Dr Chris Davis – Chairman of Council & Greater Brisbane Area Representative  
**Specialty:** Geriatrics  
**Background:** Dr Davis is currently head of Geriatric Medicine and Rehabilitation at Prince Charles Hospital. He set up the hospital’s Geriatric Ward in 1992. Dr Davis has long been an active AMA Queensland member and has served on Branch Council for a number of years. He is also the State President of the Australian Society for Geriatric Medicine  
**Passionate about:** “It is essential that Queensland-based research into aged care continues, particularly in regards to debilitating diseases such as Alzheimer’s.”

Dr Benjamin Duke – Greater Brisbane Area Representative  
**Training Status:** Trainee in both Psychiatry and Medical Administration  
**Background:** Dr Duke trained at Newcastle University and then commenced an internship at the Royal Brisbane Hospital (RBH). He has been a psychiatry trainee for the past five years (working at RBH, The Park, Toowoomba, Toowong Private and Nundah CYMHS).  
**Passionate about:** “The quality of the training experience for junior doctors and medical students.”

Dr David Hewett – Greater Brisbane Area Representative  
**Specialty:** Gastroenterology  
**Background:** Dr Hewett completed his specialist training in Gastroenterology in 2005 and works part-time at the Royal Brisbane and Women’s Hospital, whilst continuing his PhD research into patient safety and adverse events. He has held positions on Branch Council since 2002 and was previously the Queensland Chair of the Council of Residents and Registrars, and the national chair of the Council of Doctors in Training on AMA Federal Council.  
**Passionate about:** “AMA Queensland needs to continue its advocacy for the restoration of the academic missions of education and research to Queensland’s public hospitals. The forthcoming wave of increased medical graduates depend on it.”

Dr Herdy has been working as a GP for 30 years, and is currently working on the Sunshine Coast. His main interests within General Practice include working in aged care and substance abuse. He has been actively involved in the AMA for a number of years. As well as his role as North Coast Local Area Representative on Council, he is also the Queensland Area Representative for Federal AMA Council. Dr Herdy has been President of the Sunshine Coast Local Medical Association for the past three years.  
**Passionate about:** “One thing I feel strongly about is that the medical profession needs to be taken charge of by the medical profession.”

Dr Edwina Duhig – Greater Brisbane Area Representative  
**Specialty:** Anatomical pathology (special interest in cardiovascular and pulmonary pathology)  
**Background:** Dr Duhig graduated from the University of Queensland in 1989 and undertook her training at Greenslopes Hospital and the Royal Brisbane Hospital. She has worked in pathology at the Prince Charles Hospital since 1997. She sits on the Queensland Education Committee for the Royal College of Pathologists of Australasia and is part of the Prince Charles Hospital Post-graduate Medical Education Committee.  
**Passionate about:** “I have concerns about medical education and the burgeoning bureaucracy of Queensland Health.”

Dr Timujin Wong – Greater Brisbane Area Representative  
**Specialty:** Anaesthesia  
**Background:** Dr Wong has been a specialist Anaesthetist for 10 years in private practice, with VMO appointments at the Princess Alexandra Hospital and the Mater Children’s Hospital. He has been an AMA Queensland Councillor for the past years and is on the Branch VMO Committee. Dr Wong was previously Chairman of the Queensland Branch of the Australian Society of Anaesthetists (ASA) and currently sits on of the Economic Advisory Committee of the ASA.  
**Passionate about:** “My main interests are financial and economic stability for medical practitioners and our patients. I’d like to address the economic inadequacies and inconsistencies of health funds, the Department of Veterans’ Affairs, the Department of Health and Aged Care, and Queensland Health.”

Dr Samuel Baker – North Area Representative  
**Specialty:** General and Laparoscopic Surgery  
**Background:** Dr Baker trained in Queensland and NSW in General Surgery. His special interests are Advanced Laparoscopic Surgery, skin cancer/melanoma surgery and trauma. Dr Baker has worked in both private and public practice in Townsville for the past three years.  
**Passionate about:** “Maintaining high standards of clinical care, training junior doctors and medical students, and ensuring government resources the public health system properly.”

Dr Alex Markwell – Doctors In Training Craft Group  
**Specialty:** Emergency Trainee  
**Background:** Dr Markwell has been an AMA Queensland representative since her intern year in 2003, and is now in her fourth year of practice.
Dr Nick Buckmaster – Full-time Salaried Medical Practitioner Representative
Speciality: Specialist in General Medicine and Thoracic Physician
Background: Dr Buckmaster has been a member of AMA Queensland’s Branch Council for five years. He is currently based at the Gold Coast Hospital.
Passionate about: “One of the things that I’m really passionate about is that I think we really need to ensure we have a public hospital system that supports training for medical students and junior doctors and also provides good quality public healthcare.”

Dr Shaun Rudd – General Practitioner Craft Group Representative
Speciality: General Practice
Background: Dr Rudd has been practising as a GP for 20 years and is currently based in Hervey Bay. He enjoys all areas of General Practice and has been a representative on AMA Queensland Branch Council for the past three years.
Passionate about: “I’m passionate about the need for representation of doctors, the belief that all doctors should be members of the AMA and I value the autonomous doctor/patient relationship above all else.”

Dr Kirsten Price – Part-time Medical Practitioner Craft Group Representative
Speciality: General Practice
Background: Dr Price has been practising as a GP since 1996 and plays a key role in AMA Queensland’s ongoing ‘Kids GP’ campaign. Her special interests within General Practice include cosmetic medicine and surgical assistance.
Passionate about: “I think that we need to work very industriously towards establishing pathways for our medical students to ensure that they can continue their medical training in their specialty or area of interest.”

Dr William Boyd – Secretary and Specialist Craft Group Representative
Speciality: Gynaecology
Background: Dr Boyd graduated from the University of Dundee in Scotland in 1976 and completed his specialist training in Australia in 1986. Dr Boyd has been based in Mackay since 1986, and aside from his specialist work he also has a number of community commitments including a role as President of Mackay Community Radio and as the Chief Medical Officer for the World Solar Challenge.
Passionate about: “I’m particularly interested in the areas of membership and overseas trained doctors.”

Mr Michael Bonning – Medical Student Group Representative
Training status: Second Year Medical Student
Background: Michael is currently in his second year of Medicine at the University of Queensland. A Defence Force Scholarship holder, he hopes to work for the Defence Force following his studies. Michael is Chairman of the Queensland Medical Students’ Council and this is his first year as a member of AMA Queensland’s Branch Council.
Passionate about: “As a student I’m really passionate about the issue of additional medical graduates, and also medical graduate training. It is important that we ensure adequate training facilities are made available for the large cohort of students set to graduate in the future.”

Dr Mason Stevenson – Treasurer and General Practitioner Craft Group Representative
Speciality: General Practice
Background: Dr Stevenson is located on the Sunshine Coast and is a GP who has a general interest in the areas of counselling and muscular skeletal medicine. Dr Stevenson has been practising as a GP for 23 years.
Passionate about: “I’m passionate about the medical profession continuing to set high standards of medical practice and being sufficiently recognised by both patients and the Government for doing so.”

Dr Ray Huntley – General Practitioner Craft Group Representative
Speciality: General Practice
Background: Dr Huntley has been involved in General Practice for more than 30 years and is currently based in Morayfield.
Passionate about: “I’m passionate about the Department of Veterans’ Affairs (DVA), the current system is a disgrace and is desperately in need of review. Secondly, I am concerned by the low number of organ donors, an issue that I feel GPs can play an active role in helping to put right, and finally I believe that GPs are the cornerstone of medicine and I think that it’s very important that we maintain this position for the future.”

Dr Catherine Yelland – Specialist Craft Group Representative
Speciality: Geriatrics
Background: Dr Yelland is currently working at both the Princess Alexandra and Ipswich Hospitals, and has been practising for 24 years. This is Dr Yelland’s first year as a Branch Councillor. She has been a member of AMA Queensland since graduating in 1981.
Passionate about: “I’m very interested in aged care issues and also the further training of our medical graduates.”

Dr Daryl Wall – Specialist Craft Group Representative
Speciality: Liver Transplantation
Background: Dr Wall has been practising as a surgeon for 33 years, and he has been a member of Branch Council for 10 years. Dr Wall’s AMA commitments in the past have included being a member of both the Public Health and Public Hospitals Working Parties, Chairman of the Safe Hours Committee, and serving on Executive Council.
Passionate about: “I’m very passionate about medical and specialist training and also full-time staff career pathways.”

Ms Lisa Spratt – Medical Student Observer
Training status: Second Year Medical Student
Background: Lisa is currently studying Medicine at Bond University, and at this stage says she is open to learning as much as she can. While not sure what the future holds, she is interested in the areas of General Practice, obstetrics and gynaecology, and psychiatry, with her ultimate goal being to provide overseas medical aid to developing countries.
Passionate about: “I think it’s really important that we forge strong relationships between medical professionals and medical students.”

“...As a student I’m really passionate about the issue of additional medical graduates, and also medical graduate training. It is important that we ensure adequate training facilities are made available for the large cohort of students set to graduate in the future.”

Passionate about: “I’m very interested in aged care issues and also the further training of our medical graduates.”

Passionate about: “I’m very passionate about medical and specialist training and also full-time staff career pathways.”

Passionate about: “I think it’s really important that we forge strong relationships between medical professionals and medical students.”
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Members are encouraged to refer to the Salary and Fees Survey insert in this month’s edition of Doctor Q.

The purpose of this survey is to gather information about wages/remuneration arrangements for:

- Medical Practitioner Employees
- Practice Managers
- Nursing Staff
- Clerical/Administrative Staff

In addition, we seek information relating to fees charged by practices for common consultations and for medico-legal/insurance matters, to name a few.

As a survey participant, you will have the opportunity to obtain the 2006 Salary and Fees Survey Report at no cost. This is a special offer to mark this new initiative. The cost for other members will be $85.00 (plus GST).

If you don’t have the opportunity to complete it, pass it to your Practice Manager for their attention.

Joanna Minchinton
Manager, Workplace Relations & Legal

Effective staff training and education programs contribute to stronger business efficiency and functioning, and are both an investment in personnel retention (by providing professional development opportunities), and an organisational investment as you are increasing the skills-base and mix in your workplace.

Training and education needs within the workplace may be met through the provision of structured training (where training activities have a specified content or predetermined plan); or unstructured training (which does not have a specified content or predetermined plan).

Some industrial Awards provide that an employer must make certain payments where an employee undertakes a course of training at the request of the employer. The Clerical Employees’ Award - State is one such Award.

Clause 9.1 of this Award clearly states that where an employer requests an employee to undertake a course of training, the training shall not result in the loss of any ordinary time earnings by the employee and shall, wherever possible, be conducted in the employer’s time.

Where attendance at training is requested by the employer, and it is at a time either partially or wholly outside ordinary working hours (including Saturdays and Sundays, but excluding public holidays), such training time shall be paid for at the employee’s ordinary rate of pay.

The Award also provides that no employee shall be required to attend a course/s of training for more than four hours on any weekday, or eight hours on any Saturday or Sunday, and on no more than five days in any one year of employment. The Award also specifies that all costs associated with the training are covered by the employer.

Not all industrial instruments contain provisions for employee training. For example, the Nurses’ Award – State, and the Industrial Relations Act 1999 are silent on the matter of training.

However, the Department of Industrial Relations (DIR) does, when in receipt of a query about training and payments for attending during and outside of work time, consider whether the training relates to the employee’s duties within the workplace. It has been DIR’s position that if the training has been requested by the employer, it is reasonable for the training not to result in any loss of ordinary time earnings for the employee.

Where an employee is Award free, or is covered by an Award silent on the matter of training, it is best to consult with the practice Manual. If the Manual does not contain any relevant information it is up to the employer’s discretion to decide whether an employee is entitled to payment for training attendance.

When exercising that discretion, it is a good idea to remain mindful of DIR’s position and the Department’s ability to order the employer to pay the employee for their attendance at the training.

Welcome Janene Zillman

AMA Queensland welcomes Janene Zillman to the Workplace Relations and Legal Department team.

Janene joined team in May, and came to AMA Queensland from the Department of Industrial Relations (DIR) where she spent several years in an industrial adviser role.

Janene replaces Catherine Wuttke who was part of the team for a short time.
Recruitment law: What you should know

Charles Lentini
Senior Workplace Relations Adviser

Recruitment is the practice and procedure from when an employer realises there is a need for an additional employee to the point where the person has been confirmed as the new employee and is ready to actually begin work on a specified date.

When undertaking the recruitment function, employers should be aware of the many pieces of legislation surrounding that function. Employers must ensure that they not only employ the right candidate for the position, but that they do not breach any laws during the recruitment. A short overview of those laws follows:

Discrimination Laws

Various discrimination and equal employment opportunity (EEO) Acts apply in both state and federal jurisdictions. These laws collectively prohibit discrimination either directly or indirectly in a number of specific areas such as:

- Sex
- Marital status
- Relationship or Parental status
- Race
- Age
- Impairment
- Religion
- Political belief or activity
- Trade union activity
- Lawful sexual activity
- Pregnancy or breast feeding
- Gender Identity

Actions of an employer to treat an applicant to a position less favourably based on any of these grounds (unless a lawful exemption applies) may be viewed as a breach of discrimination and EEO laws.

Trade Practices Legislation

Trade practices legislation exists to prohibit conduct that is deceptive and misleading. In the realm of employment law, this will normally apply to misleading job advertisements. Section 53B of the Trade Practices Act 1974 (Cth) titled ‘Misleading conduct in relation to employment’ states that:

“A corporation shall not, in relation to employment that is to be, or may be, offered by the corporation or by another person, engage in conduct that is liable to mislead persons seeking the employment as to the availability, nature, terms or conditions of, or any other matter relating to, the employment.”

Taxation Legislation

Obligations in relation to income tax, fringe benefits tax and other taxation issues arise in varying respects depending on the nature of the employment contract. Many of these issues would apply when employing a management or medical practitioner employee where many types of benefits may be offered such as a company car, parking, etc.

Privacy Laws

The principal source of regulation regarding the collection and use of personal information by employers is the Privacy Act 1988 (Cth). It operates by applying a set of National Privacy Principles (NPPs), and employers must be aware that they are required to comply with the NPPs in relation to personal information obtained about potential employees - such as employment application forms.

Industrial Relations Legislation

Both the federal and state industrial Acts contain provisions that exclude particular types of employees from unfair dismissal and unlawful termination.

Those employers that are constitutional corporations (i.e. companies) will be governed by the federal industrial relations (IR) system, and the relevant Act is the Workplace Relations Act 1996. There are two types of dismissal that are contrary to law. These are unfair dismissal and unlawful termination.

 unfair dismissal is dismissal found to be unfair because of a breach of procedural fairness regarding the dismissal, such as no warnings given to the employee or the employee not being given an opportunity to respond.

Unlawful termination is where dismissal is for a prohibited reason. These are generally discriminatory reasons and include dismissal based on grounds such as those listed earlier.

In the federal jurisdiction, an employee that is employed in a business with 100 employees or less is excluded from the unfair dismissal laws. However, there is no exclusion for unlawful termination claims. Some restrictions apply to larger workplaces.

In the Queensland jurisdiction, the Industrial Relations Act 1999 applies. An employee is entitled to claim unfair dismissal provided the employee has completed a probationary period - the Act provides for an automatic probationary period of three months. There is no exclusion for unlawful dismissal (unlawful termination). Employees that receive annual wages in excess of $94,900 are also excluded from claiming unfair dismissal.

Please note that whether or not there is an exclusion from unfair dismissal, employers are advised to always seek professional industrial advice before terminating any employee’s employment.

For more information about laws impacting on the recruitment function, as well as employee relations in general, please contact the Department...
Insurance Protection for Doctors

**Income Protection**

If you were seriously disabled for a protracted period through illness or accident what would you do for an income? Think about it. It could be financially catastrophic. After years of study and hard work getting where you are today, surely your most important priority is to protect your income stream. We can help you with a selection of Income Protection products from Australia’s leading insurance companies. We can assist in advising you which policy best suits your particular needs. *Premiums are fully tax deductible.*

**Life Insurance**

How do you ensure that in the event of your premature death your dependants can survive financially? We can show you how to cover debts, provide for children’s education and ensure that a dependent spouse has the security of an ongoing income stream in the event of your death. You can also extend your life insurance policy to include payments of the insured benefit (up to $2.5 million) if you were to become totally disabled and unable to return to your particular field of practice. Premiums for self employed doctors may be tax deductible. *The best way to create an instant estate is through life insurance.*

**Trauma Insurance**

Trauma Insurance pays a cash lump sum upon diagnosis of a specific medical event or condition, (e.g. cancer, heart attack, by-pass surgery, stroke etc). *Note that you do not have to be disabled to claim on Trauma Insurance. Claim is on diagnosis only.* Trauma Insurance fulfils a number of functions. For example:

- It allows you to access the best care in the event of a medical crisis
- You can unload worrisome debt at a time when you may be feeling financially vulnerable
- You can use it to provide an income stream

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Flouride is sound public health policy  
Friday 16 June 2006

AMA Queensland has backed renewed calls by the Australian Dental Association Queensland for water fluoridation to combat the growing epidemic of tooth decay in our State.

AMA Queensland President Dr Zelle Hodge said fluoridation of public water supplies was an effective public health strategy contributing to the achievement of optimal oral health.

“Nationwide studies consistently show Queenslanders have the worst teeth in the country yet only five per cent of the population has access to fluoridated water,” Dr Hodge said.

AMA Queensland said water fluoridation is supported by the World Health Organisation, American Medical Association, UK Medical Research Council, Australia’s National Health and Medical Research Council, and more than 100 major health and scientific authorities around the globe.

Dr Hodge said those Queensland councils that have introduced water fluoridation (Townsville, Mareeba, Moranbah, Dalby and Bamaga) have found it to be a popular move.

AMA Queensland is concerned at the low rate of fluoridation of public water supplies in Queensland and has called on the State Government to set in place legislation to implement and maintain the fluoridation of all public water supplies.

More needs to be done  
Wednesday 7 June 2006

AMA Queensland has criticised the State Government’s latest Budget, saying that more needs to be done to address the significant shortfall of beds in Queensland hospitals.

AMA Queensland President Dr Zelle Hodge said that while the budget had delivered the correct funding for staffing, further commitment from the Government is required to deliver more beds and improve the development of ongoing health infrastructure in Queensland.

Dr Hodge said it was concerning to see that in the past year the State Government had spent less than a quarter of the funding allocated for projects aimed at expanding upgrading services, and only a third of the money allocated to mental health projects.

“While it’s good to see that we are making headway in important areas such as staffing, it’s disappointing that the money allocated to other important areas in health has not been delivered,” said Dr Hodge.

AMA Queensland said the Government had failed to deliver on the significant shortfall of beds needed to treat patients.

“The additional funding for extra doctors and nurses employed in our public health system will be wasted if we don’t have any beds for our patients,” Dr Hodge said.

Health Budget must be well spent  
Tuesday 6 June 2006

AMA Queensland today cautiously welcomed aspects of the State Government’s latest Budget, which sees a significant injection into health funding.

AMA Queensland President Dr Zelle Hodge said the significant, if overdue, funding boost meant Queensland had just about achieved parity with other states, but still had a lot of catching-up to do to redress the historical under-funding from which health in Queensland had long suffered.

Dr Hodge said AMA Queensland recognised the Government had committed a considerable component of the Budget to health, but stressed health funding was as much about how it was spent as what was spent.

“The Government has made a commitment to fixing the health system, and this badly needed injection of funds is another move towards that,” Dr Hodge said.

Dr Hodge said the $594 million allocated to health capital was promising, but urged careful consideration of how funding was to be apportioned.

Dr Hodge said AMA Queensland would be looking for innovative reforms in this Budget to ensure funding translated into quality care at the bedside and was not ‘gobbled-up’ by current inefficiencies and poor administrative decisions.

AMA Queensland welcomes new President  
Monday 5 June 2006

AMA Queensland’s newly installed President Dr Zelle Hodge has vowed to maintain the vigil over Queensland’s health system.

Mitchelton General Practitioner and AMA Queensland President Dr Zelle Hodge said health had come a long way during the past 12 months but there was still plenty of work to do.

Dr Hodge said a recent increase in medical student numbers had put training firmly on the agenda.

“I am very impressed with the recent graduates I have had the opportunity to meet,” Dr Hodge said.

“We have really bright, committed, young people entering medicine who are intent on providing quality care for their patients.

“We need to ensure they have access to the best training and resources at intern, pre-vocational and vocational levels to fully prepare them for the future,” she said.

Dr Hodge said long-term strategies to resolve the doctor shortage needed to involve planning beyond a sudden increase in medical student numbers.

“Not only do we have to look at training for our students after graduation but we need to ensure our academic medical staff are supported as well,” she said.
June was yet another phenomenally busy month for the Council of Residents and Registrars, with July shaping up to be just as busy. Activities we have been involved in since the last edition of Doctor Q include National Conference in Adelaide, Careers Night at RBWH, the Presidential Inauguration and AMA Queensland Strategy Day, a Medical Student Hospitals Info Night, the Townsville Forum, an Additional Medical Graduates Workshop, along with countless local hospital activities.

Read Townsville Representative Dr Peter Piliouras’ account of National Conference below, as well as a report on the recent Townsville Forum (7 June). Photos from both events reveal a lighter side to Council activities.

Dr Mellissa Naidoo (Prevocational Training Deputy Chair) attended the Additional Medical Graduates Workshop on 14 June, and will update Council at the next general meeting. All those interested in how Queensland Health and other relevant organisations plan to deal with the influx of students and then junior doctors should attend.

The Council would like to thank Dr David Shooter, who has unfortunately had to resign from the position of Industrial Deputy Chair, for his hard work and tireless enthusiasm. We wish David good luck for his studies, and look forward to his future involvement in Council activities.

We would also like to welcome Dr Derek Holroyd (Ipswich Hospital) to the position of Industrial Deputy Chair. Derek has been extremely active at a hospital level, and will continue David Shooter’s good work.

Finally, there will be calls for expressions of interest for committee members for the Residents and Registrars Training and Research Fund over the next few weeks. Once this committee has been appointed, applications for the funding will be accepted. There will be two junior doctor representatives from each Queensland Health Region (i.e. Northern, Central and Southern). Committee members should still be able to apply for funding themselves. Anyone interested in applying should contact me (alexmarkwell@optusnet.com.au) for further information.

Like many others, Dr Peter Piliouras was unsure of which career path he wanted to follow while at university. However, he says the altruistic nature, professionalism and intelligence of one of his honours supervisors, a clinical microbiologist, helped him to see the light.

“I had originally completed a Bachelor of Biomedical Science with Honours in microbiology, yet I was still unsure on which career path I wanted to follow,” Peter explains.

“However, the caring nature of one of my honours supervisors, and most importantly his ability to do the utmost for his patients, was inspiration enough to pursue a career in medicine.”

And it seems that this attitude has continued on from his studies, with Peter agreeing wholeheartedly that it’s the patients that make him passionate about his job.

“I think being able to actually make a difference in a person’s life by improving their health is what makes medicine so enjoyable, it’s a feeling that’s truly fulfilling,” he says.

Peter says he’s unsure of what the future holds once he completes his training, but notes travel as being high on the agenda.

“At this stage of my life I’m not actually sure where I’ll end-up, I’m interested in working as an infectious diseases physician but I’m also very keen to work abroad and travel before getting into a program in Australia,” he explains.

And when prompted for advice he can give upcoming medical graduates soon to commence their training?

“I’d have to say always try to be flexible and polite with the people you work with and also make sure you balance your working and social life,” he says.
Townsville Forum

The Townsville Residents and Registrars Forum was held on 7 June at the Rhino Bar. A great time was had by all (particularly the med students!) and huge thanks go to our sponsors, UNITED Medical Protection, Medico-Legal Insurance Group, and MIPS. Thanks also to Craig Costello (Deputy Chair North Queensland) and Peter Piliouras (Townsville Hospital Representative) for rounding up the troops.

National Conference

The Australian Medical Association National Conference was held in Adelaide (May 26 – 28). Peter Piliouras, Mellissa Naidoo, and Alex Markwell attended for the Council of Residents and Registrars. The AMA Council of Doctors in Training also met and this was, as usual, a great opportunity to share information with colleagues and to progress issues to the federal level.

Position papers

The AMA has produced positions papers on the Employment of Medical Students in Hospitals and Task Substitution in Hospital Settings.

The Medical Board of Queensland has released a report entitled Safe and Healthy Medical Practitioner Work Practices for Quality Patient Care, which deals with the issue of safe hours.

A more detailed report will appear in the next Residents and Registrars e-Bulletin.

If you are interested in reading any of these reports contact Shirelle Wolfe at shirelle.asmofq@bigpond.com.
Short-changed
– Why the latest State Health Budget just doesn’t measure up

On what had been hailed universally as an ominous date – 6 June 2006 – the Queensland Government handed down its eleventh State Budget (including last year’s Mini-Budget), this time with Deputy Premier and Treasurer Anna Bligh at the helm.

Whilst AMA Queensland cautiously welcomed the 24 per cent increase on last year’s Budget money for health, there was disappointedly little innovation to be found in the Budget. AMA Queensland was dismayed to discover that many of the initiatives being announced had either been already revealed in last October’s special Health Action Plan, or were ongoing funds from previous years.

AMA Queensland was looking for innovative reform in the Budget to ensure that funding would be translated to quality care at the bedside and not ‘gobbled up’ by current inefficiencies and poor administrative decisions. On thorough review of the Budget Papers it was clear that in many areas the Government had not delivered its expected target occasions of service, nor does it intend to provide many more services in the coming year despite some huge funding allocations (see breakout box).

For instance, the State did not meet elective surgery targets for Category 1 and 2 patients in 2005/06. There are only very modest increases in the service output targets for acute in-patient episodes (from 729,000 last year, to a target 720,000-740,00 in the coming year), and the same applies to same day episodes of care and occupied bed days.

Encouragingly, there have been crucial moves made to redress inequities in wages for doctors and nurses. Enormous energy has been poured into recruitment campaigns and the upshot is that indeed Queensland Health does have more doctors and nurses now. However, deeper analysis of the Budget shows the massive injection of funds does not equate with an intention to see any more patients. In a nutshell, increasing the wage rate seems to translate to fewer hours of care being provided.

AMA Queensland President Dr Zelle Hodge has questioned the delivery of the Budget funds in terms of infrastructure and recurrent service delivery costs inhibiting the ability of clinicians at the coalface to deliver patient care. In particular, Dr Hodge is doubtful the 170 beds announced will do much to rectify the massive shortfalls crippling our major hospitals. The Australian Institute of Health and Welfare report Australia’s Health 2006 (released 22 June, 2006) pointed out that with 2.4 acute beds per 1,000 head of population, Queensland falls short of the national average of 2.5 and well short of South Australia, New South Wales, and the Northern Territory. Despite the State sitting somewhat in the middle, Dr Hodge adds that one simply cannot look at beds per head of population and conclude we are comparable with other states when Queensland is so decentralised.

“Health planning and funding must take into account population distribution and patient demand if we are going to alleviate some of the pressure on our major hospitals,” Dr Hodge says.

Dr Hodge says her concerns lie in the fact that staff – our nurses as well as our doctors – are being stretched to the limit and we need to do all we can to look after them.

“Forster said that Queensland needed a minimum of 170 additional beds each year simply to keep up with demand. The fact the Government has only delivered 170 beds this budget means that we are still behind and more beds are needed for us to catch up and reduce the current shortfall,” she says.

“This is evident throughout Queensland, with the most recent example being Townsville, which requires 100 additional beds to fulfil demand, yet is set to receive only 22. The additional funding for extra doctors and nurses employed in our public health system will be wasted if we don’t have any beds for our patients,” Dr Hodge explains.

If one compares the targets for 2005/06 with what was actually met in 2005/06, versus what

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**Budget realities**

**Dental**

275,000 non in-patient dental services were promised in the 2005/06 budget and 240,000 were delivered. School based occasions of service will be targeted this year at between 610,000-630,000 despite delivering 630,000 in 2005/06, and promising over 650,000.

**Mental health**

In 2005/06, 310 000 in-patient bed days were promised but 260,042 were delivered. Also promised were 25,000 in-patient episodes of care yet 22,000 were delivered.

**Health Maintenance Services**

There are considerable decreases in the output targets for 2006/07 in respite care, home maintenance client hours, nursing care client hours (from over 1,000,000 to 702,000), and fewer transport support trips (down from 837,000 to 666,000 this year, despite exceeding the 837,000 in 2005/06).

**Public health**

Timeliness for each of the categories in emergency medicine was poor. No category patient is seen within standard timeframes. Only 52 per cent of Category 3 and 4 patients are seen within recommended timeframes.
the Government plans to deliver in 2006/07 it is concerning. If there are not decreases in what is planned in the coming year, the output targets are static or only modest increases in many cases.

Meantime, there is a real concern the Government has sidelined mental health, despite a COAG agreement in which states made a commitment to match Federal Government funding. In this Budget much of the funding announced for mental health is money from the October Health Action Plan rebadged.

“We have a Senate report and COAG agreement from which the message is clear: the States need to commit to mental health, and we haven’t seen that in this Budget,” Dr Hodge says.

Morris Iemma handed down the New South Wales State Budget on the same day and the chasm between his State’s mental health funding and Queensland’s is gaping. Iemma committed $1 billion, with a strong focus on community care, while Beattie failed to commit more than the $201 million over five years announced in October’s Mini-Budget.

AMA Queensland was also disappointed to see the allocated service targets for the provision of aged care and rehabilitation services (an increase in which may help to alleviate access block in so many of our hospitals) had been significantly diminished in this year’s Budget. There is a definite failure to invest in the projected demand for these services.

Much of the State Government’s spending in this area (including the $78m over four years announced last year) is sans innovation, with money allocated towards programs dependent on collaboration with the Commonwealth, an area beset by cost-shifting – and patients and carers are the ones who fall between the cracks.

There is no commitment for increased inpatient and step-down services to alleviate pressure. Notably, Queensland has about half of the national average number of geriatricians. This situation, with a lack of attention from Government, will only exacerbate the problems for patients as Queensland fails to attract specialists and trainees to the area.

“These are services that are desperately needed in Queensland, and to see that the Government has continued to cut funding in these areas shows that we still have a very long way to go towards improving our public health system,” Dr Hodge says.

The $594 million allocated to health capital is promising, but requires careful consideration of how it is to be apportioned, according to AMA Queensland. There are two new hospitals earmarked for Queensland at the Gold and Sunshine Coasts, and decisions pending over Paediatric Cardiac Services that need to be factored into capital works funding.

“We have a decision pending on paediatric cardiac services, and decisions relating to infrastructure funding need to be made in the interest of the patient,” Dr Hodge says.

“This decision is about the future of Queensland children and we need to make sure it is a good one.

Ultimately, after some monumental announcements in last year’s Mini-Budget there was very little leeway for the Government to reveal many surprises in the 2006/07 Health Budget. However, with an Election looming, an inclination to ride the coattails of the latest round of EB agreements was disappointing.

AMA Queensland has consistently said we need an holistic approach to addressing the health crisis. Yes, our doctors and nurses need parity of wages with other states, but we also need to see a clear cultural change, a commitment to long-term infrastructure and service delivery, a commitment to training and professional development, and a commitment to delivering a quality service that provides exemplary patient care.

As Dr Hodge says, “We want to see good policy, not good politics”
Principles of negligence

Craig Pratt
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The issue of medical negligence has been offered a great deal of media attention in recent months with a number of high profile cases increasing the legal scrutiny of medical professionals. Ahead of his presentation at the inaugural Medico-Legal Education Day, David Mackie reviews some of the key principles of negligence that all medical professionals should be familiar with.

The Civil Liability Act 2003

Since the enactment of the Civil Liability Act 2003 (CLA) in December 2003, a doctor operating in Australia will not incur liability providing that they are acting in a manner that is widely accepted by their peers as being competent professional practice.

In addition to this, there are a number of other relevant considerations in establishing liability, in accordance with the CLA, which should be considered, namely:

• Whether a reasonable person would have taken precautions against the risk of harm
• Whether a reasonable person would require information from the doctor to enable them to make a reasonably informed decision about the prescribed treatment or advice
• Whether or not and why responsibility of the harm should be imposed on the doctor
• Whether there was an “obvious risk”*
• Whether the patient’s injury is a materialisation of an inherent risk, and the doctor has breached their duty to warn of the risk.

Wrongful life and negligence

In May 2006, the High Court of Australia ruled that no cause of action exists for wrongful life arising out of alleged medical negligence.

In Harriton v Stephens, the Plaintiff’s mother had contracted rubella early in her pregnancy. The defendant doctor confirmed Mrs Harriton’s pregnancy but failed to diagnose the rubella. He did not prescribe a follow up test, and did not advise that contracting rubella in the first trimester results in a very high risk of having a child with congenital abnormalities. Mrs Harriton states that had she known of this risk, she would have terminated the pregnancy. Subsequently, the Plaintiff, Alexia Harriton, was born suffering with blindness, deafness, mental retardation and spasticity. She requires constant care.

The Court found that no legally recognisable damage, that is any loss, deprivation or detriment, had been suffered by the plaintiffs. The Court found that comparing a life with non-existence is impossible. It further held that damages could not be assessed as comparisons with able-bodied children or with a notional life without disabilities could not be made.

Statute of limitations

Generally, an injured person is required to bring a claim in negligence within three (3) years from when the negligent act occurred. However, in the case of children, the limitation period does not commence until they attain 18 years of age. Accordingly, children generally have until they are 21 years of age to commence a claim for personal injuries arising from a negligent act.

However, under new provisions of the Personal Injuries Proceedings Act 2002, a doctor can apply to have a claim barred if a Notice of Claim was not given either within six years of a parent or guardian realising that a personal injury had occurred or 18 months of the parent or guardian seeking legal advice regarding the possibility of seeking damages for personal injury. In deciding whether to grant the application, the Court will consider factors including the extent of the injuries, the reason for the delay in giving a Notice of Claim, and any prejudice suffered as a result of the delay.

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