GPSpeak

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Spotlight on youth health

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Editorial

I'm on the drug, I'm on the drug.
I'm on the drug that killed River Phoenix.
I'm on the drug, I'm on the drug.
I'm on the drug that killed River Phoenix.

I saw his body thrashing round. I saw his pulse rate going down.
I saw him in convulsive throws. I said "I'll have one of those."
...
Now I'm bored and there's no stopping; I need another celeb to fill a coffin;
Where'll I get my next drug action? Odds on it'll be Michael Jackson.

by TISM, 27 April 1995

The eighties Australian band, This is Serious Mum, was better known for its biting satire than for its music. In retrospect, we can also acknowledge the lyrics were terrifyingly prescient.

It's not easy being a star. All that sex and drugs and rock and roll can take it out of you. No young musician aspires to being a member of the **27 Club** (dead at the age of 27). However the mere existence of the meme in popular culture highlights the risk for entertainers of all ages.

A **recent study** reports there were just over 400 drug related deaths in health care professionals in Australia between 2003 and 2013. Access to lethal drugs was a crucial factor in most suicides. Depression associated with relationship, work place or financial stresses accounted for nearly 20% of cases. Earlier studies had shown that if suicide can be prevented at this critical time, most will go on to have productive and full lives.

This issue of GPSpeak looks at the risks facing young people during the rites of passage after finishing school and preparing for tertiary study or entering the workforce. Surviving schoolies is the first hurdle and the crucial work done by the BUDDI team for Byron Bay schoolies is described on page 15.

On page 13 Lana Jankowiak of Lismore Headspace outlines the principles needed to "cut through" to young adults and how they, like older adults, will use drugs or alcohol to reduce emotional stress.

These principles are put into practice by NSW Health's Youth Health and Wellbeing Team (page 7). A recent workshop in Ballina attended by 41 young people concluded "They have a voice which needs to be heard. ... Early intervention through supportive resources that reach all youth ... will achieve better outcomes."

The music festival season is upon us. Recreational drugs will be taken by fans and performers alike but are equally lethal, irrespective of your musical ability and accomplishments. The tragedy of deaths in young concert goers haunts us each year.

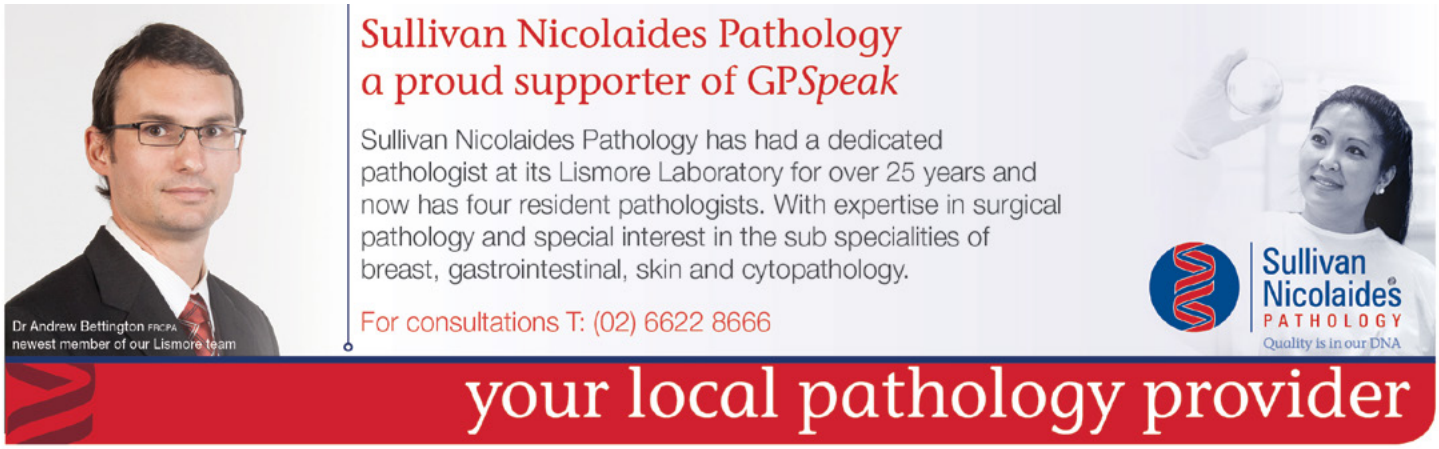
Our feature article by Associate Professor David Caldicott (page 5), outlines the rationale for pill testing at music festivals. This is a common practice in Europe and increases the number of successful emergency room resuscitations by physicians like Dr Caldicott.

Pill testing is currently illegal in Australia but emergency physicians have called for at least a pilot. However, it is a matter of hot political debate. On page 9 Tamara Scott, NSW State MP for Ballina, makes the case for changing NSW legislation and Thomas George, NSW State MP for Lismore, argues for maintaining the status quo. We thank them both for their contributions.

Pill testing provides information on both the type of drugs that are prevalent in the community and their strengths. This information is key for physicians resuscitating overdoses but can also be used by drug takers to "optimise" their dose. Thomas George argues against the moral hazard of providing this information to the drug using public.

For physicians the issue will come down to whether we can successfully increase the number of people surviving their "drug experimenting youth" and go on to have long and fulfilling lives.

A trial is indicated.



Chairman's report for NRGPN 2016

by Dr David Guest

'Tis the season for Christmas parties, commented my taxi driver recently, then wondered ";end of year, end of school, perhaps even end of days..."

Taxi drivers don't have an end of year celebration, he mused. They may work in the same industry, largely know each other but often they don't get on: "It's a business, you know."

A lot has happened in the four years since the Divisions and Networks of General Practice were defunded by the Federal government. Money is tight and primary health care is feeling the effects. It is likely to get tighter in the future. Grand schemes are on hold or abandoned. There is a pervasive feeling of the need to buckle down and just get through to the next election; three years at the grindstone!

GPSpeak is the voice of the Northern Rivers General Practice Network (NRGPN). It is an independent voice aiming to chronicle the health issues on the North Coast and advocate for solutions to those problems.

The Federal government's December 2015 Mid-Year Economic Fiscal Outlook (MYEFO) statement took the profession by surprise. It foreshadowed a further series of defundings in the health portfolio, with a proposed abolition of bulk billing incentives for pathology and radiology.

After an outcry this turned out to be too politically unpalatable for the government and was swapped for a legally dubious cap on rents for space in general practice surgeries by pathology companies.

The MYEFO, however, was soon followed by the May Federal budget and then the July Federal election. Once again health was a target, with an extension of the freeze on Medicare rebates for four more years.

The profession was gob smacked. Even the Feds agree that investment in primary care is likely to pay dividends down the track. General practice is an easy target, however, and Treasury just told the Minister for Health to take the money and run.

GPSpeak has chronicled the dismay many in our area have felt with the reorganising and refinancing of GP Training that has come into effect this year. Doing more with less supposedly lifts your efficiency, if not your mood, and is not much consolation.

Increases in costs for continuing medical education and practice accreditation (CME) continue unabated and the principle of user pays is being expanded in novel ways by the CME industry.

It seems likely that revalidation will be the next issue to confront Australian general practitioners. It is to be hoped we can escape the bureaucratic mess that British GPs face and that sense will prevail with efforts being directed to quality improvement activities both within general practice and the wider primary health care system.

In the last few years the North Coast has been the site for a number of successful programs in this area, jointly sponsored by the North Coast Primary Health Network and the Northern NSW Local Health District.

Our area is not part of the Federal government's Medical Home trials and it would be disappointing if the expertise in integrated care built up by these two organisations is lost. Thankfully there are moves afoot to explore the Medical Home model of care outside of the Federal trials.

Drug, alcohol and lifestyle problems along with mental health care have been a frequent focus for GPSpeak this year. Progress in these areas is always slow and difficult but the potential gains are large. We will continue to report on and advocate in these areas.

The uptake of the My Health Record (MHR) system has seen significant advances in the last six months following the acknowledgement, finally, by the Department that general practice needed to be properly financed to make the system work. While a step in the right direction, the failure of the MHR to support the download and population of the GPs' electronic health records is a serious cap on the system's utility. There appears to be no suggestion that the Department is intending to address this.

GPSpeak magazine, newsletter and website are the main focus of the Network's activities, but we have also initiated two small IT projects which are within its limited capacity to support.

The **Northern Rivers Medical Exchange** (NRMX) facilitates data exchange between surgeries, allied health practitioners and pharmacists on the North Coast. Its goal is limited to rapid communication and it makes no attempt to be a common platform for a patient's ongoing care, which is an important component in chronic and complex disease management. It will therefore dovetail with the North Coast's "Orion" health project to manage such patients and is due to come online in the latter half of next year.

The NRGPN has also worked in partnership with the local Health Promotion Unit to disseminate public health messages and announcements through GP surgery televisions. Advances in communication technologies give individual practices the opportunity for greater control over the messages they display to their patients than those provided by commercial interests.

During the financial year to July 2016 the Network lost just under $15,000 as shown in our Financial Statements. While disappointing this represents a $5,000 improvement on the previous year. Pleasingly two thirds of that loss related to a decrease in the value of the investment portfolio, which should recover. The loss from operating activities was under $5,000. This augurs well for the future sustainability of the Network.

In recent months the Board has debated whether its current activities in general practice advocacy, media and communication should remain its core focus. Addressing local clinical issues was the raison d'être of the initial Divisions of General Practice and it was by making a difference locally that general practitioners became enthusiastic about the organisation.

The next NRGPN Board will have to address its representation, relevance and engagement with its members. As my taxi driver noted, it is a difficult task.

Pill testing vital to help save young lives

by Assoc Prof David Caldicott

After an unseasonably cold and wet winter, we are beginning to see the sun in Canberra. For many, this marks the time to dust off the BBQ, clean the pool, or after the Melbourne Cup, put down this season's crop of tomatoes.

For those of us involved in the acute management of medical presentations associated with recreational drug overdose, we also have other things on our mind. And for the Antipodean 2016/17 Season, like medically qualified meerkats, we are very nervously eyeing up the dark clouds rapidly gathering on the horizon.

There will be those of you who take exception to the phrase 'recreational drugs'. I get that. Many of you will have never used any illicit product in your lives; some of you might even be teetotal, or non-smokers. I congratulate you on your abstemious ways.

But the values assumed by our very conservative profession are not the same as those of as many as 25% of your fellow citizens.

Those rendered indignant about acknowledging the fact that young people use drugs for pleasure rarely end up being the same people that influence their behaviour. We have talked to thousands of drug users at Australian and European music festivals, and hundreds of patients in emergency departments, on both sides of the equator. And it is simply naïve to assume that the 21st century consumer seeks drugs for any reason other than 'pleasure' or 'recreation'.

Avoiding the term is as about as effective an exercise in social marketing and public health as trying to re-brand 'king hits' as 'coward punches'.

Once we get over this strange philosophical hurdle, we can then move to what we are good at, to what we 'own' - talking to consumers about the known 'costs' associated with the perceived 'benefits' of drug consumption.

I am, of course, referring to the substantial and potentially devastating health 'harms' associated with any drug consumption. I don't pay much heed to the differences between the licit and the illicit, for current global categorisations are far more to do with tradition, international lobbying and political influence than they are to do with health.

Associate Professor David Caldicott

If a substance called 'alcohol' emerged on a modern market, it would rapidly earn its position on Schedule 9, well ahead of cannabis in terms of global harms caused to Australians. That these same laws place cannabis and methamphetamine in the same category of harm is a historical anachronism, which, coupled to the kind of facile 'just say no' message promulgated by those as medically qualified as Nancy Reagan, has achieved one thing - a generation that doesn't believe anything that it's told about drugs, except from its peers.

So instead of a morality approach to drug use, we speak to the harms that any drug, legal or not, can cause, particularly with immoderate use.

We try to be as non-judgemental as possible. When users or patients understand that we are keen to keep them alive, rather than put them in prison, they are happily forthcoming about their use.

In the last year, there has been a huge media focus on individual drugs, such as 'ice' or more recently, an apparently notorious, zombie-creating entity known as 'flakka' or 'gravel'. These 'moral panics' do little to inform the public about the real story, which is far more disconcerting. For nerdy spectators such as myself, 'flakka' (or alpha-pyrrolidinovalerophenone, a cathinone derivative), is old news. We provided the AFP with a detailed assessment of it neary two years ago, which in the modern market is a geological period of time.

The real story is the evolution of the market itself. Gone are the days when smugglers only moved large quantities of a relatively small number of different products, in the knowledge that while some might be seized, most would get through.

Multimillion dollar drug busts, while sounding impressive, are usually inflated in value, and represent irrelevant quantities as far as the overall market is concerned (if they were significant, one would anticipate downstream changes in price points, which never occur). The market has evolved to avoid even this ineffective form of interdiction. Young Millennials conduct their research on line, internationally, behind the secrecy of the Dark Web. They share experiences, and pay for drugs using untraceable cryptocurrencies. Drugs, manufactured to pharmaceutical purity, are delivered in small packages, by the postie. Many of them are undetectable in either basic urine screens, or by sniffer dogs, making them very attractive to those in occupations such as mining and long-haulage, as well as festival goers.

The drugs themselves are like mayflies - with incredibly brief commercial lives, partly in response to woefully inadequate attempts at sweeping interdiction, and partly due to the apparently insatiable appetite of consumers for something 'new'.

In the early OOs, I remember being worried by less than 20 illicit drugs - I had their structures on a T-shirt! At a meeting of the UNODC Committee on Novel Psychotropic Substances in Vienna in October 2016, we were advised that the number had now exceeded 700. There is no way that our traditional models of interdiction can cope with this burden - their rate of evolution is proof of this.

cont p6

Pill testing (cont from p5)

So much of our effort - and expenditure - in Australia is spent on seeking , but failing, to prevent drugs coming into the country. It amounts to billions of dollars. But what if we were to try something new? What if we were brave enough to focus our efforts on reducing the demand side of the equation?

One country that has made the move with remarkable results is Portugal. Back in the early 2000s, then-prime minister António Guterres effectively reversed the funding imbalance between law enforcement and health, pouring resources into the latter.

The result was a dramatic improvement in nearly every measurable health metric pertaining to drug use. (Guterres is due to become the next UN Secretary General, with every expectation that he might have something to say about international drug policy).

Back in Australia we can learn from our colleagues' experiences in the summer months of the Northern Hemisphere where at least two worrying trends have emerged.

The first has been the identification of ultra-potent fentanyl analogues in the illicit market. Some of you will recall the infamous ending of the Moscow Theatre siege in 2002, when Russia's FSB gassed both patrons and Chechen terrorists alike to end the siege. One of the substances involved was carfentanil, active in humans at the weight of a snowflake. North America experienced numerous multiple overdoses this summer, often overwhelming emergency departments with ventilation requirements. Naloxone was required at 10-20mg doses, with subsequent infusions.

In Europe, colleagues conducting drug checking at music festivals, a process now in its second decade in the EU, have identified ecstasy pills containing over 200mg MDMA. When one considers that 75mg is what most will need to get them where they want to be - and it is not unusual for young Australians to 'double-' or 'triple-drop' - it is not hard to get twitchy about the prospect of these agents reaching Australian music festivals, including those on the NSW North Coast.

On the subject of pill-testing, there are now no academics of repute left in the AOD sector in Australia who don't believe that at least a pilot should be conducted here.

The opposition is entirely political, largely because to accept such a pilot might be construed as sending 'The Wrong Message', this apparently being that it is entirely acceptable for young people to die in the service of teaching a lesson to other consumers about the dangers of drug consumption.

No physician can support the barbarity of that approach.

What we know about pill testing is that it alters consumer behaviour - at the point of consumption - while giving us invaluable

information about emerging products on the market, long before customs or police seizures. Far from encouraging drug consumption, it moderates it, making life-threatening overdose far less likely.

I have my own kids now. I would love to be able to give them the real fairies and the unicorns that they so desperately crave for their birthdays. At present, there is more chance of that than there ever being a drug-free Australia.

What we can do is to commit to trying anything that we can to stop another death, another sacrifice on an altar of a false ideology. It may not appear palatable to those relying on popularity contests for their careers, but that does not include the medical profession.

There will never be a drug free Australia, and not one life is worth trying to make it that way.

Assoc Prof David Caldicott is a Consultant Emergency Physician, Emergency Department, Calvary Hospital, Clinical Senior Lecturer, Emergency Medicine, Australian National University (ANU), Assoc Prof, Health & Design, University of Canberra, and Clinical Lead, Australian Drug Observatory, ANU.

Lifestyle and distance hit cancer patients

Lifestyle behaviours and distance from a metropolis are the major factors contributing to regional Australians contracting cancer at higher rates than city dwellers, and being more likely to die within five years of diagnosis.

These are key findings in the Garvan Research Foundation's new rural health **report 'A Rural Perspective: Cancer and Medical Research'** .

While remote and very remote dwellers were found to have the worst cancer survival rates, the nation's cancer 'hot spots' are the inner regional areas - including the NSW North Coast. These have the highest incidence rate in six of the selected cancers: prostate, breast, colorectal, melanoma of the skin, non-Hodgkin lymphoma and kidney cancer.

The main reasons, says the report, relate to environment and lifestyle risks - for instance a high rate of melanoma among rural people who engage in outdoor and agricultural work.

"Additionally, rural areas of Australia witness a higher prevalence of cancer risk factors such as smoking, alcohol consumption and obesity," it adds.

"Having multiple risk factors increases the likelihood of developing a chronic condition."

All up, one in two Australian men, and

cont on p14

‘Second decade’ health care gets youth scrutiny

After a plea not to be distracted by the view over Ballina’s Lighthouse Beach, 41 young people from the Northern Rivers convened in late September to share their opinions about local health care with representatives of the NSW Health Ministry.

At the Youth Health Consultation at Ballina Surf Club, young people discuss the health issues that most concern them.

Participants were asked not to pull punches when discussing five key topics - Health and Health Issues, Access to Services, Service Providers, Diversity and Youth Participation and Health Promotion and Online Services/ Resources.

On hand to assist the process were two senior officers from the Ministry’s Youth Health & Wellbeing Team, Dr Sally Gibson and Dr Carmen Jarrett, with other adults assisting as facilitators and scribes.

Four key themes emerged from the topic, Health and Health Issues: Being Healthy, Social Connection, Mental Health and Drugs and Alcohol. Discussion included a general feeling of stigma against youth, i.e. all youth are lazy, a need for sexual health education, and too much time spent in front of computer/phone screens, including cyber bullying.

Access to Services generated discussion around transport problems, confidentiality, stigma, choice, information access, support and affordability, and the broad issue of rurality.

Service Providers drew comments about health professionals, mostly positive, with an emphasis on the need for doctors to be open and not judgmental, use simple language and explain things, and allow young people to make decisions.

Preference was expressed for seeing the same health professional whom they can build relationships with, while many felt seeing a doctor of the same gender is a more comfortable option.

The meeting made a recommendation for health professionals to develop succinct bio-data, perhaps via an app, to provide information about youth friendliness, specialisations, and attitudes about cultural, spiritual, sexual and personal situations.

Pocket information cards on Medicare and patient privacy for young people, produced by NSW Health.

On Diversity and Youth Participation, a wide range of issues were raised, including the grief and sorrow Indigenous youth often carry from their elders, a lack of adult role models, transgender issues, the need for better mental health support, and communication problems.

The Health Promotion and Online Services/ Resources session discussed social media, making health promotion campaigns more effective, involving young people in youth health planning, and using youth advocates and spokespeople.

A closing statement endorsed by participants said “many felt pleasantly surprised by the format of the day, and this type of forum was invaluable and an ideal situation because young people shared experiences and engaged and interacted in a group through discussion.”

“Up to 20 per cent of young people has one or more chronic conditions (excluding mental health issues), and two per cent has a disability…”

The day was aimed at getting direct input from a regional sampling of the state’s 1.26 million young people about the easy of accessing care and advice from GPs, community health and hospitals, and what providers might be able to learn from hearing their views.

It was one of two held in NSW, the first in Parramatta a week earlier when 120 urban participants discussed what aspects of health care they felt were working and which might be

cont p8

Byron Bay's eVillage project wins health care award

An innovative technology partnership between Byron Bay GP practice Bay Medical and Feros Care Village has received high recognition in the North Coast Primary Health Care Excellence Awards.

Residents of Feros Care Village no longer have to leave home to speak to their GPs, nor do doctors need to attend the facility for every consultation

The awards, run by the North Coast Primary Health Network (NCPHN), were announced in Coffs Harbour on 9 September. The inaugural event was a national first for one of the Commonwealth-backed Primary Health Networks and focused on showcasing the work of GPs, allied health practitioners and community health workers throughout the Tweed to Port Macquarie region.

The project, known as the eVillage, was honoured in the Promoting Healthy Living category of the awards. It has established a fast and dependable connection between aged care residents and their GPs through videoconferencing.

Face-to-face contact using iPads or computers enables residents, GPs responsible for their medical care and Feros staff to address the needs of residents with complex conditions.

Over a two-year trial period, Bay Medical conducted more than 400 video calls with Feros Care Village Byron Bay. The project involved four GPs and 48 seniors.

It was found to help avoid 52 hospital admissions, with more timely care advice provided in after-hours situations. Transport costs for seniors were reduced by $40,000.

The weekly 'virtual clinic' has been operating for 18 months, and is playing a key role in Feros's philosophy of providing a positive transition to residential aged care - making pets welcome is another facet.

The use of videoconferencing has resulted in this project receiving an award in both the inaugural North Coast Primary Health Care Excellence Awards and in the 2016 HESTIA Aged Care awards.

NCPHN's Chief Executive Dr Vahid Saberi said the project is another example of how innovative thinking by clinicians and their health care partners is improving the health and wellbeing of North Coast residents, whether in urban centres or the rural hinterland.

"The Awards are designed to publicly recognise those making a real difference to the community's wellbeing by honouring their efforts and the proven outcomes of their work," he added.

Links to contact details for all entries.

'Second decade' health care cont from p7

improved.

Young people are defined as being in the 12 to 24 years bracket, the so-called 'second decade' of life that WHO and other bodies see as crucial to improving the health of the overall community.

While statistics show that 86 per cent of this cohort in Australia believes themselves to be well, up to 20 per cent has one or more chronic conditions (excluding mental health issues), and two per cent has a disability.

Clearly more work needs to be done in the area of mental health, given the unacceptably high youth suicide rates, and emotional wellbeing was a commonly raised issue in the forum.

Other matters were the uncertainty some young people have about bulk billing - they are entitled to their own Medicare card from the age of 15 - and privacy requirements by health care providers. Pocket reference cards are now available on both topics.

The NSW Youth Health Policy 2011-2016 is in the process of being updated via this consultation process, guided by a discussion paper, **Towards the Next Youth Health Policy**

An emergent theme from the Ballina and Parramatta sessions has been the need for clinicians to listen more carefully and less judgmentally to their youthful patients/clients, and help them to acquire knowledge that will enable better informed decisions about their health care.

The organisers said the forum's key message was that youth have specific health needs and often face barriers and are placed in vulnerable situations when using health services.

"They have a voice which needs to be heard. Youth want to see more youth friendly services and be encouraged to have better health outcomes through positive relationships with health professionals... Early intervention through supportive resources that reach all youth, such as education and mentoring, will help achieve confidence and provide better health outcomes."

The event was supported by the Northern NSW Local Health District, the North Coast Primary Health Network, Social Futures, Headspace, and North Coast TAFE.

Lismore and Ballina MPs respond to pill testing

Tamara Smith *(Greens), State MP for Ballina (which includes Byron Bay), comments on pill testing:*

"I support pill/ drug testing at music festivals…"

Pill testing is controversial in Australia because of the misconception that laws prevent people from imbibing and a lack of awareness around addiction. Drug users make a personal choice to risk their health and the health of those around them when they take drugs. With the status quo and illegality of drug testing at places like festivals, drug takers have an unforeseeable risk of further harm because they do not know the exact substance they are imbibing.

I support pill/drug testing at music festivals in order to help protect young (and not-so-young) risk takers. This is a different matter from the moral issue of drugs, it is a safety issue. Collectively, turning a blind eye to the harm caused by dangerous chemicals in recreational drugs is forcing drug takers to take risks, rather than arming them with choice.

By adding a step to the process through pill testing, a risk taker gets a 'chance' to manage that risk with greater knowledge of the substance they are taking.

If pill testing makes a risk taker think about what they are ingesting, isn't this just one small but positive step towards educating our youth on their choices? The Greens NSW MLC and Drugs & Harm Minimisation spokesperson Dr Mehreen Faruqi is a crucial advocate for our State on this matter, and I will be working with her closely for this region.

The Greens' door is still open to the Premier to discuss pill testing at music festivals and bring him up to speed on the events of the Parliamentary Drug Summit. A summit at which not a single representative of the NSW Liberals and Nationals attended. If our communities and leaders are ignoring the issue, what example is this sending to those that look to us for guidance?

I hope that there will be more open mindedness on this issue for safety's sake.

The State MP for Lismore, ***Thomas George*** *(Nationals) responds to pill testing at youth oriented events:*

"Party drugs are too great a risk"

There have been a number of calls suggesting pill testing at public events is the answer to the deaths and injuries resulting from consumption of illicit drugs.

This is not an approach the Government can support.

Rather…we want young people to understand that every pill they take at a dance party…music festival or other such event is a potential risk.

Pill testing can only provide false confidence that what someone's intending to take will not harm them.

Assuring a drug user their pills are 'pure' ignores a range of factors…including what medicines someone might take…their own physiology, including possible allergies, how the pills could interact with alcohol or other drugs the person has consumed… and the possible effects of heat and dehydration.

Another reason pill testing should be opposed is the fact all it can tell you is something about that particular pill. We know that bikies and others who make these drugs put distinctive logos on them … but that is no guarantee pills that look alike actually have the same chemical composition.

This is a critical flaw in proposals to test pills at dance parties and music festivals.

Pill testing may also be viewed as providing tacit approval of the taking of so-called party drugs – or even that the Government is guaranteeing their quality and safety.

Pill testing will not be permitted on any property where a government authority is the land-owner.

We want young people to have a great time at dance parties and music festivals… and we want everyone to head home alive and well. Party drugs are just too great a risk.

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New research into young people's health experiences

by Dr Carmen Jarrett

We know a lot about young people and their access to health services, including access to primary care. We know that young people do not always know where to go to get help, or know about their right to confidential healthcare, and that they are less likely to have the money to pay for a visit to a General Practitioner who does not bulk bill.

We know that young people are frequent users of hospital emergency departments. We also know that young people will look online for information about health and health services, and we need to keep pace with the emerging uses of technologies to inform and provide healthcare for young people.

The need to provide healthcare with the needs of young people in mind is now well recognised (see the recent series of articles in The Lancet 383 (9915) 2014, the recognition of adolescents and young adults as an area of specialisation in medicine, and the WHO report Health for the world's adolescents: **a second chance in the second decade**).

The need to consider adolescents as a particular group rests on three key ideas: first, that the diseases that start in middle age, such as cardiovascular disease and cancer, have their roots in lifestyle factors that start or are consolidated in adolescence, second that optimising the health of adolescents lays the foundation for a healthy next generation, and third that injuries and illnesses that can be prevented in adolescence provide a good return on healthcare investment over a lifetime.

The Northern Rivers area has a strong tradition of helping GPs to be 'youth friendly' – that is, making health care understandable and accessible for young people. For young people, accessibility means more than just physical access - it means feeling that the health service welcomes young people, and that the service is affordable for them.

While some services such as headspace are specifically for young people, most health services, including general practices, are for a wide range of ages. These services often benefit from taking time to consider the needs of young people and seek the input of young people to make sure that their service is welcoming for young people.

Dr Sally Gibson (left) and Dr Carmen Jarrett from the NSW Health Ministry's Youth Health & Wellbeing Team.

NSW Health recognises that adolescence and young adulthood is a unique life stage that requires a specific response from health services, and is in the process of updating the NSW Youth Health Policy. This will guide how NSW Health services and partner agencies (including primary care services) can best work to promote the health of young people.

In order to inform the development of the new Youth Health Policy for NSW Health services, the Youth Health and Wellbeing team in NSW Health has commissioned research - called the ACCESS 3 research study - to gather information on how young people access and navigate health services, including how technology is influencing service use. The research is investigating the experiences of young people across NSW and is particularly seeking to describe the experiences of marginalised young people. The ACCESS study is led by The University of Sydney's Department of General Practice, Westmead and involves a number of investigators from across NSW.

The ACCESS 3 research study will describe the experiences of young people accessing and navigating the health system in NSW, focusing on the barriers and facilitators to accessing health care for marginalised young people in NSW. The ACCESS 3 study will focus on young people aged 12-24 living in NSW who are:

- Aboriginal and/or Torres Strait Islander
- living in rural/remote areas
- homeless or at risk of homelessness
- refugees or vulnerable migrants
- identifying as gender or sexuality diverse

The research study includes an online survey of young people in NSW, complemented by a more in-depth longitudinal study of a sub-sample of marginalised young people and their journeys through the health system over twelve months. The impact of digital media on access and navigation will also be explored in both studies. The perspectives of service providers on access, health system navigation and system inefficiencies will also be sought.

Dr Melissa Kang, a GP and academic with a long term interest in young people's health, is leading the study.

"We know that in recent years, lots of young people are using the internet to get information about health, but we don't have a good idea about how they use it to decide when to go to a doctor or a health service. We'd like to understand the things that make it easy and difficult for young people to get the health care they need, and how technology fits in with getting help. If young people see the internet as a great tool, then we need to let health services know what more they can do to engage young people," Dr Kang said.

The aim of the study is to understand how young people make decisions about when and how they choose health services and what their experiences are like. The study hopes to improve young people's access to the health care they need.

Research findings will be presented to key stakeholders from policy and practice to help translate the findings into policy-relevant recommendations.

The online survey is open to all young people aged 12 to 24 in NSW and can be completed anonymously. Young people can ask for help from their parents if needed.

The online study. information about the ACCESS study and youth health resource **links are available** on the website.

**Dr Carmen Jarrett works with the NSW Health Ministry's Youth Health & Wellbeing Team.*

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OUR TEAM

Lisa *Secretary*	***Malena*** *Practice Nurse*	***Dr Dominic Simring***	***Dr Anthony Leslie***	***Kim*** *Practice Nurse*	***Joy*** *Secretary*	***Kerry*** *Practice Manager*

FRACS Fellow of the Royal Australasian College of Surgeons

Young people and substance abuse – listen and learn

***Lana Jankowiak**, Regional Manager, Headspace Lismore & Tweed Heads, highlights the importance of working collaboratively and having a holistic view of a young person and their multiple interrelated needs.*

As professionals working alongside young people, I believe we are obliged to be aware and acknowledge the 'UN Convention on the Rights of a Child' and apply youth centred practices when working with young people.

These include:

- Understanding the factors that influence young people's lives
- Being aware of young people's rights and responsibilities
- Respecting young people's identities, culture and diversity
- Understanding the developmental issues that young people face
- Remaining curious about young people's experiences
- Using creative and innovative approaches in dealing with issues young people face.
- Being genuine and honest in our dealings with young people
- Understanding our role and being clear about the role of the agency within which we work.
- Creating an environment that is youth-friendly.
- Challenging our own values and beliefs about young people
- Challenging our own values and beliefs about substance abuse
- Considering what 'need' is being met by the young person by using a substance.

We need to:

- Invest time to understand factors that may influence substance use behaviour. Young people are consumers but often do not have a voice and/or are reliant on adults.
- Ensure that assessment places particular emphasis on the young person's perception and expression of his/her needs and strengths.
- Ensure that any intervention is youth driven, focussed on the young person's needs, rather than theoretically driven. Interventions need to be eclectic and take account the developmental level of the young person.
- Consider that what is seen as a positive outcome for professionals, parents, family does not necessarily imply a positive outcome for the young person.
- Be mindful of the 'language' we use from the onset, which can 'exclude' participation by young people
- Consider how to break the stigma of asking for help. As adults we need to role-model asking for help, accessing services ourselves

Some questions we need to ask :

- How will we explain our policies/assessment/interventions/plans/services to them – will we use youth friendly language?
- How do we consult with them, seek feedback and ensure we are accountable to them?
- How do we consult with and facilitate young people to participate in contributing to their treatment and how it may affect them?
- We need to consider childhood and adolescence as a place not a process – it is not a transition phase on the way to someplace else – it is their everyday reality.

A great resource that has crossed my path is Youth Drugs and Alcohol Advice (www.yodaa.org.au) It includes a 'Toolbox' which takes the vast range of evidence and literature that supports Youth Alcohol and Other Drugs (AOD) work, and presents it for practitioners assisting young people to develop resilience and achieve their goals. An extract includes the 'Function of Substance Abuse'

Research (Spooner and colleagues 2001: Loxley, Toumbourou and Stockwell (2004) has informed us that substance-using behaviour of all young people develops over time and is subject to a complex interplay of bio-psycho-social processes. Paglia and Room (1998) identify that, for adolescents in the process of developing their own identity, AOD use might have several functions including: providing pleasure; alleviating boredom; satisfying curiosity; facilitating social bonding; attaining peer status; or as an escape or coping mechanism. Equally, substance use could be a form of rebellion or sensation seeking that has a symbolic function such as "…expressing solidarity in a group and marking off social boundaries"

Young people who come to rely on substance use as a coping mechanism or form of escape are those most likely to come to the attention of services. Young people tend to use substances as a coping strategy in response to life stressors or underlying problems that they believe are insurmountable or irresolvable.

Substance use problems are often manifestations of unresolved, underlying issues that have a cumulative effect in the life of each young person. In turn, substance-using behaviour can add complexity to those underlying issues.

Some young people use substances in an effort to reduce the resultant emotional distress, commonly referred to as self-medication. The efficacy of substance use as a coping strategy is confined to the present, because it tends to undermine the efforts of young people to deal with underlying problems or stressors over the longer term.

The United Nations (UN, 2004) reported that the substance use of this group tends to

(continued p14)

Listen and learn (cont from p13)

be about relieving the pressures of life, deriving from difficult circumstances. Munford & Sanders, (2008) corroborate these findings and demonstrate that problematic substance use for young people is linked with chronic stress, alienation and a marginalised social network.

The Victorian Youth Alcohol and Drug Outreach Guidelines (Pretroulias, Bruun, Papadontas & Roy, 2006) identify several personal issues that may turn a young person towards substance use for solutions. These include, but are not limited to: "...significant loss and complicated grief reactions; isolation and loneliness; adoption and family breakdown; depression and anxiety; problems with anger; past or ongoing sexual assault and physical violence; and the effects of trauma such as post traumatic stress disorder"

These issues also contribute to the uptake and continuation of behaviours such as offending, truancy and self-injury and are factors that contribute to suicide risk for some clients. To this list of issues can be added poor physical health and less prevalent mental health concerns such as psychosis and bipolar disorder.

Rural lifestyle and cancer patients (cont from p6)

one in three women will develop cancer before the age of 85 years.

The report was launched at the National Farmers' Federation 2016 National Congress in Canberra on 26 October. The Foundation says it "firmly places the spotlight on one of the federal government's National Health Priority Areas, cancer."

The report examines rural Australia's cancer incidence and mortality rates, concluding that improvements being experienced in major cities are not being seen in the rural context.

Another key factor is the lower presence of oncologists, specialists and associated health providers in regional/rural areas.

Calling the urban and rural health gap "unacceptable", Garvan Research Foundation CEO Andrew Giles said, "If we don't act now, it will continue to grow. The ongoing challenge is to ensure that innovation in medicine is equalled by innovative policies that increase access to discovery so that all Australians can claim their share of the benefit."

An important aspect of the report was considering the role medical research can play in the health of all Australians.

"Medical research is critical in order to address the shortfalls in our knowledge and improve outcomes particularly for rural patients," Mr Giles said.

The Garvan Institute of Medical Research is a multi-disciplinary facility with more than 600 scientists and PhD students working across six major research areas:

- Cancer – breast, colorectal (bowel), lung, ovarian, pancreatic and prostate;
- Diabetes and obesity – Type 2 diabetes, obesity and metabolic disorders;
- Immunology – asthma, rheumatoid arthritis, MS and Type 1 diabetes;
- Neuroscience – Alzheimer's and Parkinson's disease, anorexia, hearing loss;
- Osteoporosis and bone disorders
- Genomics and epigenetics.

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BUDDIng up to keep Byron schoolies safe

Google search 'BUDDI' and the main hits relate to personal finance programs. Add 'Byron Bay' and you'll learn that it's the acronym for the Byron Underage Drinking & Drug Initiative, a Community Drug Action Team (CDAT) formed under NSW Health Community Drug Strategies Program and auspiced by Byron Youth Service.

Its aim is to provide and support drug and alcohol free youth events, education and training for young people, their parents and those who work with youth.

The volunteer network for youth and community events recently became an award winner, being honoured in early November 2016 - as the annual 'schoolies' influx was looming - with the inaugural Community Drug Action Team NSW State Influence Award for excellence, awarded by the NSW Ministry of Health and the Alcohol & Drug Foundation.

Soon after accepting the award, Team Leader **Nicqui Yazdi** was interviewed by GP Speak's editor Robin Osborne.

Q: This summer, around 10,000 young people will arrive for schoolies in the Bay. What are your main concerns, and what measures are being planned to minimise the harms they might be exposed to?

A: Our main concern is that Byron Bay is a small town and having this many young people descend for what is essentially their first holiday away from family and friends, means that stuff can go down, both for these young visitors and also the town as a whole.

So, the actions of the Byron Schoolies HUB assist not only the schoolies, but also the town, in keeping them safe, informed and giving them activities, around the clock. We started this initiative back in 2009, when crime in Byron and in particular youth crime, actually peaked in late November.

I learned quite by accident that we had schoolies coming, I don't think that the town really knew this, so we started the Schoolies HUB. Since then, we have managed to reduce crime and completely

Nicqui Yazdi with BUDDI's NSW State Influence Award for its Byron Schoolies Safety Response and Schoolies HUB initiatives

reversed schoolies-related incidents, which are essentially now negligible, with almost zero schoolies-related incidences for the last three years.

In fact over the last three years, all areas of alcohol-related crime in Byron have reduced by 50%, so something is working!

Q: How many staff and volunteers do you have, and what measures are put in place? What are 'typical' adverse events, and what are the main inquiries your team gets?

A: We have around 100 local volunteers working in the HUB each year, and are joined by two teams of 'Red Frogs', around 150 in total, across the two weeks. Our most adverse events, would be dealing with first aid and in particular, high levels of intoxication.

We go through thousands of band aids each year, and many v-bags (vomit), it's not just about alcohol or drugs, it can also be about too much sun. The evenings can be very big for us, with up to 4000 young people in the park with us each night.

We have had a few drug scares over the years, mainly from herbal highs though, however, each year we are on the alert for anything that may be getting around and we find that even the schoolies are helpful in telling us if there are people dealing drugs, where they are and we are able to then pass this information onto the police. However the primary drug of choice by the schoolies is alcohol, and for many, it will be the first time they become seriously drunk.

"Our local youth see these unrealistic images of partying tourists, all year round, and this has become what they now see as the 'cultural norm' for themselves too..."

Our local Liquor Accord are very proactive and they have supported the Schoolies HUB initiatives ever since we first started, both financially, but also with having introduced many voluntary measures that assist to make Byron a safer place at this time.

You can't buy shots or jugs in Byron establishments, nor can you buy alcohol/energy drink mixes in the bottle-shops - or large wine casks, just for starters. They also produced packing tape and bags carrying the 'secondary supply' information, which helps to give the information that supplying alcohol to minors is illegal. These initiatives were introduced in consultation with the BUDDI Community Drug Action Team.

Q: Recent stats suggest young people are less inclined to misuse substances, legal and not, than in the recent past. Is this what you're seeing, and why do you think this might be so?

A: Although this might be true on a national level, Byron Bay has never really fallen within any state or national 'averages' for any form of statistics.

Byron is essentially a tourism destination and as such, we do see extremely high levels of both alcohol and drug use, but alcohol is by far the substance of most concern. We

(continued p16)

Byron schoolies safe (continued from p 15)

don't see a lot of drugs among the schoolies, it is mostly alcohol.

But for our local youth, they see these unrealistic images of partying tourists, all year round, and this has become what they now see as the 'cultural norm' for themselves too.

Of course, if they lived anywhere else, it would be very different. Local youth do have high intake of both drugs and alcohol. It is a serious problem in Byron.

Q: Clearly, doing schoolies - whether here, the Gold Coast, Bali etc - is a 'rite of passage'. Do you think the way this is marked is ever likely to change significantly? Is there a socio/economic dimension - obviously it costs to be able to head off to schoolies. Is it a middle-class phenomenon?

A: Schoolies has been around for over 30 years. I personally went to Schoolies on the Gold Coast 35 years ago, with a group of around 100 other young people from Toowoomba. Who knows, maybe we even started it!

Young people do see this as a rite of passage and I honestly don't know how we could stop this from happening. However, each destination is different and for the young people coming to Byron, they tell us they chose Byron and not destinations such as the Gold Coast, because they wanted to have a more chilled out holiday.

Of course the destinations do differ when it comes to how much they spend. Here in Byron the costs are higher than say on the Gold Coast, as our accommodation is much more expensive, so are the basics, such as food, particularly if they dine out. Even the alcohol is more expensive here. We would like to change the way we do schoolies here in Byron in future years, by creating more 'cultural events and activities' for them.

Of course this takes money and Byron Bay is the only school leavers destination in Australia that receives no state government funding, yet we are the number two destination outside of the Gold Coast. We hope to change that in the coming years.

Q: What role might GPs and other health care professionals be able to play in terms of keeping our young people safer?

A: I think that GPs can be of great assistance in reminding young people that they are safe to talk with their GPs about their substance use or misuse, without the police having to be involved.

Schoolies HUB volunteers having first aid training with St John's trainer, Julia

There is a lot of misconception with young people that if they talk with a health professional, or even go to the hospital regarding problematic drug use, that police have to be involved.

I also think that talking with their young patients in a way that destigmatises and 'normalises' their drug or alcohol misuse, helps to have the young people understand that they aren't alone and that many young people go through these issues, and that there is effective help for them.

Interestingly even police see 'health and welfare' as their primary concern too, when having to attend someone who is having a psychotic episode on Ice or other psychotropic drugs. In many cases, if the person is in a bad state, the police take them directly to a hospital.

"Byron Bay is the only school leavers destination in Australia that receives no state government funding, yet we are the number two destination outside of the Gold Coast"

Q: On drugs... you believe these should be treated as a health issue rather than a law and order one. What harm minimisation measures might be implemented to keep young people safer?

A: Drugs and alcohol really are a health issue and they need to be seen this way. The war on drugs is a losing battle that can never be won, particularly if it stays as a 'law and order' or policing issue.

There are many police, even senior ones, who also agree with this and have said so publicly. We need to change the laws and allow for safe drug-testing stalls at festivals and other events.

Every single one of our BUDDI Community Drug Action Team and our Schoolies HUB Volunteers also feels this way and we hope that in the future. The BUDDI CDAT will be involved in these types of initiatives at local festivals and local high traffic events. I

t's a no-brainer that giving education and coming from a harm-minimisation angle is a far better option, than just policing and seeing everyone who uses drugs as a criminal.

Matt Noffs is completely right with regards to the scare-tactics that have been used in more recent campaigns, such as the Ice advertisements. They don't work and in fact they had a detrimental effect, in that they stopped people from reaching out for help. We need to change perceptions and we need to destigmatise drug use and open up the conversations more, so that people will reach out when they need help, either themselves, or with family members or friends.

For information on the BUDDI Community Drug Action Team or the Schoolies HUB, **hubvolunteers@yahoo.com.au** or call 0402 013 177.

Solving the Troubles of Derry / Londonderry

by Dr David Guest

Na Trioblóidí (The Troubles) is the appellation given to sectarian violence in Northern Ireland between the 1960s and the Good Friday Agreement of 1998. During that time over 3,500 lives were lost. As with most armed conflicts, the majority of the deaths were civilian.

Oh it is the biggest mix-up that you have ever seen

My father he was orange and my mother she was green

One day my ma's relations came round to visit me

Just as my father's kinfolk were all sittin' down to tea

We tried to smooth things over, but they all began to fight

And me being strictly neutral, I bashed everyone in sight

- The Orange and the Green by The Irish Rovers

On a recent trip to the United Kingdom and Ireland, I visited the Northern Ireland city of "Derry / Londonderry". It's dual name is a poignant reminder of its history and the ongoing tensions within the town.

The city of Derry dates back to the foundation of a monastery there in the sixth century. The name Londonderry was chosen by Ulster Plantationists, mainly Scottish Protestants given land in the north of Ireland confiscated from native, Gaelic Catholics by the government of King James 1 of Great Britain. This occupation sets the background for four centuries of intermittent war, assassination and sectarian violence.

Northern Ireland was formed in 1922 following the Irish War of Independence that separated the largely Protestant north from the newly created, Catholic, Irish Free State (which later became the Republic of Ireland in 1937). Those in the north maintained their strong links with the mainland as is recognised by the UK's official title of the United Kingdom of Great Britain and Northern Ireland.

Tensions arising from job and housing discrimination, no universal suffrage, a gerrymander and abuse of the extensive

Bogside, Derry / Londonderry

police powers by the largely Protestant police force boiled over into demonstrations, civil disobedience, riots and bombings. The emotional and economic toll on the community was severe.

Bogside is the Catholic area in Derry where many of the riots occurred. The murals on the walls of the tenement buildings still record the violence of the time.

It is said that it takes three generations for a country to recover from civil war. Throw in religious affiliations and reconciliation is slower again.

Our tour guide was a Gaelic speaking, former teacher, practising Buddhist, Irishman of Chinese extraction. Ronan has two young daughters and like all parents wants a better future for his children. Through his contact with people from all walks of life he is striving to improve life for his family, community and city. Perhaps it takes "outsiders", men and women like Ronan, with little religious "baggage" but a strong commitment to a better future to achieve a breakthrough.

Just outside the walls of the old city is the landmark Guildhall. Built in the 1890s it was bombed twice during the Troubles. Now restored, it is not only a tourist attraction, theatre and function centre but remains the home of the council as it has been since its inception. For a relatively small population the council is large with 38 councillors representing the seven wards of the district and the four major parties, with four independents. It takes a lot of talking to get things done in Derry but at least now everyone has a voice.

Outside the Guildhall is the Peace Bridge linking the western Protestant side of the city to the old town and Bogside on the east. In 2013 the Dalai Lama walked across the bridge in the company of Protestant and Catholic children. His charge to them was, "The last century was the century of violence. This must be the century of peace. My generation's century is now gone, but the future is still in your hands."

The Dalai Lama was visiting the city at the invitation of Richard Moore, director of the charity, Children in the Crossfire. Moore had been blinded by a plastic bullet at age ten. The Dalai Lama declared, "There is no other alternative to the peace process. There is no other choice - you have to work and live together, so we should not act like animals."

Derry is living up to that message. The Irish group the Cranberries released their song **Zombies** in 1994. It touches on the long history of violence in Ireland and the effect childhood deaths have on families and society.

A few weeks after the song was released, the Irish Republican Army, after 25 years of fighting, declared a cease fire on 31 August 1994.

The full version of this story can be found on the website.

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The new centre replaces Orion St branch (closed from 4th Nov 2016), while North Coast Radiology's main Lismore branch at St Vincent's will commence a Walk-in X-Ray service.

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NORTH COAST RADIOLOGY OPENS NEW BRANCH IN GOONELLABAH

North Coast Radiology is pleased to announce the opening of their new Radiology branch in Goonellabah on 14th November. This represents a major enhancement in the availability of quality Diagnostic Imaging Services in the Northern Rivers region. North Coast Radiology is locally owned and operated and this new branch fits with the overall objective of delivering services where they are needed within the areas it operates.

While the new facility has space to expand the range of Diagnostic Imaging services over time, initially the following will be included:

- **Digital X-Ray** – an essential starting point for many diagnostic investigations
- **Ultrasound** – including key services such as pregnancy, Gynaecological, Musculo-Skeletal examinations eg for sports and joint injuries. Abdominal and Pelvic Ultrasound examinations as well as Vascular Doppler investigations.
- **Digital OPG Dental Images** – the new facility will boast a state of the art Digital OPG service for enhanced image quality for local dentist and orthodontic surgeons.

The new facility will initially have appointments available between 8.30am and 4.30pm Monday to Friday and include a Walk-in X-ray service. For patients with time restrictions it is recommended they book X-Ray appointments in advance by either calling 1300 66XRAY (1300 669 729) or using the online booking facility at **www.northcoastradiology.com.au.**
Located at the roundabout between Ballina Road and Holland St, the new branch is next to The Discount Chemist Warehouse. The convenient location will help those travelling in and out of Lismore as well as those who live in or near Goonellabah. There is plenty of parking right outside the front door and all the services are on the one level to support those with prams or who are less mobile.

As a result of this new branch opening, Orion St branch will be closed and the primary St Vincents branch will commence a walk in X-ray service.

INFORMATION CONTACT: Helen Spurgeon, Client Service Officer, North Coast Radiology Group, Ph 0488126819, Email: **hspurgeon@ncrad.com**

Capture the Fracture

Osteoporosis Re-Fracture Prevention Program

Northern NSW Local Health District has introduced a new Osteoporosis Re-fracture Prevention Service to the Richmond Health Service centred at Lismore Base Hospital, alongside similar programs in Tweed and Grafton.

The program has employed Craig Knox as The Fracture Liaison Co-ordinator to identify people aged over 50 following a minimal trauma fracture (MTF) or fragility fracture, and then along with Dr Julia Lisle (Staff Specialist Geriatrician) investigate and initiate treatment and management of their Bone Health.

Craig Knox and Dr Julia Lisle

A clinic is currently being held on alternate Fridays at LBH Specialist Outpatients Clinic and is aimed at reviewing patients not already receiving appropriate management of their bone health. The clinic not only looks at pharmacological treatment but addresses other major risk factors such as falls risk, poor diet and lack of exercise. Patients will be provided with an education session and referred to other services such as falls prevention programs, allied health and community exercise programs as deemed appropriate.

For further information, please contact Craig Knox on 0447 287 619. If you wish to refer to the service please address referrals to Dr Julia Lisle, osteoporotic re-fracture prevention clinic and fax to 02 6620 7307.

The program is based on **the ACI model of care for Osteoporotic Re-fracture Prevention** which shows that people are more likely to adhere to treatment for osteoporosis if they are case managed.

Osteoporosis is an under recognised chronic disease. Current statistics are showing that 46% of people who have a MTF over 50 will re-fracture within 2 years.

All evidence based guidelines highlight the need to intervene at the time of the first fracture. National audits are showing that only 20-30% of such patients are being identified and treated

North Coast Health Pathways have up to date strategies in the management of osteoporosis.

Family Support for ICE users

'Yarning about Crystal Meth' Discussion Groups - Goonellabah

The North Coast Primary Health Network in collaboration with local services and organisations has begun a topic and discussion group for community and family members – 'Yarning about Crystal Meth ('Ice') in our Community'. The group runs on Tuesday mornings from 10 – 11:30am at the YWCA in Goonellabah (101A Rous Road). Attendees can hear personal stories and information from experts and guest speakers as well as have opportunities for sharing and support.

Anyone is welcome. For further information please contact Sam or Kim on 6627 3300 or email **nr@ncphn.org.au**

Mission Australia

Mission Australia offer a family and carer program of people with a mental illness and/or drug and alcohol issues. They provide **support across the entire North Coast.** The Lismore region contact number is 02 6623 7401.

NARANON

NARANON is a self-help group for families affected by loved ones who use illicit substances. To find local groups contact 02 8004 1214.

State Wide Services

The following state-wide services may be able to assist families by providing referrals for family support and assistance:

- Family Drug Support provides 24 hour, 7 days a week telephone support to families in need due to drug and alcohol issues. Call 1300 368 186
- Alcohol and Drug Information Service (ADIS) operates 24 hours, 7 days a week to provide education, information, referral, counselling and support. Anyone can call on 1800 422 599.
- Counselling Online is a free, 24 hour, 7 days a week online counselling service for people using alcohol and other drugs, their family members and friends.

PHN senior project officer, Substance Misuse Program, Samantha Booker.

GOLD COAST PRIVATE FAST-TRACKS $50 MILLION SECOND STAGE

ADVERTORIAL

Gold Coast PRIVATE HOSPITAL

One of Australia's largest private healthcare providers, Healthscope, is fast-tracking construction of the second stage of its $230 million Gold Coast Private Hospital, just months after opening its doors to patients.

The $50 million expansion will see the hospital go up, increasing some of the building's height from three to four storeys, and is expected to start later this year, with completion due in late 2017.

Healthscope launched the new Gold Coast Private Hospital, co-located with Gold Coast University Hospital and Griffith University in the thriving Health and Knowledge Precinct, in March, relocating its operations from its previous facility, Allamanda Private Hospital.

The stage two expansion will increase its capacity to 340 beds and 23 operating theatres - up from 284 and 13 respectively.

The new stage will include a new Day Surgery Unit, surgical ward and expanded theatre floor, increasing the hospital's capacity by an additional 10 integrated operating theatres, two procedure rooms and 56 beds.

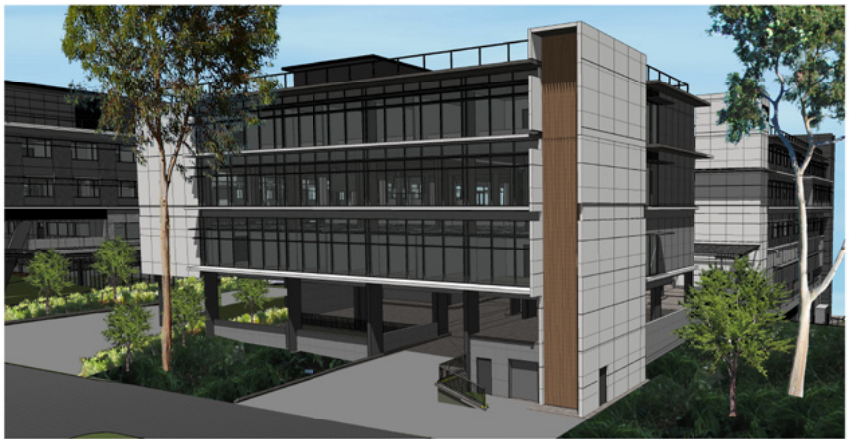
Gold Coast Private Hospital general manager David Harper said six of the new operating theatres and 30 of the beds would become operational on completion, with the balance to open in-line with demand.

"We had planned to start construction of the second stage in 2018, but have brought that timeframe forward in-line with projected patient numbers over the coming 12 months," he said.

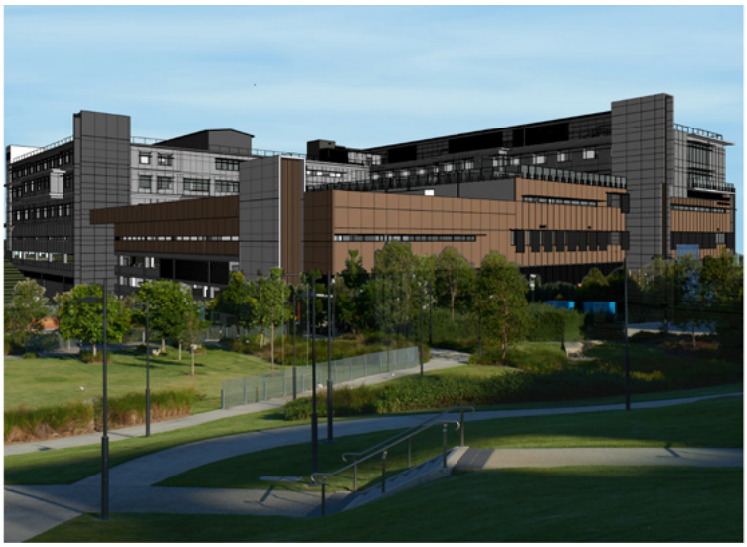
"We have plenty of capacity to take an increased volume of patients during that time, but have decided to push the button on the expansion to ensure we have the facilities available as needed.

"The feedback from patients, staff and doctors using the new Gold Coast Private Hospital has been overwhelming positive and we are committed to ensuring we have the capacity to continue delivering a world-class level of care and experience well into the future."

Mr Harper said designs for the second stage were being finalised.



"The first stage provided expanded services and facilities to those that had been available at Allamanda Hospital and that has been reflected in patient numbers, which have increased significantly since opening," he said.



"With the Gold Coast's population rapidly expanding, we have added services to meet demand, including maternity and an expanded 24-hour Emergency Care Centre.

"Our maternity ward offers a hotel-style feel, including the latest state-of-the-art technology such as the first K2 foetal monitoring system for the Gold Coast - groundbreaking technology that allows obstetricians to keep track of their patients from anywhere via smart devices.

"We also provide a restaurant quality three-course dinner for new parents to enjoy during their stay.

"It is a great example of our approach to healthcare, which is to provide a new level of service and comfort for patients, a philosophy we incorporate into every aspect of our offering."

Gold Coast Private offers 24-hour Emergency Care Centre, Intensive Care Unit (ICU), maternity and special care nursery, along with services including cardiac, rehabilitation, oncology, renal and paediatrics. These services are supported by onsite providers of imaging, pathology and pharmacy.

There will be no closures to the hospital during construction.

FOR MORE INFORMATION CONTACT PROMEDIA'S KARLA SIMPSON - 0406 716 334 OR **karla@promedia.com.au**

GPs score well in Primary Health awards

The professional and community work undertaken by Northern Rivers GP Andrew Binns has been recognized by the North Coast Primary Health Network (NCPHN) in its inaugural North Coast Primary Health Care Excellence Awards.

Dr Binns, described by NCPHN chief excutive Dr Vahid Saberi as "a quiet achiever in the fields of health and the arts", received an Outstanding Community Service recognition at the awards ceremony held in Coffs Harbour on 9 September.

L-r, Chris Bedford, Assistant Secretary, Primary Health Networks, Department of Health, award winner Dr Andrew Binns and Dr Vahid Saberi, North Coast PHN chief executive.

The same award was given to Minjungbal Elder and health educator Auntie Sue Follent who retired recently after working for the Northern NSW Local Health District for 28 years.

The NCPHN awards recognised the diverse projects developed by GPs, allied health practitioners and community health workers from the Tweed down to Port Macquarie.

Award recipients were -

Category 1 - Innovation, Integration and Partnership

1 Deadly Step – Casino, a health screening event for the Indigenous community, and

No Longer on the BACK BURNER – redesigning Musculoskeletal models of care on the Mid North Coast.

Category 2 - Improving Health Care Access and Outcomes

NCPHN Needs Assessment

Category 3 - Reducing Health Inequity

Early Detection of Chronic Kidney Disease in Aboriginal People – Bugalwena General Practice, Tweed Heads.

Category 4 – Promoting Healthy Living

eVillage – Bay Medical, Byron Bay and FerosCare

People's Choice Award -

Improved Health for the disadvantaged through the operation of the Winsome Health Outreach Clinic (Lismore)

Community Choice Award (joint recipients) -

Improved Health for the disadvantaged through the operation of the Winsome Health Outreach Clinic (Lismore), and Early Detection of Chronic Kidney Disease in Aboriginal People – Bugalwena General Practice, Tweed Heads.

Dr Andrew Binns has been in general practice in the Northern Rivers since 1979. He was a co-founder of Goonellabah Medical Centre, and also works at Jullums, Lismore Aboriginal Medical Service. He was on the board of the Northern Rivers Division of General Practice, a past medical director of the Palliative Care Unit at St Vincent's Hospital in Lismore, and the inaugural Chairman of the Australian Lifestyle Medicine Association.

His interest in this subject led to co-authoring (with Professors Garry Egger and Stephan Rossner) the book Lifestyle Medicine, with the third edition now in production.

He is a member of the NCPHN's Northern Clinical Council and is the clinical editor of HealthSpeak and GPSpeak magazines.

A keen patron of the arts, he has a special interest in the link between the arts, health and wellbeing, including arts practices as therapy. He has a longstanding involvement with NORPA and is a strong supporter of local Aboriginal art, much of which is displayed at his practice.

Dr Vahid Saberi said, "Andrew has an unassuming manner and few know just how hard he works to support his patients and other community members - improving their lives through healthy lifestyle changes and helping them to become engaged in the creative arts."

Accepting the award, Dr Binns acknowledged the many talented and dedicated people he works alongside in the arts and health fields.

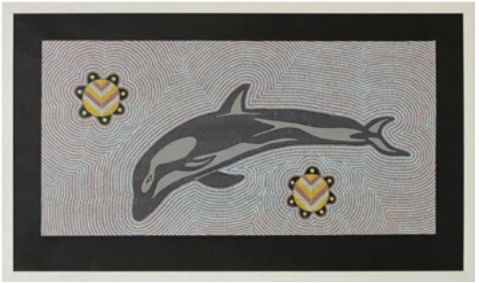
"There is no better way of gaining awareness and respect for our Indigenous culture than through art in all its forms and it is heartening to see the NCPHN promote health improvement and advance reconciliation in this way."

Details and contacts for all Awards entries.

Widjabul Dreaming conversations

Lismore Regional Art Gallery on 15 Dec @ 5.30pm will host conversations around the paintings of **Widjabul artist Adrian Cameron**. Dr Andrew Binns will introduce the artist, followed by stories from parole officer Patrick Coughlan. A free event not to be missed. See more information about exhibitions on pages 28-29.

Image shown on right: *Dolphin* - 1996 - acrylic on canvas board - 75 by 50 cm (framed)



Local Health Issues - What's Up?

A partnership between Northern NSW Local Health District (NNSW LHD) Health Promotion Unit and the Northern Rivers General Practice Network has led to local health promotion programs being promoted directly to general practice patients as they wait for their appointments.

"We deliver a range of free, high quality and evidence-based health promotion programs across Northern NSW for quitting smoking, healthy eating and physical activity, reducing risky drinking and preventing falls", said Gavin Dart, Acting Health Promotion Manager.

"Working in a more collective and coordinated way with general practice is a priority for us because they have established trust and rapport, and see the people that could benefit most from our programs regularly".

"Our hope is that having our programs displayed prominently in Northern NSW medical practices will result in more people participating to improve their health, and ultimately prevent the development of chronic and complex conditions".

The scheme is being trialled at the Goonellabah Medical Centre (GMC), where images promoting the Units program's are intermixed with the Centre's own health messages on the TVs in each of the waiting rooms.

"Unfortunately patients often spend longer in our waiting rooms than we would like. At least we can use that time to advise our patients of important health messages, not only from our own organisation but also from others like the Health Promotion Unit's", said Dr Guest of the GMC.

Displaying health promotion images and brochures can support a general practice's demonstration of commitment to Accreditation Standard 1.3 – Health Promotion and Prevention of Disease.

NNSW LHD's Health Promotion program images and brochures are available free to general practices across Northern NSW by emailing a request to **gavin.dart@ncahs.health.nsw.gov.au.**

Condom users too cocky about their skills

A sampling of young people at a NSW music festival has found that while 77 per cent felt confident about their condom use, 37 per cent had experienced breakage in the past year, 48 per cent had seen a condom slip off during intercourse, and 51 per cent when withdrawing the penis after sex.

According to Franklin John-Leader, Co-Chair of the North Coast Positive Adolescent Sexual Health Consortium (PASH), only 18 per cent of respondents reported always using condoms during sex in the past 12 months.

This poses significant risks of sexually transmitted infections (STIs), specifically chlamydia and HIV, and unwanted pregnancies, and highlights the need for health promotion campaigns targeting this cohort, according to the research team from the University Centre for Rural Health North Coast (UCRH), Western Sydney University (WSU) and the North Coast Public Health Unit.

WSU medical students undergoing UCRH clinical placements, collaborating with the North Coast HIV & Related Programs (HARP) and the North Coast Positive Adolescent Sexual Health Consortium (PASH), interviewed 290 festival attendees, male and female, aged 18-29 years.

"When asked where they had learnt about condom use, 55 per cent of participants said high school sex education, 27 per cent from a partner, 18 per cent from packet instructions, 17 per cent from friends or family, 7 per cent from the internet, and 5 per cent from a health-care worker," Mr John-Leader said.

"Around 34 per cent of interviewees reported consuming at least ten drinks in the past 24 hours. This group was more than twice as likely to feel confident about their ability to use condoms correctly.

"Some 94 per cent had been under the influence of drugs or alcohol during sex some time in the last year, while 19 per cent reported being under the influence "most of the time" or "always" when they had sex."

UCRH researcher Dr Sabrina Pitt said, "To our knowledge this is the first study to demonstrate that young Australian festival attendees, as an identified risk group, may be experiencing a significantly higher rate of problems when using condoms.

"Despite reasonable levels of confidence in their ability to use condoms, inconsistent use and a high rate of condom failure put this population at an increased risk of contracting sexually transmitted infections, specifically chlamydia," Dr Pit added.

"This study has implications for sexual health promotion and public health programs, and targeting future interventions toward this group may be of value."

UCRH Director, Professor Ross Bailie said, "This is important research with apparent implications for the health of a significant number of young Australians. It not only has national relevance but is particularly timely for the North Coast as we move into schoolies celebrations and the various music festivals over the holiday season."

Former GP to lead University Centre

The Lismore-headquartered University Centre for Rural Health (UCRH) has chosen a former GP to lead the 85-strong regional institution that coordinates clinical placements for medical, nursing and allied health students and undertakes extensive research on rural health issues of local and national importance.

The new Director of UCRH is Professor Ross Bailie who practiced as a GP in South Africa, where he graduated in medicine and surgery in 1983, and in New Zealand. Prof Bailie is an experienced public health doctor and researcher who for almost two decades worked with the Menzies School of Health Research in Darwin and Brisbane.

He has extensive knowledge of Aboriginal and Torres Strait Islander health issues, and leads the NHMRC-funded Centre for Research Excellence in Integrated Quality Improvement in Indigenous primary health care.

Professor Ross Bailie, the newly-appointed Director of the University Centre for Rural Health, North Coast.

Prof Bailie said he is committed to working in partnership with other organisations to improve the wellbeing of communities in Northern NSW, naming Northern NSW Local Health District and the North Coast Primary Health Network as two bodies highly regarded for their work with regional communities.

"There is now a greater focus on Aboriginal health, chronic diseases, mental health, ageing, substance misuse and the role of integrated care planning in keeping people out of hospital, or shortening their hospital stay," he said.

"These initiatives are the way of the future, and we look forward to contributing however we can."

While noting that important disparities between rural and urban areas have "a damaging effect across the whole community", Prof Bailie said Aboriginal and Torres Strait Islander health issues remain a key challenge.

"As the Australian Institute for Health and Welfare noted in its recent report, Indigenous Australians experience a burden of disease more than twice that of non-Indigenous citizens," Prof Bailie said.

"While some gains are being made, there is much to be done. It is important to remember that this is not an issue that just affects remote communities, because similar statistics apply to Indigenous residents here on the North Coast.

"A report produced by the UCRH in 2012 highlighted the difference in health status between Aboriginal and other people in Northern NSW."

Fondly recalling his five years in general practice, Prof Bailie said he worked as a new graduate in a rural town in South Africa, and undertook locums in rural NZ prior to joining a rural practice as a partner in the central North Island. He was a member of the RNZCGP.

"I really enjoyed and gained a lot from this experience, including developing my interest in preventive medicine and public health," he said.

"Together with the experience of working in A&E and paediatrics in a regional hospital in Cape Town, the general practice experience was vital to me taking on further training in public health.

"The experience in general practice has also been important to my understanding of the complexities, nuances and challenges of general practice, and this has been critical to my research in primary health care, health services and health systems."

Prof Bailie is delighted to be joining an organisation acknowledged as a regional success story for both its research work, which has delivered awards and grants, and coordinating practical placements for students in local hospitals, GP practices and other clinical settings.

Students come from a range of Australian universities, including main collaborators The University of Sydney, Southern Cross University, the University of Wollongong and the University of Western Sydney.

They undertake clinical work across the Northern Rivers, with many taking up positions in this region after graduation. This training makes a vital contribution to improving health services in this region and in regional areas across Australia.

The main UCRH campus is in Lismore, with education centres attached to the hospitals in Murwillumbah and Grafton, purpose-built student accommodation in Ballina, and an increasing extension of programs in other towns in the region.

Prof Bailie expressed appreciation for the role played by senior staff in the leadership of the UCRH prior to his arrival, particularly acknowledging the important ongoing contributions made by Professors Michael Douglas and Megan Passey.

He also paid tribute to his predecessor, Prof Lesley Barclay noting the particular contribution she has made to maternal and infant health and her strong commitment to improving the wellbeing of Aboriginal and Torres Strait Islander communities on the North Coast.

"There is no doubt that Lesley and the wider UCRH team have made a tremendous contribution to the education of health care professionals visiting or living in our region, and to enhancing the capacity of local services at both the primary and acute care levels."

UNIVERSITY CENTRE FOR RURAL HEALTH NORTH COAST
education research workforce

PREPARING YOUR SMSF FOR END OF FINANCIAL YEAR

The end of financial year is fast approaching. Preparation for this, especially for Self-Managed Super Fund (SMSF) trustees is vitally important. This is especially the case with the upcoming rule changes to collectible, guidelines for limited recourse borrowing arrangements (LRBAs) and adviser licensing, which if mismanaged could run the risk of incurring financial penalties.

Things to consider before 30 June are:

- Consolidation of any accumulation that has built up as of 30 June 2015 with existing pensions, to ensure the maximum amount is in the pension phase
- Double-check balances to ensure members are taking the minimum pensions, especially if age changes have moved them to a new scale, such as 65, 75 or 80
- For younger trustees, consider super splitting fiscal 2015 contributions before 30 June
- In May, check how much of your contribution cap (currently $30,000 for those aged under 49 or $35,000 for those over 49) you have used and look to boost salary sacrificing before year-end
- Check the value of any in-house assets; if they have risen by 5 per cent or more, then as of 1 July 2016 you will be in breach of the limit and must then dispose of the entire investment within 12 months
- If your spouse has assessable income plus reportable fringe benefits totalling less than $13,800, consider making a spouse contribution
- Check your statements to ensure you have not paid expenses on behalf of the SMSF from personal monies which can be treated as a contribution for a tax deduction, or this may mean you have exceeded your contribution cap
- If starting a pension before budget night, ensure you have lodged your notice of intent to claim a deduction
- Consider transferring shares into the SMSF while their price is low so you can minimise capital gains tax. Look at making off-market transfers of shareholdings in blue-chip companies to your fund
- For those with a large taxable income this year who are expecting a lower income next year, consider a contribution allocation strategy to maximise deductions for the current financial year (known as a "contributions reserving" strategy).

SMSF CHANGES FOR 2017

There is a major change concerning adviser licensing requirements from 1 July. From this date advice regarding the establishment, investment strategy and closure of a fund can only be provided by an adviser with an Australian financial services license (AFSL). This excludes regular accountants, who can only provide SMSFs with administrative support, compliance and taxation advice.

In light of these changes Thomas Noble & Russell would like to make you aware of our ongoing ability to handle these matters for SMSFs through TNR Wealth Management (Authorised Representative of Magnitude Pty Ltd AFSL 221557).

Should you have questions regarding SMSFs, SMSF rule changes, wealth creation, wealth protection, cash flow management, debt management, retirement planning or any other financial planning need, please call on 02 6621 8544 or email info@tnrwealth.com.au.

**This article is to be used as a source of information and not considered as financial advice. For financial advise you should speak to one of our financial advisers and for tax advice speak to a registered tax agent, typically an accountant. *Additional Article sources of information include Australian Taxation Office, Morningstar, SuperCentral and SuperGuide*

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MyGP TV

by Dr David Guest

"We waiting, waiting, waiting" bemoaned Con the Fruiterer 20 years ago and we are still waiting. How long will it take to see Doctor Smith? "Coupla days" but see Dr Jones today, "Doesn't madda".

When you get to the surgery you check in and sit down in the "waiting" room. Thankfully things have improved significantly since Con's time. You no longer have to read the out of date magazines or stare vacantly into space. You've got "The Girl on the Train" on your Kindle or Candy Crush on the phone. Alternatively, you can even read your email on the iPad if you've got a good 4G connection or connect to the surgery's free wifi.

The soapies are still playing in some waiting rooms but increasingly surgery TVs are displaying health messages to their captive audience. Two commercial companies vie for dominance in this marketplace.

Medical Channel describes itself as Australia's Leading Waiting Room Network "bringing quality medical content to its screens". With an audience reach of over 6.3 million people per month it is Australia's fastest growing network. Its sponsors include alternative medicine providers, drug and pathology companies, State and Federal Departments of Health and the RACGP. The channel displays

health messages intermixed with current news headlines and lighter items like quick quizzes.

The rival is TonicOnDemand from Tonic Health Media (THM). One of its founders is Australian medical media commentator and presenter, Dr Norman Swan. TonicOnDemand targets the same type of sponsors and claims a larger reach of 10 million people per month, nearly half the Australian population. THM also provides pamphlets and brochures to supplement their TV messages. It aims to "improve health literacy and patient self management by driving evidence-based practice for better outcomes". It differs from Medical Channel in that it also offers sound capability with its videos.

Both companies allow health messages from the practice to be included in their ad rotations and neither charges practices for their services or the equipment.

The new technologies that underpin TV on Demand also enable other approaches. If you want more customised messages for your patients you can do it yourself. Practice specific information and branding can be supplemented by messages about local services that the practice may wish to promote. It is not free but the cost of a large screen display is readily affordable. It is a little more work than signing up with the commercial offerings but not a lot, particularly if you partner with compatible local organisations.

MyGP TV use Google Chromecast devices that retail for under $60. Plugging one into the spare HDMI port of your TV allows you to display a slideshow from your photos folders in Google, Facebook or Flickr. The images are drawn down over your wifi and internet connections. You can display not only your own images but also those from other organisations who have shared their image folders with you.

One such local organisation is the Northern NSW Health Promotion Unit (HPU). They run programs in alcohol reduction, smoking cessation and exercise programs for various age groups. As described elsewhere in this issue advertising the HPU's programs in GPs' waiting rooms is an ideal way to raise awareness of their programs in their target audience.

Group Programs for Anxiety Management for 2017

North Coast general practitioners may not be aware of the **MBS items for group therapy sessions** with a psychologist/ clinical psychologist. The group sessions can be in addition to individual therapy sessions.

The item numbers have existed since the start of the Mental Health Care Plan system although their use on the North Coast has been limited. The item number pays $31 per patient. Sessions consist of 6 to 10 patients and run for at least an hour.

Group sessions offer a time proven and very efficient way for those suffering from mental illness. Seeing others in similar situations helps patients to develop the necessary skills to manage their own mental

health problems.

Group based programs have proven successful on the Gold Coast at **Currumbin Clinic** but there are relatively few groups on the Far North Coast. Dr Malcolm Huxtable currently runs groups sessions in Mindfulness at **Headspace** in Lismore. However, Dr Nathan Kestevan, general practitioner Dunoon, has liaised with psychologists from Lismore and from the **GROW** organisation ("Australia's leading mutual help program for people with mental illness") to offer local courses next year.

The initial group sessions will be run by Lismore psychologist, **Matthew Wagner,** and offer a six week Anxiety Management Program. The sessions will be held at the "GunnaWannaBe" building in South Lismore acquired by GROW in 2015.

North Coast GPs should refer new patients to Matthew Wagner initially, to be assessed for their suitability for the course. Presuming there is sufficient uptake the first program will commence in February 2017. **Reference link.**

Your heart's in safe hands

John Flynn Private...the Coast's heart of cardiac care

Cardiac Centre
Ph: 5598 0322

Dr Stirling Carleson – Cardiologist
Specialty: Cardiology

Dr Ben Hunt - Cardiologist & Cardiac Electrophysiologist
Specialty: Cardiology - Interventional

Dr Shailesh Khatri – Cardiologist
Specialty: Cardiology - Interventional

Dr John Meulet – Cardiologist
Specialty: Cardiology, Electrophysiology

Dr Geoffrey Trim – Cardiologist
Specialty: Cardiology: Electrophysiology

Dr Guy Wright-Smith – Cardiologist
Specialty: Cardiology - Interventional

Cardiothoracic Surgery
Ph: 5598 0789

Dr Ben Anderson - Cardiothoracic Surgeon

Dr Andrie Stroebel - Cardiothoracic Surgeon

Gold Coast Heart Centre
Ph: 5531 1833

Dr Jonathan Chan – Cardiologist
Specialty: Cardiology, Cardiac Imaging (Echocardiography, Transoesophageal Echo, Cardiac CT, Cardiac MRI

Dr Ashok Gangasandra – Cardiologist
Specialty: Cardiology , Cardiology - Interventional

Dr Vijay Kapadia – Cardiologist
Specialty: Cardiology

Dr Tony Lai – Cardiologist
Specialty: Cardiology - Interventional

Dr Kang-Teng Lim – Cardiologist
Specialty: Cardiology, Electrophysiology

Dr Mathew Williams - Cardiologist
Specialty: Cardiology

John Flynn Cardiology
Ph: 5598 0077

Dr Kevin Franklin – Cardiologist
Specialty: Cardiology

Dr Dean Guy - Cardiologist
Specialty: Cardiology

Dr Ian Linton - Cardiologist
Specialty: Cardiology

Dr Ahmad Nasir - Cardiologist
Specialty: Cardiology

John Flynn Medical Centre
Ph: 5598 0277

Dr Ajay Gandhi – Cardiologist
Specialty: Cardiology, Cardiology - Interventional

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42 Inland Drive TUGUN QLD 4224

John Flynn Private Hospital
Part of Ramsay Health Care

Teaching professionalism to tomorrow's doctors

For me there are many aspects of teaching students that are joyful and fulfilling.

Apart from appreciating students' contagious youthful enthusiasm for life and learning, it is heartening to have the opportunity to influence the medicine of the future.

Over my career there have been significant shifts in the doctor/patient relationship. There is more emphasis on patient centred care, shared decision-making and professionalism. General Practice is a wonderful environment to teach these skills. It is generally accepted that professionalism is better taught by demonstration than through lectures or reading. In this we need to be aware of the so-called "Hidden Curriculum".

This term is used when what is demonstrated in medical management in the clinical setting does not correlate with what is being taught in theory, what students have been led to believe is optimal patient care, communication, inter-professional behaviours, medical ethics or professionalism.

Beyondblue demonstrated an increasing level of cynicism developing in medical students, particularly during their clinical years.

This has been ascribed to the confrontation between idealism and the reality of medical care the students are witness to. The "hidden "curriculum" plays a significant part in this equation.

It is therefore worth remembering that we need to be aware of our own professional behaviours when we are teaching students. This goes beyond the basics like dress code and punctuality to our relationships with staff and patients, to our practice of patient orientated care and to our demonstration of our own self-care.

A useful tool is to take the opportunity to discuss "critical incidents with students". This may be something in the students' behaviour or comments, such as the ever-frustrating use of smart phones during consultations. It may be discussing how we deal with difficult situations like doctor shopping or angry patients. It may be opening the discussion about treating friends and family.

Sometimes we make treatment choices that do not follow guidelines and it is important to explain our rationale to the student.

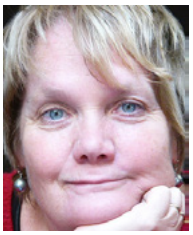
If we feel able, I feel it is very important to discuss errors in clinical reasoning or even dealing with the process of complaints to AHPRA. In our litigious society it is not unlikely that doctors will experience this.

Reflecting on these situations may not only prevent them making the same error but also reduce the sense of isolation and shame that we all feel at those times. I have just sat in on a consultation where the patient described her grief about how she and her partner had been treated prior to her partner's death. This was an opportunity for a rich discussion about professionalism, communication and ethics.

Professionalism is a part of the "Art of Medicine" and General Practice gives us multiple opportunities to explore this with our students. Students return from their General Practice rotations full of stories, mostly very excited by what they have learned in the community at all different levels.

by Dr Jane Barker

Dr Jane Barker is Academic Lead – General Practice, University Centre for Rural Health North Coast



Rural General Practice Grants

Federal Member for Page Kevin Hogan said the Coalition Government will provide more than $13 million in infrastructure grants for existing general practices in regional, rural and remote Australia to teach, train an retrain our next generation of health workers.

"General practice in regional community's like ours faces unique challenges in healthcare including the ability to attract and retain a health workforce," he said.

Read more on NRGPN website

Link to Dept of Health tenders

UNIVERSITY OF WOLLONGONG AUSTRALIA

LISMORE REGIONAL GALLERY

EXHIBITIONS HAIL END OF AN ERA

Adrian Cameron:
Clever Man 1
2015, acrylic on canvas

Nathan Gooley
Frankenstein and the Mermaid meet Wolverine
2016, screenprint on paper

Madeline Kidd
Various arrangements of colours and shapes #1
2016, archival pigment print on rag paper

René Bolten
Reflection in the Mirror 3
2016, oil on canvas

The end of an era approaches with the last suite of exhibitions at Lismore Regional Gallery in Molesworth Street. After sixty-three years in the current 'temporary' Trench building, the last four exhibitions foretell of the diverse programming that will be a hallmark of Lismore Regional Gallery when it reopens its doors at the Lismore Quadrangle in late 2017.

Upstairs sees the 20 year retrospective ***Widjabul Dreaming*** by Bundjalung painter Adrian 'Cheesy' Cameron. A testament to the significance of Aboriginal culture and the power of art in healing, Adrian's meticulous and mesmerising paintings depict local animals, spirits, sacred places and dreaming. His mastery of colour and bold compositions leave you with no doubt about Adrian's self-discipline and dedication, where art has been a lifesaver in healing from a traumatic childhood and early life in gaol.

Standing in front of Adrian's artworks you are entranced by the rhythms of intricate dot patterns, radiating from the painting's central characters. The artworks, which take as much as six months to paint using a matchstick, create an optical quiver, reinforcing the power of local dreaming stories. There is no escaping the Clever Man as he looks at you directly out of the painting.

Downstairs, Gallery 2 features local emerging artist Nathan Gooley's ***Superheroes and Monsters.*** Pop culture images of his favourite superheroes and old school movie monsters combine seamlessly with self-portraits of Nathan as an 'X-Man'. Nathan uses a variety of individual and inventive techniques to create art in his studio at disability support organisation R.E.D. Inc. Studios. In recognition of his talent and passion, Nathan received a 2016 Accessible Arts Small Arts Grant to realise this project. You can support Nathan too by buying original works on paper, limited edition screenprints, tea towels and t-shirts for friends and family this Christmas.

The highly anticipated solo exhibition ***Paintings & Drawings*** by local painter René Bolten in Gallery 1 includes delicate and brooding still lifes, abstract drawings, figures and faces. The mastery of his medium is sure to impress those seeking an accomplished art experience. René will also be holding a workshop in still life painting on Sunday 22 January 201, for bookings contact Lismore Regional Gallery.

Meanwhile in the Vicki Fayle Gallery, Melbourne husband and wife duo Madeline Kidd and Masato Takasaka are transforming the space into an exuberant and highly coloured Playroom which is sure to be a hit with children and adult audiences alike. Walls, floor and ceiling will be festooned with colourful and playful paintings, prints and constructions.

With such a diverse array of exhibitions there'll be something to suit every age group and taste in art from powerful storytelling to pop culture, from enigmatic to playful. Lismore Regional Gallery shines strongly to end an era.

Contact Fiona Fraser, Curator, Lismore Regional Gallery, **fiona.fraser@lismore.nsw.gov.au** | 02 6622 2209

Opening Event: Friday 9 December 2016, 5:30pm for 6pm speeches

SHOWING AT LISMORE REGIONAL GALLERY (10 December 2016 – 4 February 2017)
Vicki Fayle Gallery & 24:7 Window Space – Madeline Kidd & Masato Takasaka :: Playroom
Gallery One – René Bolten :: Paintings & Drawings
Gallery Two – Nathan Gooley :: Superheroes & Monsters
Upstairs Gallery - Adrian 'Cheesy' Cameron :: Widjabul Dreaming

Art talent breaks out to the mainstream

One of the most unusual art exhibitions to be staged in the area opens at Lismore Regional Art Gallery in December. *Widjabul Dreaming* is one of the last shows to be held at the Molesworth Street building prior to the opening of the city's grand new exhibition space in mid-2017.

A 20-year retrospective exhibition by Bundjalung artist Adrian Cameron (two of whose paintings appear at right), the show features many works created while the artist was in prison - he is now free, and continues to paint.

The intimate connection of Aboriginal people with the land, environment and spirit of the Dreaming is encapsulated in Adrian's meticulous and mesmerising paintings, done with a match stick dipped into acrylic paints, one dot at a time.

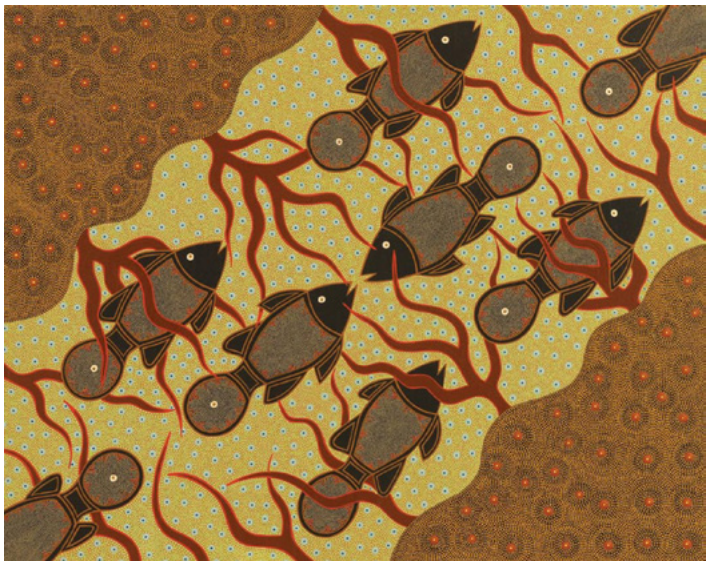
He likens the technique to an "astral journey to his culture", producing a calming, therapeutic effect. Painting played a significant part in maintaining his spirits during his long confinement, Adrian says, adding that without this activity his despair would have led him to the point of contemplating suicide.

A collection of his jail paintings done in 1996 resurfaced recently and has been restored and reframed for Jullums, Lismore's Aboriginal Medical Service. Along with newer work, these will be on loan for the exhibition.

"To see a group of these paintings together is a chance to appreciate the delicacy and spiritual power of the work," says Dr Andrew Binns a long-time fan of Adrian's work.

It is well accepted that meaningful activities for prisoners are important and can lead to less likelihood of recidivism after release. The therapeutic value of creating art is a positive note amidst the generally bleak prison experience for Aboriginal people.

Numahl – 1996 – Acrylic on canvas board – 52 x 42cm (framed)



Mulla Jullums on Journey (Finding Your Soulmate) – 2009 – Acrylic on canvas – 70 x 55cm

However, there are seldom opportunities for non-Indigenous people to view such works, and in so doing to gain a deeper understanding of the importance of Aboriginal culture.

In Victoria there is now legislation that will allow Aboriginal artists in prison to be able to **sell their art** . This has the potential to provide some much-needed income and to bolster a sense of meaning and purpose for the creators of the works.

For the past 15 years, Darwin's now closed Fannie Bay Gaol, a grim tourist attraction, has hosted Behind the Wire, showcasing artworks by prisoners in the NT's correctional facilities. The exhibition is invariably a sell-out, further proof of the Territory's - and the nation's - incarcerated talent.

The late Dr Pamela Johnston, a well-known Aboriginal artist, did extensive teaching in jails using art workshops for healing and empowerment of Aboriginal prisoners. In an essay "Talking You Talking Me Talking Aborigine" she wrote:

'Through painting and the exploration of culture and identity my students have been led into a desire for a wider language. Given current recidivism rates many of my students have become quite skilled. It is a sad indictment that young Aboriginal people have more chance of being exposed to structured educational processes inside prison than they would outside prison.

Where traditional European society is a literate society – by that I mean that written word is the predominant language of communication, documentation and expression, for Aboriginal individuals and communities a visual language fulfills that role... This is where Aboriginal art classes are so important, particularly in a Correctional setting and this is their difference from the non-Aboriginal art classes, which I emphasise here, also have a vital role to play in education and in society.'

"Where one heads in life depends to a significant degree on opportunity, but there is a deeper intrinsic force and spirit driving those who are born without opportunity," says Dr. Binns.

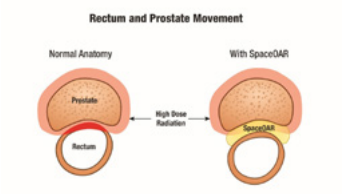
"Like so many others he's using his creativity to build resilience and wellbeing. His exhibition is an inspiration and one that can take you on a journey to the ancient past."

Spacing Organs at Risk: Reducing Rectal Side Effects in Prostate Radiation Therapy

Professor David Christie and spaceOAR

ADVERTORIAL

Radiation therapy for prostate cancer is daunting. The thought of the potential side effects that may come with radiation treatment can cause anxiety. Thankfully, here at Genesis CancerCare we are offering the latest technology to allay the fear of potential rectal toxicity.



Genesis CancerCare is pleased to offer SpaceOAR to suitable prostate cancer patients. SpaceOAR is a liquid that is injected between the prostate and rectum under ultrasound guidance. Once injected, the liquid solidifies within seconds into a hydrogel that pushes the rectum away from the prostate, thus reducing toxicity.

This procedure reduces radiation exposure to the rectum and related side effects during Intensity Modulated Radiation Therapy (IMRT) or Volumetric Modulated Arc Therapy (VMAT) for prostate cancer.

SpaceOAR is placed by urologists during the same procedure as gold fiducial marker seeds (used for positioning the prostate during radiation therapy treatment). The hydrogel maintains space throughout treatment and then liquefies, allowing it to be absorbed and cleared from the body within 12 months.

At our Gold Coast locations Tugun and Southport, Professor David Christie (MBChB FRANZCR) is our specialised Radiation Oncologist for prostate carcinoma. He has a special interest in urological cancers including brachytherapy for prostate cancer.

Dr Selena Young and Dr Sagar Ramani are also available at our Gold Coast centres for consults on prostate carcinoma and spaceOAR placement. To find out more please call our GCCQ Southport Centre on (07) 5552 1400 or Tugun on (07) 5598 0366.

About Professor David Christie

David qualified in Medicine from New Zealand's University of Otago in 1987 and completed Radiation Oncology training in Sydney in 1995, at which time he moved to Queensland and commenced full-time practice. He is actively involved in research including national and international clinical trials. He is the editor of a Radiation Oncology medical journal and has published over 100 research papers. He has research and teaching roles with the University of New England as well as Bond and Griffith Universities.

Radiation oncology specialists at Byron Bay

Rapid access to advanced radiation treatment for publicly and privately referred cancer patients now available at Byron Bay Specialist Centre.

Dr Grant Trotter and Professor David Christie (Radiation Oncologists) attend the Byron Bay clinic once every three weeks. They have extensive experience in treating all major cancer types including Head and Neck, Lung, Breast, Prostate, Colorectal, and Skin malignancies.

For further information about our Byron Bay clinic service please contact our Tugun centre on (07) 5507 3600 or email: ccq.reception.tugun@genesiscare.com.au

Consultation clinic address:
Byron Bay Specialist Centre
Suite 6 / 130 Jonson Street
Byron Bay NSW 2481

www.genesiscancercareqld.com.au

Genesis Cancer Care Queensland

GenesisCare

GP Synergy 2016 Outline

The last twelve months have been a time of significant change for all involved in GP training - supervisors, practice staff, registrars, and stakeholders, and GP Synergy staff.

The tender outcome on 6 October 2015 left little time to transition from six separate Regional Training Providers (RTP) to one. Regional forums were held with staff, supervisors, practice staff and other key stakeholders within each RTP across NSW and the ACT to discuss the immediate changes.

More than 80 new staff joined GP Synergy in the first three months of 2016. A large percentage came from outgoing RTPs, and two thirds of GP Synergy's medical education workforce are experienced educators originating from prior RTPs.

There is no doubt that this is the biggest change in medical training since 2001/2002 when the program was divested from General Practice Education Australia (GPEA), a subsidiary of the Royal Australian College of General Practice (RACGP), to the newly formed regional training provider network.

To ensure responsive education delivery that is targeted towards meeting the needs of the local community, we have maintained a regional focus across NSW and the ACT.

We have retained a regionalised training program aligned with Primary Health Network boundaries.

Within seven subregions, we have commissioned local offices (Ballina, Armidale, Moree, Newcastle, Dubbo, Wollongong, Chippendale, Newcastle, Liverpool and Wagga Wagga).

The number of weeks in a hospital term is determined by the hospital and the Health Education Institute (HETI). Each regional training organisation is bound to upload the NTCER, a document that historically prescribes part-time in-practice teaching requirements for registrars which is exactly half that of a full-time term. Likewise, teaching payments reflect this requirement.

John Oldfield, GP Synergy CEO

Supervisors and registrars do have a voice in the ongoing development and delivery of GP training. Each of the seven subregions has its own regional advisory council that meets to consider the health workforce and educational needs of their respective region. These councils include the subregion's Supervisor Liaison Officer and Registrar Liaison Officer amongst other relevant peak bodies.

At the mid-year North Coast Regional Advisory Council meeting, a recommendation was made to re-classify 'Group C' – an area around Tweed Heads. All Advisory Council recommendations undergo a process of due diligence and scenario testing before they are adopted.

During 2016 we have planned for a more targeted professional development program to commence in 2017. The importance of this support, amongst other developments, is reflected in our research and is resulting in some exciting new developments.

Supervisor professional development will remain non-mandatory, albeit a principle that supervisors do engage professional development under contracting arrangements.

Attendance at any module of GP Synergy's professional development program commencing in 2017 is encouraged and will be fully paid, in addition to travel and accommodation subsidies where required. There is no limit to the number of education sessions that may be attended. However, support is limited to GP Synergy's professional development suite, including foundation and advanced education modules.

Increasingly, supervisor professional development will be delivered in both face-to-face and online delivery formats to accommodate individual circumstances and the preferences of the supervisor.

GP Synergy has partnered with MedCast to provide supervisors and registrars with "Support GPT", an online education resource that supports in-practice teaching and is integrated with GP Synergy's education program. Again, this resource is offered, not mandatory.

Direct phone lines have been established in all regional offices, including direct extensions to dedicated practice and registrar support staff. This will assist practices and registrars to reach the right person in the fastest possible way.

GP Synergy's online training management system GPRime is currently undergoing useability and user acceptance testing. A program is in place for its redevelopment that will result in improved useability. Supervisor and registrar interfaces have been prioritised.

These are just some of the enhancements to be rolled out in 2017. In addition, we will continue to develop and deliver locally informed education and to use evidence based population health and workforce data. We continue to consult with all our stakeholders and build on the legacy of our former RTPs to continually improve health outcomes for our local communities.

The **full version** of this article can be found on the GPSpeak website.

1-in-4 say some medical interactions unnecessary

The interim report of the Federal Government's clinician-led review of all 5700 items on the Medicare Benefits Schedule (MBS) has found that one in every four surveyed patients believed they or an acquaintance had received, or been recommended to have, an unnecessary consultation, medical procedure or test.

The report released on 6 Sept by the Minister for Health and Aged Care Sussan Ley resulted from consultations with 2000-plus health professionals and patients across stakeholder forums, written submissions and an online survey.

The 14-member taskforce is chaired by Prof Bruce Robinson, Dean of the Sydney Medical School, with former AMA head Dr Steve Hambleton as deputy chair. Its stated aim is 'To ensure that the Medicare Benefits Schedule provides affordable universal access to best practice health services that represent value for both the individual patient and the health system.'

The results also showed that 93 per cent of the surveyed health professionals considered parts of the MBS to be out-of-date, while one-in-two nominated specific Medicare items they believed were used for "low-value purposes".

In a reflection of how the recent election campaign had confirmed the importance of public healthcare to Australians, the Minister said, "We appreciate and understand Australians consider Medicare essential," adding, "however our consultations also show health professionals and the public understands changes need to be made from time-to-time to keep it healthy and up-to-date with modern medical practices."

Ms Ley said the aim was to deliver "the right balance for health professionals, patients, taxpayers and the future of Medicare in general... The MBS Review, combined with rolling out the Turnbull Government's Medicare Health Care Homes and the revamped My Health Record, aimed to cut down on low-value use of MBS items through a greater focus on integrated care and stronger rules, education and compliance."

"This independent clinician-led Taskforce is committed to ensuring the right patient gets the right test at the right time"

She added, "For example, our Medicare Health Care Homes will see a patient with chronic illness sign up with one GP who will manage all of their integrated health care needs, cutting down on the potential for duplicate tests and procedures.

"The same goes with having an electronic health record that patients can use to share information with their GP, specialist, pharmacist, psychologist, practice nurse and emergency department doctor to ensure they're all on the same page regarding everything from medical history through to recent tests, scans, prescriptions and allergies.

"In return, our work on Health Care Homes and the My Health Record will help the clinicians working on the MBS Review to ensure rules around Medicare items reflect modern, integrated clinical practice."

Ms Ley said the results also supported the Government's intention that the review was not just about removing low-value or outdated items from the MBS altogether, but equally ensuring the rules around a common item's usage reflected best clinical practice targeted at the appropriate patient cohorts.


Sussan Ley

The report found: "Reported 'low-value services' were very rarely inappropriate for all patient groups; more commonly the complaint concerned the provision of services in circumstances where for that particular type of patient the benefits did not outweigh the risk or costs.

"This independent clinician-led Taskforce is committed to ensuring the right patient gets the right test at the right time.

"That's why it has established around 40 Clinical Committees and working groups, with more than 300 clinicians actively involved in examining the MBS items they use on a daily basis to ensure we get this right first time."

Ballina Bridge Club Inc.

13 North Creek Road, PO Box 564, Ballina NSW 2478

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Next lessons FEBRUARY 7th to MARCH 24th 2017
Tuesday and Friday mornings 9am – 11am.
Call **Lyn Graham 0499 868 417**, or **Anne Bigg 6686 2374** OR email us at **bbclub@internode.on.net** to purchase a **voucher for $60**.
We play bridge in our air-conditioned club rooms at 13 North Creek Road (opp. Aldi) and have sessions 6 days a week.
Message from President **Rebecca Rogers**

Order in the House

by Kevin Hogan, MP for Page

It was great to be at the opening of the upgraded Lismore Base Hospital with the Health Minister Sussan Ley last week.

The $80 million redevelopment of the Base Hospital, which serves the entire Northern Rivers, is great news and represents a new era in healthcare for our community.

The upgraded Emergency Department has an expanded Emergency Medical Unit and a new Ambulance Bay and Drop-Off Zone, as well as an express Community Care Clinic, a new Renal Dialysis Unit, a Pathology Unit, a Satellite Imaging Department and increased hospital parking just across the road.

This upgrade has been a long-time coming and I would particularly like to thank all our nurses, doctors and allied medical staff who have cared for community members under sometimes difficult situations. They have always put the needs of their patients ahead of their personal comfort, and I thank them for that.

❖❖❖❖❖❖❖❖❖❖

Medicinal cannabis transitioned from a prohibited substance to a controlled substance last month, meaning potentially hundreds of thousands of Australian's will have access to this life changing drug.

I am proud to be part of the Government that has allowed this to happen, and proud to be part of the Nationals team who listened to the community and pressured for this change.

I have had numerous discussions with people across our community who are looking forward to being able to access this life changing drug without fear of prosecution.

Medicinal cannabis can be a life changing treatment for childhood epilepsy, symptoms associated with chemotherapy, and multiple sclerosis. There is also growing evidence of cancer prevention and treatment.

❖❖❖❖❖❖❖❖❖❖

There was some wonderful news for older members of our community, with the Federal Government announcing those over 71 years of age can now get the shingles vaccine for free.

Shingles vaccine will now be free to eligible people, with a catch-up program available for adults aged 71 to 79 years.

This new National Shingles Vaccination Program is an important reminder that vaccinations don't stop at childhood.

Regardless of how healthy and fit we feel, as we age you are at increased risk of contracting serious illnesses.

The start of the National Shingles Vaccination Program is a major investment by the Coalition Government in the National Immunisation Program to improve the health of older Australians.

With the introduction of the shingles vaccine, the National Immunisation Program now provides free vaccines for eligible people against 17 infectious diseases.

The Government recognises that people want assurances that the vaccines they are receiving today are safe. This is why we are investing in the AusVaxSafety National Surveillance System.

This will be a world-leading surveillance system providing real-time feedback on NIP vaccines, enhancing the overall quality of vaccine safety in Australia.

For more information about the NIP and the NIP schedule, visit the Immunise Australia website.

Red ribbon day for Lismore Base Hospital

After the expenditure of $80.25 million in federal funding, a further $20 million from the NSW Government, and years of community and health service advocacy, Lismore Base Hospital has taken another step forward with the official opening of Stage 3A of its major redevelopment.

(l-r) Dr Brian Pezzutti, NNSW LHD Board Chair, Page MP Kevin Hogan, Federal Health Minister Sussan Ley, NSW Premier Mike Baird, NSW Health Minister Jillian Skinner and Lismore MP Thomas George.

This latest phase includes a new ED, nearly four times bigger than its predecessor, an expanded emergency medical unit, a new ambulance bay and drop-off zone, a new renal dialysis unit, express community care clinic, pathology unit, satellite imaging department, and increased parking opposite the new building.

Health Minister Sussan Ley, who holds a rural seat, called federal MP Kevin Hogan a "fierce and feisty" advocate in Canberra, adding that while health service delivery is often seen through an "urban prism", she views rural communities as a "number one priority".

State counterpart Jillian Skinner said when the LBH redevelopment is finished - the NSW Government has committed $180 million to Stage 3B, including new theatres, wards, ICU, birthing and nursery, and medical imaging - the hospital will be the envy of rural NSW.

Long-serving Lismore MP Thomas George noted that the 12-storey south tower, with its helipad, is now the tallest structure in Lismore.

Embrace
Exercise Physiology.

Phone: 1300 212 555 Fax: 02 66 244 071

RECOVERING FROM A WORK PLACE INJURY – EXERCISE PHYSIOLOGY – THE LINK TO A SUSTAINABLE RECOVERY.

Alysia Bonnett, AEP ESSAM

When an individual suffers a serious work place injury there are several factors that need to be considered to ensure a sustainable return to work. For this individual, just 4 weeks completely off work reduces their chances of returning to the same role by 50%!

The physical injury is the focus in the initial stages of rehabilitation, and quite often the injured worker can make a full recovery or return to some form of work within a few days or weeks. However, for those who do not show signs of improvement and do not return to work in some capacity quickly other factors begin to play a role in the recovery process.

These psychosocial factors can significantly impact the success of the individual's physical recovery. The stress of not being able to work and provide for their family. The anti-social nature of being removed from the work place. The other injuries and conditions which can set in as a result of being less active, such as weight gain, overuse injury to opposite limb, postural imbalances caused by altered movement patterns. Are all factors to be considered as part of the rehabilitation process.

The role of an Exercise Physiologist in Workplace injury rehabilitation:

Exercise Physiologists play a crucial role in the rehabilitation of work place injuries. Firstly, when addressing the initially physical injury, an Exercise physiologist will prescribe functional based exercise to achieve a quick, yet sustainable return to work. Fascia release and mobility exercises will often be necessary to reduce muscle and fascia tightness which often accompanies musculoskeletal injuries and are the underlying cause of joint dysfunction and altered movement patterns.

Education is also an important aspect of work place injury rehabilitation. An Exercise Physiologist should include functional lifting, carrying, and manual handing training for injured workers returning to physical roles. Or correct posture and work station alignment for individuals working in a role requiring sustained positions for long periods.

For many injured workers, mental illnesses including anxiety and depression are diagnosed particularly if they are never able to return to work. The success of exercise therapy in treating or providing a coping strategy for mental illness is well documented. An Exercise Physiologist can play a critical role for these individuals, to allow them to live a relatively normal life outside of the work environment.

In order to help your patient achieve a long term sustainable return to work, contact Embrace Exercise Physiology today!

Phone: 1300 212 555 Fax: 02 66 244 071

WORKPLACE INJURIES OCCUR DAILY IN AUSTRALIA.

90% of serious claims were diagnosed as musculoskeletal injuries or disorders.

33% of these injuries were as a result of lifting and handling.

Laborer's have the highest frequency rate of injury.

Most common Site of injury:

22% Back

13% Hand

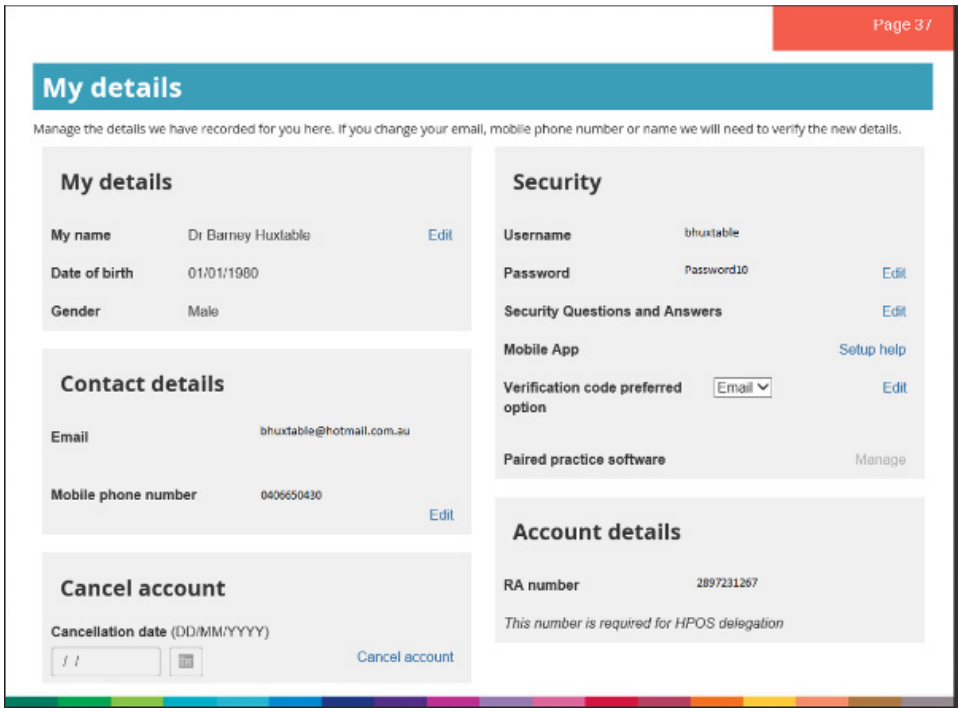
11% Shoulder

10% Knee

PRODA - Provider Digital Access

Cards, libraries, readers, dongles, passwords, pins, PUCs and PUKs were the incomprehensible staples of secure online connections 10 years ago. They were needed for the first implementation of the Australian Federal government's online services for Australian health practitioners. They were hated by end users and rarely used in practice.

part of the account creation PRODA establishes three security questions and answers and links the new identity to an email address and mobile phone number for SMS messaging. Activation codes are sent via each of these communication channels and entered back into the online registration form by the user as part of the account creation process.



PRODA logon screen

The Australian government and the Department of Human Services are therefore to be congratulated on implementing a more modern approach to online authentication. The roll-out of the new service began a few months ago to little fanfare but is now available to Australian medical practitioners.

Provider Digital Access (PRODA) dispenses with the paper correspondence and passwords sent through the mail. It also dispenses with the hardware required for the first generation of online security. Both of these components were significant obstacles to making the system easy to use.

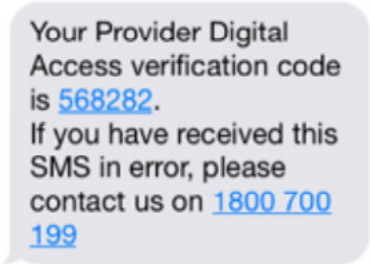
The Department has enough information about practitioners from its existing databases to authenticate health practitioners and allow them to create a user account. As

The final step is validating your identity using three personal documents. There are a range of approved documents that include the Medicare card, Australian driving license, passport and birth certificate as well as other less frequently used identity documents.

Once your PRODA account has been created you can link it to your Health Practitioner Online Services (HPOS) account in order to access HPOS messages and programs such as the Practice Incentives Program and DVA programs.

Despite the lengthy steps required, registration can be completed in one session if you have the required documentation to hand. This makes for a far smoother process than the previous system's and should result in greater uptake and use by the profession.

Once the PRODA has been set up it is an easy matter to **log into HPOS.** Enter your username and password and then on the next screen the six digit authentication



code that is sent to you via your preferred communication channel of email or SMS.

Another alternative for this second factor authentication is to use a **time-based one-time password algorithm (TOTP).** Once activated the six digit code is generated on your smartphone and entered into the authentication screen. Examples of this are increasingly common on the web and TOTP is an option for NRGPN members logging into the **GPSpeak website.** (See secret key option)

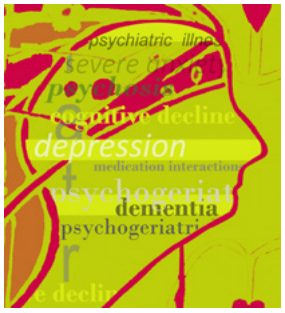
The PRODA Code Generator is available for **iPhone, iPad** and **Android**.

The Australian Digital Health Agency has a helpful guide to **creating your PRODA account** and using it to access HPOS.

by Dr David Guest

Managing Elderly ACF Patients - A Tidal Wave Building

Australia is an ageing population. There is an increasing percentage of elderly. We now have more illnesses, more surgery and more medication than ever. In some cases, this makes for a healthier aged population. In other cases , there are now more people with chronic illnesses, iatrogenic illnesses, drug interactions, dementia and loneliness issues as they live longer, often outliving their family.



Our society also has greater expectations, perhaps falsely, to live healthier lives, longer. It appears the elderly, and their younger relatives are unaware that some illnesses are chronic, and death is inevitable.

In this setting, the demand for nursing home beds is rapidly rising. The number of people in nursing homes is increasing at a pace, some would say beyond the capabilities of our treatment facilities to handle. The elderly are often unable to access their General Practitioner and/ or specialists for treatment due to limited finances, immobility issues, and illness problems.

Various National bodies have acknowledged the access difficulties the elderly encounter with treatment of their complex illnesses. Ballina ACAT is the recipient of a grant to bring psychiatric specialist treatment to those elderly most in need in nursing homes and the community. It is called The Psychogeriatric Outreach Program / Clinic

This fortnightly clinic consists of a visiting psychogeriatrican and nurse practitioner. The service is primarily aimed at providing the general practitioner with treatment advice for their patients with severe, complex acute / chronic illnesses.

These can include psychiatric illnesses of severe anxiety, depression, psychosis, cognitive decline (dementia and its associated problems) or medication interactions. Behavioural issues in nursing homes are a frequent reason for referral to the service. Patients are variously assessed in the Ballina ACAT rooms, in their homes, or in their nursing home.

The service is not widely known and if underutilised is at risk of being withdrawn.

To arrange an appointment for your patients, please contact Ballina ACAT , ph 02 6620 6222.

Harald Puhalla
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- Gastroscopy | Colonoscopy

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Level 8 Suite 8b Fred McKay House
42 Inland Drive, Tugun, Qld 4224

Regular operating lists in Gold Coast Private Hospital and Pindara Private

Preparing for a 'bonfire of the faxes'

"Health has never led in digital transformation" noted Martin Bowles, Secretary for the Commonwealth Department of Health, on his recent visit to the Northern Rivers. Never a truer word has been said.

Secure electronic communication has been available in Australia for over 15 years. Yet despite the uptake by many specialist and most general practices a significant amount of data still comes to GP surgeries by mail or by fax. Holding medical information in this "image" format poses two problems for general practitioners.

Firstly, the data cannot be searched or easily reused and summarised. This results in loss of information both within the practice and in communication with other members of the medical community.

Secondly, image format is more than tenfold larger. Data management is more difficult, with increasing issues in maintaining the safety of the data through valid backups and restorations.

The recently appointed head of the Australian Digital Health Authority, Tim Kelsey, has called for a "bonfire of the faxes" acknowledging that paper format is not conducive to optimal care. The sentiment has been echoed by the former president of the RACGP, Dr Frank Jones.

There have been many attempts to solve the medical data communication problem. Several commercial providers now account for majority of data transfer between specialists and general practitioners. However, due to the unworkable requirement to use government digital signatures, few GPs send referrals to specialists electronically.

Allied health practitioners and pharmacists have also largely avoided using the existing commercial providers due to the cost and difficulties with software setup and maintenance.

One solution is to provide a common web based platform for sharing information and communicating with other members of the health care team. There have been a number of such solutions in recent years and the North Coast Primary Health Network, in conjunction with the Northern NSW Local Health District, have partnered with the global medical communication company, Orion, to pilot a solution on the North Coast.

The issue for all shared platforms is making the integration with the practitioner's current software seamless. The commercial interests of the electronic medical record vendors are at odds with this requirement and are a significant roadblock to facilitating integration.

Commentators in the medical press have defended the fax as the lingua franca of medical communication. However, people of all ages, from 9 months to 90 years, have become comfortable with electronic communication tools.

Increasingly, frustrated members of the health community have resorted to insecure communication of patient data to general practitioners. While this has improved patient management, it falls foul of Australian Privacy Law for the management of health data.

Over the last 18 months the Northern Rivers General Practice Network has sponsored a program to facilitate communication between surgeries, pharmacies and allied health called the Northern Rivers Medical Exchange.

The Exchange aims to link those members in the local medical community who are not currently using any form of secure electronic communication. The Exchange acts as a trusted party to allow communication between its members. It uses familiar web and email based technologies and focuses on an easy to use experience for its members.

The Exchange has been undergoing development in the Lismore region and now links all the major surgeries, most pharmacies and many other members of the community including psychologists, physiotherapists, podiatrists and exercise physiologists.

The Exchange is undergoing further development and testing but is now open to all health practitioners in the Northern Rivers region. Health practitioners interested in joining the Exchange should email **info@nrgpn.org.au.**

Sullivan Nicolaides PATHOLOGY

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contact - editor@nrgpn.org.au

The two faces of Bali

by Robin Osborne

The Indonesian island of Bali (pop: 4.5 million) receives around three million holidaymakers a year, around one-quarter of them from Australia. At sunset each day it seems that most of them settle down on the west-facing beaches of the Kuta-Legian-Seminyak strip to watch the red ball sink into the Indian Ocean.

I'm exaggerating, of course, for the numbers are more in the hundreds-to-thousands, but my yardstick is the scene - if one can use the term - back in 1971, on my introduction to Bali, when viewing the famous sunset meant sharing the beach with almost no one.

Reggae was not to be heard, Bintang beer singlets not to be seen. Even the actual Bintang was different, as few of the small shops had electricity, so drinks had to be chilled with blocks of ice.

I know what you're thinking - if the ice wasn't made from boiled water, didn't it cause diarrhea? Yes, it did, but that was just a part of the Bali experience - and despite all the changes, it still is, for reasons often unrelated to water.

Traditional ikat weaving at a village near Ubud, Bali

My recent visit was by no means the first since the 70s, when I was living in Hong Kong and took someone's advice to drop by Bali when returning from Australia. Like most newcomers, I was captivated.

Tourists at Seminyak beach prepare for the sunset show.

The flights went via Jakarta, the capital, which had little in common with Bali except for being ruled by the same corrupt regime (Suharto's) and not having chilled Bintang, at least in the district where I stayed, which has since been bulldozed for a freeway.

As might be imagined, I have fond memories of a hotel named the 'Hai Kok' in a lane called Lesser Two Mango Street.

The changes to Bali in four decades have come at a fast clip, in concert with the steady growth in visitor numbers. The southern coast, closest to the vastly upgraded airport, continues to expand rapidly. First Legian, then Seminyak, became the 'new Kuta', words synonymous with "too crowded, too crass, don't go there". Now it's Canggu and beyond - far beyond if you want escape the worst of the crush and the terrible traffic.

Otherwise it's advisable to head somewhere else, my favourite piece of the 'real Bali' being the hill town of Ubud where the hotels are charming, the scenery gorgeous, the tourists more respectful of local customs and less likely to be foolish, apart from those who let the simians climb over them in the sacred Monkey Forest, regardless of the health warnings.

In truth, Bali has many faces, some of them obvious - dive tours, fast boats to other islands, golf courses, bars with pumping music - others less so, such as the traditional dances, accompanied by haunting gamelan music, that are staged in community spaces.

While still undergoing one of the greatest tourist invasions ever seen on the planet, it is displaying Indonesia's most positive face to the world, regardless of the legal tribulations that sporadically attract media attention.

Gunung Kawi rice terraces

The current one, involving two Byron Bay people charged with killing an off-duty Balinese policeman, ensured we made no mention of living near another place battling to manage a huge tourist onslaught.

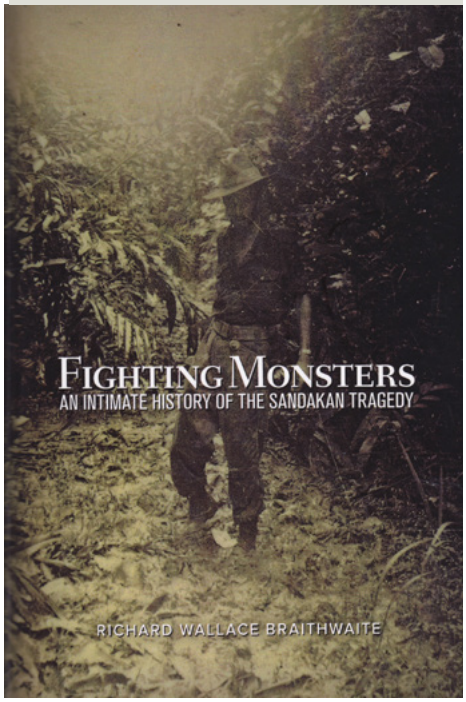
Book Review

Fighting Monsters

By Richard Wallace Braithwaite

Australian Scholarly

($44.00 online)



The Japanese Army's forced death marches in occupied North Borneo in 1945 were among the most blatant atrocities of WW2, accounting for the deaths of 1787 Australian and 641 British POWs.

Having already suffered appalling conditions in prison camps, the men - a good many of them barely out of boyhood - were brutally marched along jungle trails, fed starvation rations, offered no medical care, and shot or beaten to death if they tried to escape.

"The Japanese knew most of the POWs would die," writes Richard Wallace ('Dick') Braithwaite, a long-time Northern Rivers resident who died shortly after this detailed (530-page) 'Intimate History of the Sandakan Tragedy' was published.

"I suggest that local Japanese devised a strategy to kill off all the POWs using the death march," he adds, saying that the prisoners carried food for their guards.

"The guards needed to be well fed to maintain a fast pace that would kill off the prisoners."

Amongst the six who miraculously survived - by escaping into the jungle and being rescued by the Dyaks - was the author's father, Dick, who would return to Australia (he died in 1986) and over the ensuing decades, not always readily, share stories of army and camp life, the ghastly march and his remarkable escape.

Braithwaite senior had joined the army in June 1940, a week after his 23rd birthday, and within a year found himself posted to Singapore, and then Malaya, with the 2/15th Field Regiment.

While he would distinguish himself in the field, acting as a gun sergeant, the military career of this "highly intelligent but relatively uneducated man" would soon parallel that of the Allied forces at large, starting with the fall of the Malay peninsula and Singapore, then progressing into the nightmarish POW camps at Changi, and North Borneo to where he would soon be shipped.

The book is equal parts family memoir, historical account of the Borneo events and their aftermath, and the view from the other side of the military fence, drawing on the author's trips to Japan and interviews with family members of some of the protagonists.

The hidden nature of the death marches resulted in relatively slight retribution - "undoubtedly many Japanese escaped punishment because there were no witnesses" - although some leading figures were executed or suicided. One was the commander, General Baba, tried at Rabaul and hanged.

However, in the postwar political climate, "Many key individuals were let off because they were useful or potentially useful to the Allies," he writes.

The most prominent, of course, was Emperor Hirohito.

The last third of the book scene-shifts to Australia and Japan to examine the psychological impact of the SE Asian war and the North Borneo theatre on the participants and their family members. Sub-headings make clear the areas of focus: 'The survivor meets his mate's widow', 'Finding the bodies of the dead POWs', 'Effects on the children', and so on.

Dick Braihwaite 7 September 2016

Especially interesting, and a major find for the author, was the memoir penned by low-ranking soldier Ueno Itsuyoshi, written 'primarily as therapy for himself", and translated with the author's encouragement. It was launched by the tourism minister of the Malaysian state of Sabah in 2012.

"He felt it important that the relatives knew how terrible it was in Borneo, and how misguided the Japanese military was... while I do not believe there is such a thing as an absolute truth, I do think Ueno's memoir is a serious attempt to tell an extremely difficult story without fear or favour.

"Few people who have been to the extreme of human existence are capable of reporting back to the rest of us. His memoir is an important example of a successful attempt."

The same must be said of this multi-layered blend of history and family discovery, a complete re-draft of the "anti-Japanese diatribe" the author confesses to have written in 2000, even if, as he notes, there is no doubt about who was responsible for these tragic events.

Robin Osborne

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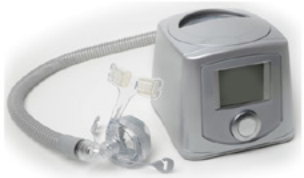

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