel diagnostics	The University of Melbourne
Dr Aaron Sverdlov	RACP/ Foundation for High Blood Pressure Research Establishment Fellowship	\$50,000	Better understanding of mechanisms underlying heart failure due to obesity	The University of Newcastle
Dr Bridget Barber	RACP Research Establishment Fellowship	\$50,000	Development of a Plasmodium knowlesi cryobank for use in induced blood stage malaria studies	QIMR Berghofer
Dr Nicholas Fancourt	RACP Research Establishment Fellowship	\$50,000	Radiographic surveillance and nasopharyngeal carriage to evaluate the introduction of a pneumococcal conjugate vaccine in Timor-Leste	Menzies School of Health Research

RECIPIENT	AWARD	AWARD VALUE	PROJECT	INSTITUTION
Dr Michael Maze	RACP Research Establishment Fellowship	\$50,000	Determining the prevalence of diseases other than tuberculosis in patients beginning treatment for smear-negative tuberculosis	The University of Otago
Dr Benjamin Yeow Teh	Robert Maple-Brown Research Establishment Fellowship	\$60,000	A discovery study to advance the prediction of infection in patients with haematological malignancy	The University of Melbourne
Dr James McFayden	Robert Maple-Brown Research Establishment Fellowship in Haematology	\$60,000	Developing novel anti-thrombotic/anti-inflammatory nanoparticles for the treatment of cardiac ischaemia reperfusion injury	Baker IDI Heart and Diabetes Institute
Dr Sunita De Sousa	Servier Staff "Barry Young" Research Establishment Fellowship	\$25,000	Next generation sequencing approaches to identify digenic and multigenic models of disease in genetic endocrinopathies	Royal Adelaide Hospital
Dr Matti Gild	Servier Staff "Barry Young" Research Establishment Fellowship	\$25,000	Genetics of Thyroid Cancer	The University of Sydney
Dr Christian Girgis	Sir Roy McCaughey Fellowship (Research Establishment)	\$75,000	Preventing Osteoporosis in Patients with Spinal Cord Injury (SCI): A Pilot Project	Royal North Shore Hospital
Dr Suzanne Mahady	Vincent Fairfax Family Foundation Research Establishment Fellowship	\$60,000	Epidemiology of Clinically Significant Bleeding in the Elderly	Monash University
Research Entry Scholarships				
Dr Alesha Anhhong Thai	Arnott Research Entry Scholarship in Cancer Research	\$45,000	Exploring the immune landscape of cutaneous squamous cell carcinoma	Peter MacCallum Cancer Centre
Dr Daphne Day	Basser Research Entry Scholarship	\$45,000	Prospective characterisation of a novel circulating tumour-derived DNA methylation assay to monitor tumour burden and response to therapy in metastatic colorectal cancer (CATCHER-1)	Monash University

RECIPIENT	AWARD	AWARD VALUE	PROJECT	INSTITUTION
Dr Kushani Jayasinghe	Jacquot Research Entry Scholarships in Nephrology	\$45,000	Clinical utility and feasibility of clinical Whole Exome Sequencing in patients inherited kidney disease	Monash University
Dr Benjamin Larkin	Jacquot Research Entry Scholarships in Nephrology	\$45,000	Novel treatment for obesity and maternal-obesity related chronic kidney disease	The University of Sydney
Dr Dharmeenan Palamuthusingam	Jacquot Research Entry Scholarships in Nephrology	\$45,000	Perioperative outcomes of patients on chronic renal replacement therapy	The University of Queensland
Dr Ankit Sharma	Jacquot Research Entry Scholarships in Nephrology	\$45,000	The impact of de novo donor specific antibodies and eplet matching in kidney transplantation	The University of Sydney
Dr Matthew Sypek	Jacquot Research Entry Scholarships in Nephrology	\$45,000	Immunological factors in kidney transplant allocation	The University of Melbourne
Dr Akhilesh Swaminathan	New Zealand Fellows Research Entry Scholarship	NZ\$45,000	Evaluation of novel urinary biomarkers in Inflammatory Bowel Disease (IBD)	The University of Otago, Christchurch
Dr Ming-yu (Anthony) Chuang	RACP Fellows Research Entry Scholarship	\$45,000	Optimising application of high-sensitivity troponin in clinical practice	Flinders University
Dr Harry Klimis	RACP Fellows Research Entry Scholarship	\$45,000	TEXTCOMS: TEXT messages for Cardiovascular disease prevention Optimised via Machine learning Systems	The University of Sydney
Dr Brendan Nolan	RACP Fellows Research Entry Scholarship	\$45,000	Effect of Testosterone Therapy on Body Composition in Men Following Spinal Cord Injury: A Randomized Controlled Trial	The University of Melbourne
Dr Craig Haifer	Vincent Fairfax Family Foundation Research Entry Scholarship	\$30,000	Faecal Microbial Transplantation in Inflammatory Bowel Disease	The University of Sydney
National Health & Medical Research Council (NHMRC) Top-Up Scholarships				
Dr Matthew Hare	RACP NHMRC CRB Blackburn Scholarship	\$10,000 per annum for three years	Intergenerational metabolic health in Indigenous and non-Indigenous Australians? Understanding trends, determinants and outcomes	Menzies School of Health Research

RECIPIENT	AWARD	AWARD VALUE	PROJECT	INSTITUTION
Dr Elizabeth Paratz	RACP NHMRC JJ Billings Scholarship	\$10,000 per annum for three years	Optimizing the genetic and forensic analysis of sudden cardiac death	The University of Melbourne
Dr Renata Libianto	RACP NHMRC Kincaid-Smith Scholarship	\$10,000 per annum for three years	Primary Aldosteronism: Prevalence, Clinical Features, and Biomarkers	Monash University
Dr Daniel Tan	RACP NHMRC Woolcock Scholarship	\$10,000 per annum for three years	Preservation of lung function in adults with obstructive airways diseases: the role of early detection and adequate treatment	The University of Melbourne
Dr Eric Au	RACP NHMRC Jacquot Award for Excellence	\$10,000 per annum for three years	Reducing the burden of cancer in patients with chronic kidney disease	The University of Sydney
Dr Samuel Chan	RACP NHMRC Jacquot Award for Excellence	\$10,000 per annum for three years	Infectious complications following kidney transplantation	The University of Queensland
Research Development Scholarships				
Dr Yassmin Musthaffa	NZ Research Development Scholarship	NZ\$20,000	Identification of Children with Type 1 Diabetes Suitable for Antigen-specific Tolerising Immunotherapy: T-cell response to Pro-insulin	The University of Queensland
Dr Monica Ng	Queensland State Committee Research Development Grant	\$10,000	Glomerulonephritis? from micro-proteomics to big data analysis	Royal Brisbane and Women's Hospital
Dr Nicola Emslie	RACP AFOEM Research Development Scholarship	\$30,000	Occupational Exposure to UVA in the Cockpit of Flying Aircraft	Air New Zealand, Aviation and Occupational Health
Travel Grants				
Dr Bianca Cheong	AFOEM Registrar Travelling Fellowship	\$4,925	Attendance to 27th International Symposium on Epidemiology in Occupational Health (EPICOH) in Wellington, New Zealand, 29 April – 2 May 2019	N/A
Dr Fei Fei Gong	Bushell Travelling Fellowship in Medicine or the Allied Sciences	\$10,000	Pathophysiological mechanisms underlying heart failure with preserved ejection fraction	St. Vincent's Institute of Medical Research

RECIPIENT	AWARD	AWARD VALUE	PROJECT	INSTITUTION
Dr Adam Nelson	Bushell Travelling Fellowship in Medicine or the Allied Sciences	\$10,000	Personalising cardiovascular risk following acute coronary syndrome: a machine learning analysis of big data	South Australian Health & Medical Research Institute
Dr Aleksandr Voskoboinik	Bushell Travelling Fellowship in Medicine or the Allied Sciences	\$10,000	Understanding the mechanistic relationship between atrial ectopy, atrial remodelling and atrial fibrillation	Baker IDI Heart and Diabetes Institute
Dr Naranie Shanmuganathan	Margorie Hooper Scholarship	\$3,000	Precision medicine for resistant chronic myeloid leukemia / "Statistics for Research Workers using R" course	The University of South Australia (UniSA)
Dr Alison Rutherford	Richard Kemp Memorial Fellowship	\$5,000	Clinical attachment in complex HIV medicine and clinic management, UK	Illawarra Local Health District
Dr Yet Khor	Robert and Elizabeth Albert Travel Grant	\$10,000	Natural history of hypoxaemia in interstitial lung disease	Austin Health
Education Development (Study) Grants – Second round for 2018				
Dr Angela Wills	RACP AFRM Education Development Grant	\$4,550	MSK Ultrasound	Australian Institute of Ultrasound
Dr Kate Scoles	RACP AChSHM Study Grant	\$4,000	Masters of Sexual and Reproductive Health, specialising in HIV & STIs	The University of Sydney
Dr Catherine Field	RACP AFOEM Education Development Grant	\$7,000	Radiation emergency medicine courses	Oak Ridge Institute for Science and Education

Applications for 2020 will open on 1 May 2019 for the following categories: Career Development, Research Establishment, Research Entry and Research Development.



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The AACCP negotiated the introduction of MBS items 132 and 133, the most significant change in MBS items for CPPs in 20 years.

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History of Medicine along the Nile

15 – 27 November 2019

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Paediatrics & Child Health in India

13 – 27 February 2020

Tour Leader: Dr Nicki Murdock

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