NorDocs

The quarterly magazine of the Northern Rivers Doctors Network

Winter 2021

Hearts of glass

Royal Commissions into Aged Care & Disability

Healthy North Coast (HNC) restructures

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Front cover

Having a 'Heart of glass' may sound like the title of a song by Debbie Harry of the legendary group Blondie, while the term 'plasma heart' - the image on our cover - seems more relevant to the medical profession than the creative arts. Yet medicine and, in this case, art both depend on electricity and natural gases.

The photo, courtesy of Adam McGrath, shows one of the gas-filled, electrically charged glass hearts that stunned visitors as they entered the National Portrait Gallery in Canberra in recent months. The exhibition and other works by Queanbeyan-based glass artist Harriet Schwarzrock make for a fascinating article in this issue.

We also offer readers a wealth of stories about the achievements of Southern Cross University researchers, the behind-the-scenes work of the Northern NSW Local Health District, the evolution of the North Coast Primary Health Network and its public face known as 'Healthy North Coast', and the sad demise of North Coast GP Training.

We hope you enjoy this issue of the NSW Far North Coast region's only magazine for health care professionals and those interested in our community's wellbeing.

Cover photo: Adam McGrath.

Hope - Winter Editorial 2021

David Guest - Clinical Editor

> *Once I had a love and it was a gas*
> *Soon turned out to be a pain in the ass*
> *Seemed like the real thing only to find*
> *Mucho mistrust, love's gone behind*

Miley Cyrus (October 2020) covers Blondie's 1979 original, Heart of Glass

This issue's cover features one of glass sculptor Harriet Schwarzrock's many luminescent pieces. The talented artist's heart-warming creations pulse with electricity, after being infused with neon, xenon, argon or krypton. The hearts are not anatomically or physiologically correct but may exhibit occasional conduction defects. See Robin Osborne's full review on page 14.

'X', and the 2021 Federal Budget marked the spot where Australia's COVID-19 conversation changed. Eradication and elimination had been the total focus for over a year and Australia has been among world leaders in control of the virus. However, the Treasurer and prominent health spokespersons changed the conversation in mid-May, foreshadowing the opening of the borders, and the import and spread of the virus throughout the continent.

The rising left-lower to right-upper stem of the X can represents the rising immunisation rate and the downward limb of the COVID-19 infection rate. The success of the USA vaccination program is seen in Australia by the drop in numbers of infectious patients coming from that country. The vast majority of infectious cases are now emanating from the unvaccinated areas, particularly the Indian subcontinent. Vaccinated people don't get COVID-19.

The X downward limb can also represent the decreasing risk with age of the rare vaccine-associated immune thrombotic thrombocytopenia and the rising limb, the increased death rate with age.

Patients place greatest weight on their immediate risk and have delayed immunisation in the absence of active infections in the community. However, the business sector and now the government have made it clear that Australia will need to open up its borders. The date has yet to be determined but will be at least several months after the Federal election which is thought most likely to be called between October 2021 and March 2022. On page 5 we explore some of the numbers.

NorDocs has completed its COVID-19 webinar series that ran from August 2020 to June 2021. The webinars have fostered a dialogue between the primary and secondary health care sectors and identified a number of issues that could usefully be addressed with a more coordinated approach. Areas such as improving and facilitating GP participation in Lismore Base Hospital's multidisciplinary team meetings were raised in several webinars and the value of a local oesophageal pH and manometry service was highlighted by the local upper GI surgeons in April.

On pages 20 and 21 the State members for Clarence, Chris Gulaptis, and Ballina, Tamara Smith, debate the ethics of permitting and even financially supporting the greyhound racing industry. While diametrically opposed they both make strong arguments.

As with many aspects of modern life that come to the medical profession's attention a little may be OK, a lot causes harm. Smith notes the secondary adverse effects of gambling on a small section of the racing community and that the NSW government is not totally impartial. It also has a dog in the race.

On page 19 we report the shelving of the NSW Ice inquiry. It is 15 months since Commissioner Dan Howard tabled his report. It contained recommendations unpalatable to the NSW government. Three of the recommendations - more supervised injecting centres, retiring drug detection dogs, and enabling pill testing at music events - have been rejected.

Recognition that drug use is common in the community, especially amongst young people, is a step too far for the NSW Liberal and National parties. The fear is tacit that approval may encourage more drug taking. However the cost in turning a blind eye is added up in young people's lives.

There are overseas models for a more liberal drug policy such as those from Portugal, Peru and some American states. NSW has dabbled in harm restriction with its drinking lockout laws but wound them back to a large degree after pressure from the alcohol and entertainment industries. It would appear that innovations in public health policy in this area will require a change of government.

Dr Andrew Binns reviews Professor Henry Reynolds' latest book, Truth-Telling on page 22. "History is written by the victors" is a saying that has been attributed to Winston Churchill and to many others, and it is a truism that goes back to antiquity. The black armband wars in Australian history departments from the late 90s have largely died down and the white settlement of Australia from both a black and white perspective is to be taught in NSW schools.

American social psychologist Jonathan Haidt in debate with former English politician, Nick Clegg, has argued that as a society becomes richer it becomes less tribal and less committed to the prevailing narrative. It can entertain other interpretations of its history. It is an interesting hypothesis that is now being tested in a variety of western nations.

On 17 May 2021 Henry Reynolds expounded on the themes in his book in a one-hour ABC radio conversation with Richard Fidler.

After 36 years of exemplary service to the North Coast Community, Dr Hugh Fairfull-Smith has retired. On page 30 he reflects on his arrival in this part of the Antipodes and on starting a geriatric service from scratch. Making do and making it up as you go along were skills that he soon acquired and mastered.

Medicine has changed a lot in that time and new services and staff are now available. However, on behalf of all general practitioners in the area, I can say that Hugh's calm approach to families (and their GPs!) in crisis will be greatly missed. We wish him well in retirement and hope he can relax, knowing the next phone call is just trying to tee up a bike ride.

Also departing is North Coast General Practice Training. Starting in 2002 it trained over 700 GPs, OTDs and junior

Hope - Winter Editorial 2021

doctors in its 19-year history. Over the last five years it pivoted several times in response to changing government directives and policies. However, the lack of a stable, long-term government direction for general practice training has finally taken its toll. On page 8 we report on its troubled history and on page 9 its 'wake' in Coffs Harbour in mid-May.

On 18 May 2021 Dr Steven Kennedy, Secretary to the Treasurer, addressed the Australian Business Economists forum. He reviewed the success of Australia in dealing with the COVID-19 epidemic in both medical and financial terms and outlined the fiscal policies over the next ten years that would manage the hit to the economy that has been sustained.

The Budget flagged a significant increase in mental health, employment services and disability and aged care, the last two perhaps largely in response to recent Royal Commissions. On page 16 Robin Osborne delves into the final report of Aged Care Royal Commission and on page 12 the interim report of the Disability Royal Commission.

Given this marked increase in spending Dr Kennedy sees opportunities for raising efficiency in both of the sectors and in health more generally. The dividend to the government would be greater, possibly much greater, than $33 billion over 20 years. In aged care he sees four principles to increase the sector's efficiency and effectiveness - more choice, improved competition, more efficient pricing, and improved accountability and governance.

Sydney based economics journalist, Ross Gittins is not convinced. He says, "We've been watching these attempts at micro-economic reform for decades. They all work the same way: take a public service that's always been provided by the government, turn it into something that looks like an ordinary market by adding choice, contestability, monetary incentives and a smidgen of regulation, and you won't believe the difference it makes.

"Well, I would believe it's very different – just not that it's better. We've seen this game played many times and seen many stuff-ups. Using "contestability" to turn a public good into an artificially created market is the econocrats' version of magical thinking."

He concludes "To see 'human services' as "the next wave of productivity reform" is, to borrow a favourite expression of legendary Treasury boss John Stone, 'the triumph of hope over experience'."

Stone's advice is borrowed from Samuel Johnson who used the quip to describe remarriage after an unhappy separation.

Healthy North Coast is reviewing its Board advisory structure. On page 7 we look at some recent suggestions about how this might evolve. The current proposal envisages a smaller but more powerful Clinical Council with a direct voice to the HNC Board and the hospital sector and also a dedicated mechanism for the Aboriginal voice to be heard. "Nothing about us, without us" should be the focus.

"The triumph of hope over experience" was originally used by Samuel Johnson to describe remarriage after an unhappy separation. Yet we all need hope to repair a shattered heart.

Budget 21 and COVID-19… it's all about the numbers

by David Guest

The release of the Federal Budget in May seems to have brought about an inflection point in Australia's management of the COVID-19 pandemic.

The stimulatory budget, widely believed to be aimed at the next election, claims to be focused on fostering continued growth in the Australian labour market with the aim of driving unemployment under 5%. This is made easier by the restrictions imposed by the coronavirus on immigration but, given the size of the deficit in this and the next few years, this can only be a temporary measure.

The call for fiscal rectitude came quickly after the announcement of increased spending in the areas of aged care, health, childcare and domestic violence victim support (although little on prevention). The media from both the left and the right have jumped on this dilemma. It must rankle with the government that having promised to spend big and finally address some of the open sores in Australian society it still cannot get an easy win. Everybody wants to have their cake and eat it too.

Coalition backbenchers and the proverbial big end of town will tolerate a deficit but only within the context of its being addressed in the medium term. There are increasing calls for more details on how the deficit could be managed over the course of the economic cycle and some hand-waving with vague mutterings of "growing our way out of it" does not placate them.

Improving our living standards will require opening our borders to international travellers (who spend lots of money) and students (who spend even more) and recommencing our immigration program (which benefits the whole nation economically). The last of these will boost our industrial competitiveness while the others will be a valuable - some might say vital - source of income for both Federal and State governments.

This week the elephant in the room has finally been addressed. On Tuesday Victorian Chief Health Officer, Brett Sutton acknowledged the need for Australia to open its borders and went on to explore the health ramifications this could have for Australia.

By the end of the year essentially all Australians wishing to be vaccinated will have received their primary course. Improved vaccines and booster doses are likely to be necessary but the possible solutions are evolving almost as rapidly as the virus itself.

In any event, next year Australia will open its borders, there will be COVID-19 in the community and many people are likely to become very ill and some of these will undoubtedly die. Acknowledging these facts will have a very focusing effect on vacillating "vaccinatees" and test the convictions of those opposed to vaccinations of any ilk.

It also puts pressure on the Australian health system, and general practitioners in particular, to deliver the vast majority of the required COVID-19 vaccinations. The task for Christmas - this year, not next! - is to "just get it done".

The more reliable supply of the AZ vaccine has allowed GP practices to develop their systems and bed down their procedures. Increasing number of patients are being vaccinated each week and by doubling the current vaccination rollout we will be on target to achieve the key targets this year.

However, at this point in the program vaccinating the ready, willing and able is relatively easy. The challenge for general practice will come towards the end of this year when the consultations will be more challenging. Explaining to patients the risk of vaccine-induced Thrombotic Thrombocytopenia (VITT) takes time. The syndrome is rare, we are better at recognising and treating it and the death rate from this complication has been reduced.

However, the ongoing reporting of every episode of VITT by the media is not new information. The exact rate is unclear but appears to be about 5-10 per million. As the number of vaccines given rises so will this rare complication. The roles that both traditional and social media have played in the pandemic has been challenged this week at the RACS annual conference by Dr Nick Coatsworth. Twitter gives everyone a voice but as he points out:-

"Twitter is the graveyard of nuance, the assassin of good public policy and the enemy of consensus. I still believe in social media's core value proposition for dissemination of information though it is sometimes hard to think that the positives of social media still outweigh the negatives."

He called for the profession to:-

"… calmly reassure the community that vaccines must be taken up when they are offered, that waiting is not a valid option either individually or for the public health, and that ultimately when we allow COVID-19 back on our shores and it circulates in our community, that we are prepared and comfortable for that to happen."

Calm reassurance is what we have been offering but as the timeline tightens practitioners may be tempted to try Eddie Izzard's approach, "Cake or Death?".

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Dr Sarah McGahan is Pathologist-in-Charge of SNP's Lismore laboratory. A graduate of The University of Queensland, she trained in pathology at Royal Prince Alfred Hospital, Sydney. In 1995 she moved to northern NSW, where she worked at Lismore Base Hospital for 13 years, joining SNP in 2008. She has expertise in a broad range of histopathology including dermatopathology and gastrointestinal pathology, and has a particular interest in melanoma.

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Dr Andrew Mayer has expertise across a broad range of general surgical pathology with particular interests in breast, gastrointestinal and dermatopathology. He graduated with honours from the University of Sydney in 1989 and went on to one year of forensic pathology training at the NSW Institute of Forensic Medicine, followed by five years in anatomical pathology training at the Institute of Clinical Pathology and Medical Research (ICPMR), Westmead Hospital.

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Dr Patrick van der Hoeven is a general pathologist with extensive experience in surgical, breast and gastrointestinal pathology and dermatopathology. He graduated in Medicine from Queens University, Canada and gained his Fellowship of the Royal College of Physicians and Surgeons of Canada in 1994. He moved to Australia soon after and worked for Gippsland Pathology Service in Victoria where he became Deputy Director of Pathology and a partner. Dr van der Hoeven joined SNP in 2019.

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Sullivan Nicolaides PATHOLOGY

A thorny problem - Healthy North Coast restructures

by David Guest

Healthy North Coast (HNC) is looking to update its Board advisory structure.

HNC welcomed four new Board members this year following the Annual General Meeting in December 2020. The newly elected members are Graeme Innes and Kerry Stubbs (as previously reported in NorDocs magazine, Autumn 2021). The newly appointed members are Sam Hardjono and Rebecca Bell who came highly recommended from the HNC Nominations Committee.

Sam has wide ranging experience in various sectors, including international, inter-governmental, not-for-profit and corporate spheres, as well as in private companies and start-ups. He is a director of the Australian Red Cross and holds a MBA in international business.

Rebecca trained as an occupational therapist and for the last 12 years has worked in local and national, community and health organisations. She currently works at the corporate level in Medibank Private and is also a director of the Sunshine Coast PHN and CASPA Family Services.

Since the establishment of Australia's Primary Health Networks in 2015 there has been no change to the advisory structures to the Board. Initially there were four clinical councils that met on a bi-monthly basis. They represented their local geographic areas of Tweed, Richmond, Coffs Harbour and Port Macquarie and were based on four of the founding organisations of HNC, the original Divisions of General Practice.

Over time the Divisions have mostly folded or become disillusioned with the PHN experiment. Mid North Coast, based in Coffs Harbour, is the only member of the original Divisions actively involved in the clinical network. Clinical advice to the Board from its existing Clinical Advisory Committees has waned over the last several years.

The current Board advisory structure now comprises just three clinical councils based on the North Coast, Mid North Coast and Hastings-Macleay. The total number of health professionals on the three councils is limited to 60. Meetings are held bi-monthly.

The committees are diverse, representing all primary health care workers in the area although currently nearly 50 percent of the members are general practitioners and under current guidelines this level is considered too high.

One of the goals of the revised structure is to get health practitioners to actively engage with NCPHN through the Clinical Councils. A key to achieving this will be to give the Councils some degree of ownership in improving the health system. General practitioners felt their contributions were valued under the Divisions of General Practice and Medicare Locals but this feeling has diminished under the revised PHN scheme. The challenge for the PHNs is to recapture that commitment and to extend it to the other primary health care professionals.

One proposed scenario is that the current three Clinical Councils are combined into one that would cover the whole PHN footprint. The number of members will be reduced from 60 to 20. The remuneration for participating on the Council will be increased from its current level of $135 per meeting to reflect the increased commitment and responsibilities of Council members.

To ensure that the Council's voice is heard and is relevant to the secondary health system both the Board and the Local Health Districts will have representation on the Council.

The most contentious aspect of the new proposal is that local health practitioners can bring their concerns and issues to the PHN via the newly formed Clinical Societies. There are now eight societies across the NCPHN with local meetings every second month. The mechanics of providing feedback have not been determined at this stage and will no doubt require input from clinicians themselves.

Under the Department of Health's guidelines the local PHNs also need to canvas community views on their programs and direction. The new proposal for NCPHN recommends establishing eight Community Councils aligned along the same geographic boundaries as the new Clinical Councils.

Active community involvement in health

and education has long been considered best practice in community development. However, it is always a difficult task to get meaningful engagement from the general public where individual representatives often have quite restricted or parochial interests. Few members of the general public have the breadth of knowledge across the whole domain to take a leadership role. Once again the PHN will face significant challenges in creating and maintaining active participation.

HNC's recent review also identifies under-representation of Aboriginal and Torres Strait Islander people within the organisation as a major issue. To address this the HNC is considering a separate stand-alone Aboriginal Health Council that would report directly to the Board. This is a worthwhile approach to trial, but as with the Clinical Council, their voice will need to be heard at Board level and having ATSI representation on the Board will be a prerequisite to ensuring this.

The new advisory structure is a step forward. It gives Clinical Council members a much more powerful voice in the organisation that can now be heard at Board level. It also opens the door for more meaningful integration with the hospital sector where there is abundant room for better cooperation and coordination. It is hoped that the new structure is just the first step in once again bridging the primary/secondary sector divide.

We commend HNC on this step forward and trust that the Clinical Council members are heard and their views respected. Failure to do so would again compromise meaningful engagement.

End times for Cape's tribulations

cape institute

by David Guest

North Coast General Practice Training (NCGPT), an organisation dedicated to regional medical education, is winding up at the end of the financial year.

The company started in 2002 when the then-Coalition government removed responsibility for training future general practitioners from the Royal Australian College of General Practice (RACGP). The new organisation took over from the RACGP's Family Medicine Program that had grown from a small base at the same time as the 1973 Labor government's Medibank scheme. The government set up 22 training organisations around the country and NCGPT was the successful tenderer for the northern NSW contract that covered a wide area from the NSW-Queensland border down to Port Macquarie.

Over the next twelve years NCGPT built an enviable reputation around the country for the quality of training provided. Many young doctors appreciated the experience of working in dedicated training practices on the North Coast. Many of them stayed in the area, joined the local medical workforce and have become part of the community.

NCGPT can thus take much of the credit for improving the size and quality of our medical workforce and in greatly reducing the patient-to-GP ratio on the North Coast. This success can be largely attributed to its hard working clinicians, medical educators and administrators. As previously reported in GPSpeak, much loved CEO John Langill paid tribute to them and their efforts upon his retirement from the organisation in 2019. Over the course of its 14 years it trained over 750 GP registrars, OTDs and junior doctors.

In 2014 the Federal Department of Health under a Coalition government adopted a more aggressive competitive market for GP training. The number of tenders was greatly reduced and in 2015 Sydney based entity GP Synergy became the successful bidder for all training in NSW.

For several years NCGPT was not actively involved in local education but in 2019 it won the North Coast Primary Health Network's tender to deliver a range of education and professional development activites for GPs, practice nurses, allied health professionals and others supporting primary care across the PHN's entire footprint.

Under the capable direction of its Board and executive Sharyn White it quickly scaled up to develop a program for nurses and allied health in addition to its traditional focus on general practitioners. This was challenging in itself but within a few months it had to transition to online-based training as the COVID-19 pandemic struck and face-to-face meetings were cancelled.

Despite overcoming all these challenges the contract was not renewed the next year. This was triggered by the Department of Health's publishing new guidelines on conflict of interest. Some NCGPT Board members were also Board members of Healthy North Coast (HNC), the organisation that delivers the Department of Health's Primary Health Network activities locally. This raised the possibility of perceived conflicts of interest and several of the NCGPT's Directors subsequently resigned from the HNC Board. The quality of NCGPT's program was never questioned, however, and in fact was rated highly by participants.

In Australia all professions must undertake continuous educational development as part of their quality assurance programs. In 2020 the Coalition government decided to remove the requirement for general practitioners to register their activities with the responsible colleges, the RACGP or the Australian College of Rural and Remote Medicine (ACRRM). GPs could now document their educational activities themselves and no longer needed to sign (and pay up) with one of the Colleges for this service.

NCGPT once again pivoted to address this new opportunity. Under the banner of the CAPE Institute it aimed to provide quality education locally and also to manage the burden of tracking and collating professional development points for its members.

While the offerings from CAPE were competitive, it takes time to build a new business and client base and in the chaos of the COVID-19 pandemic this proved to be an impossible task. In early 2021 NCGPT made the difficult decision to wind up both the CAPE Institute and itself. Its remaining resources were transferred to the Rural Doctors Network to further educational opportunities on the North Coast.

In late May 2021 many of NCGPT's former clinicians and trainees gathered in Coffs Harbour to celebrate the many achievements and good times the organisation had had in its 20-year history. NorDocs pays tribute to all those involved with NCGPT over the years and thanks them for their service to our community.

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1. The evolution of general practice training in Australia, Stephen C Trumble, Med J Aust 2011; 194 (11): S59. || doi: 10.5694/j.1326-5377.2011.tb03129.x, Published online: 6 June 2011

Editor's note: In the May 2021 Budget the Coalition government has given responsibility for GP training back to the RACGP and ACRRM. Some may applaud this move but the cost in expertise and goodwill from continuous change is a tragedy that our political cycle appears bent on perpetuating.

À la recherche du temps perdu

On the week-end of 15 and 16 May 2021 previous members and staff of North Coast GP Training met together in Coffs Harbour to mark the end of the organisation.

Former clinical trainers came from around the country to attend the event and it was very pleasing to be joined by long serving CEO, John Langill. John led the organisation for most of its history until his retirement in 2019.

Also attending were Sharyn White and her husband, Brendan. With the closure of NCGPT, Sharyn has moved on to become the CEO of the youth mental health service in Ballina, Human Nature, which offers innovative, nature-based mental health interventions for young people across the Northern Rivers region of New South Wales.

Many of the former NCGPT Board members (some pictured below) were there to celebrate and remember 'a time gone by' of collaborative and supportive initiatives in general practice education.

Above (L-R):Chris Jambor, Naree Hancock, Sue Page, Chris Mitchell

Above (L-R):Margaret Vaughan, Jo Addendorf, Christine Ahern, Nicola Holmes, John Kramer, John Vaughan

Above (L-R):John Langiill, Rosemary and Neil Bambrook, Peter Silberberg, Liz Degotardi

Above (L-R):Nick de Marco, Sharyn and Brendan White, Deborah McPherson

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RACS ASC - Virtual Hub Lismore, 2021

by Dr Kenny Low
Urological Surgeon

89th RACS Congress - Lismore Virtual Hub attendees at the Loft

The RACS Annual Scientific Congress was held this year from 10 to 14th May 2021. The ASC is the College's major educational annual activity and was held in Melbourne this year. Owing to restricted "in person" numbers and COVID-19 concerns, a virtual congress option was available this year for the first time. Virtual "Hubs" were promoted as a way for surgeons to enjoy the event in a conference like setting together without having to travel to Melbourne.

Lismore was lucky to host a hub and a virtual ASC was held at Invercauld House in Goonellabah. The setting was scenic and the facilities excellent for such an event. The Lismore Hub ran from Tuesday 11th May to Friday 14th May and was well attended by consultants, registrars and retired surgeons. For the first time in many years, urology joined the RACS ASC program instead of having a separate urology specific scientific.

On Thursday evening, a conference dinner was organised at The Loft. It was a fun filled night and was an opportunity for the various surgical specialties to convene in a social setting.

Many thanks to Avant, Applied Medical and BD (Becton, Dickinson and Company) who sponsored the Lismore Hub and to NorDocs who helped facilitate the meeting. Special thanks to my fellow organisers Dr David Townend, Dr Gratian Punch and Sandie Clarke who helped make the "virtual hub" a reality.

Weighty report flags need for massive action

Robin Osborne looks at the Interim Report of the Disability Royal Commission.

'A big parcel has arrived in the mail,' my wife said, 'it feels like a book,' this being accompanied by a roll of her eyes to suggest that I shouldn't be acquiring any more books, given the bulging state of our shelves.

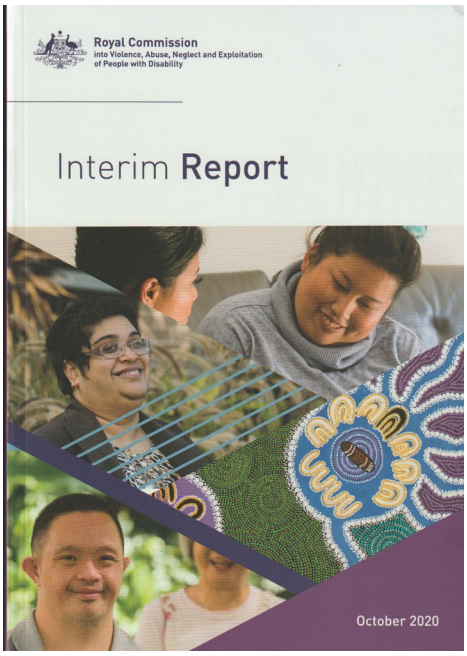
This was not my much-awaited copy of *The Shape of Sound* (see review in this issue) but the Interim Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability The 561-page document, tendered to the Governor-General near the end of last year, is aimed at echoing the voices of Australians with disability - estimated to number 4.367 million in 2018 – and recommending strategies and processes for addressing the issues listed in the title.

The 1.7kg tome is beautifully formatted and bound with a cover featuring an Aboriginal painting in what seems to be the de rigeur manner of contemporary government publications and corporate reports. The featured artwork, 'Respectful Listening' by Wiradjuri artist and disability advocate Uncle Paul Constable Calcott, represents the story of the seven Commissioners carrying their message stick and travelling across many language groups and communities to gather stories.

As the name of the Royal Commission suggests, the messages they heard were anything but heartening, for example almost two-thirds of people with a disability have experienced violence in their lifetime, and are twice as likely to experience violence in a 12-month period as those without disability. Of women with disability aged 18-64, some 32 per cent experience sexual violence in a 12-month period.

Another disturbing comment is, 'Adults aged 18-64 with intellectual or psychosocial disability experience higher rates of all types of violence than adults in that age group with other disability types.'

Such findings mirror in their bleakness those that have emerged from other RCs, such as those into aged care, the institutional abuse of children and mental health (in Victoria). Taken together, they show that Australia's 'egalitarian society'



is in fact one where the powerless and often least advantaged suffer a range of indignities, not to mention illegal acts, that take politically driven inquiries to uncover, and hopefully remedy.

Announced recently, after opposition and crossbench presssure on the government, is an RC into the mental health and suicide rates of Australian ex-service personnel.

Such reports always raise key questions about whether and how the RC might help to improve the lives of the people under scrutiny, and, not least, when this will occur. If at all, of course.

The terms of reference for this inquiry decree that the final report must be delivered by 29 April 2022. To the average person, not least those suffering, this seems like an age, and in the interim more bad news is bound to surface, with public hearings scheduled to be held each month for the rest of this year. They will be manna from journalistic heaven.

After hundreds of pages covering harrowing testimonials and submissions we reach the section 'Our future direction' advising that a companion volume will present 'an evidence-based argument for change, with practical and implementable recommendations for reform…'

So far there are no specific clues about what should change – apart from pretty much everything, of course - nor a mention of the predictably huge cost of remedying the identified systemic failures that increase the risk of violence, abuse, neglect and exploitation for people with disability.

Meanwhile, further information about the barriers faced by Australians with disability continues to emerge.

Kate Eastman SC, Senior Counsel Assisting the Royal Commission, spoke recently of discriminatory attitudes and wrong assumptions about people with disability being among a range of barriers that prevent people with disability from finding and keeping a job.

Ms Eastman said, 'The totality of the evidence supports the Royal Commission finding that there are systemic barriers experienced by people with disability in obtaining and retaining employment in the open labour market.'

These barriers fall into four broad categories:

- **attitudinal barriers** such as assumptions that people with disability do not want work or can't work
- **physical and environmental barriers** such as physically inaccessible buildings or work places (for example buildings with no lifts or rooms with no hearing loops)
- **organisational barriers** such as problems accessing skills training and education
- **structural barriers** such as a lack of connections between government programs designed to help people with disability into employment.

Will there ever be a resolution to the challenges faced? It is a question that more than four million Australians, as well as their family members, friends and carers, are entitled to ask.

What about the NDIS?

No inquiry into the disability sector would be complete without an evaluation of the National Disability Insurance Scheme (NDIS), which supports one-in-ten

Australians with a disability and is funded by federal and state/territory governments. The $25 billion scheme rocketed back into the news recently with the suggestion that the Morrison government plans to change the way NDIS applicants are assessed.

The aim is to have NDIS interviews conducted by privately contracted allied health companies, rather than by applicants' treating doctors, in order to "determine the significance of a person's disability".

As the interviews will run for three hours it seems the endurance of applicants, and where applicable their carers, will be tested as much as anything else.

This proposal, based on a report accepted by the government last year, has unleashed a storm of criticism. One of the original chiefs of the NDIS, Prof Bruce Bonyhady, said he was 'totally opposed' to the concept, calling it a 'disgrace', dubbing it 'robo-planning' in a reference to the government's 'robo-debt' scheme that was found to be illegal, and saying it would 'blow up the vision for the [NDIS] scheme'.

Opposition spokesperson Bill Shorten, an architect of the NDIS, also slammed the idea in a speech to the National Press Club. Predictably, the agency charged with running the scheme has defended the proposed changes. The vitriolic debate has come too late to be included in the Royal Commission's report, and would not have been mentioned anyway, as the team is 'yet to start our substantive inquiries into the safety and quality of services under the NDIS'.

Calling the NDIS 'one of the most significant changes to social policy in Australia', the report notes the 'significance of the NDIS model to many areas of disability services, including homes and living and employment', adding 'this appendix [D] gives a short overview of the development of the scheme and its original intent'.

It adds parenthetically and somewhat tantalisingly, '(noting that this may differ from how the NDIS currently operates in practice').

It is no secret that the NDIS is widely seen as under-performing, despite being regarded as a scheme vital for the wellbeing of people with disabilities.

With the Commissioners still gathering evidence, the jury remains out on the running of the NDIS, as well as on how to protect people with disability from abuse. So much so, in fact, that they have apparently asked the Prime Minister to grant a significant extension to the reporting deadline, from April 2022 to October 2022. At the time of going to press, no decision by the government has been forthcoming.

Whatever date prevails, the requested one or a compromise, implementing (or not) the Royal Commission's many recommendations will fall mostly to the next Australian government, whether this will be Morrison mark 2 or another remains to be seen.

One thing does seem likely – the next volume of the report will be equally hefty.

Telehealth but not for the bush

Dr Nathan Kesteven

Telehealth services subsidised through Medicare will be extended until the end of December 2021, following an announcement in April by the Federal Minister for Health and Aged Care, Greg Hunt. In a pre-Budget announcement the government said that in the past year Telehealth had been 'life changing for many in need of support' and that as part of the 2021-22 Budget more than $114 million will be allocated to extending the program until the end of this year.

'Telehealth items were rapidly implemented in March 2020 to ensure our primary care sector could continue to function and that Australians could continue to access important health services, Mr Hunt said.

'Telehealth has played an important role in supporting Australians through the pandemic. The extension will ensure that Australians can continue to see their GP, renew scripts and seek mental health support from the safety of their own home. This allows vulnerable Australians to feel protected and supported during these unprecedented times.

'It is critical that Australians continue to look after their health and stay engaged with our primary care providers."

From 13 March 2020 to 21 April 2021, over 56 million COVID-19 MBS telehealth services were delivered to 13.6 million patients, with $2.9 billion in Medicare benefits paid. More than 83,540 providers have used telehealth services.

The extension of Telehealth includes services for general practitioners, medical practitioners, specialists, consultant physicians, nurse practitioners, participating midwives, allied health providers and dental practitioners.

The profession broadly welcomed the announcement in the May 2021 Budget of the Telehealth extension. However, rural GPs were disappointed at the removal of longer (Level C & D) telephone consultations while the equivalent video consultations remained. Internet access is limited in rural Australia, where even telephone reception is often flaky. The longer consultations compromised only 14 per cent of services under Medicare and their removal seems to unjustly target older rural patients.

Local GP and NorDocs Co-chairman, Dr Nathan Kesteven, sought the local Member for Page Kevin Hogan's assistance in highlighting this concern. Mr Hogan has approached Health Minister Greg Hunt but was advised that the Department of Health is unswayed. The decision reflects advice to the Department to prefer video consultations over telephone alone.

Hearts of Glass

Once I had a love and it was a gas

Soon turned out had a heart of glass…

- Blondie, Heart of Glass, 1978

by Robin Osborne

Harriet Schwarzrock's neon plasma, blown-glass electronics installation 'Spaces between movement and stillness'. Photo: Sam Cooper.

A healthy resting heart beats at sixty times per minute and this number came to mind when glass sculptor Harriet Schwarzrock launched into what would become the most consuming project of an already distinguished artistic career. Since graduating with Honours from the Sydney College of the Arts/Sydney University in 1999, Harriet has exhibited in Australia, the USA and Europe, gained a number of awards, scholarships and residencies, and become a favourite of blown-glass connoisseurs.

Soon, along with textile artist Valerie Kirk, she will undertake a two-week cottage residency supported by Crafts ACT, Parks ACT and GeoScience Australia, focusing on bushfire impacts in the Canberra area.

While the Queanbeyan-based artist's output has included many traditional pieces such as vases and bowls it is her focus on anatomically heart-shaped pieces that has gained her a solo exhibition at the prestigious if unlikely venue of the National Portrait Gallery in Canberra.

This show, 'Spaces between movement and stillness', opened several months ago during the run of 'Pub Rock', a gallery of Australian rock 'n roll photos, and it continues until 1 August 2021 in conjunction with the Australian Love Stories exhibition of diverse romantic images.

Entering this section of the NPG requires passing through a corridor within which sixty of Harriet's glass hearts are mounted on each wall. She doubled the number in order to have a pulse on both sides.

What makes the impact so striking, and, given the heart's symbolism, somewhat unnerving, is that each is a living object, filled with one or more vacuum-sealed inert gases that, when subjected to electricity, create a venous light show impossible to describe or explain, unless one is the artist who created them.

'These forms… manifest different qualities of pulsing energy and light. Intrigued by the mesmerising qualities of neon and plasma, the processes used to create this type of illumination are based upon early developments in modern lighting,' Harriet says, taking me on a tour, accompanied by rescue greyhounds, through the studio she shares with her partner and fellow glass artist, Matthew Curtis.

'As a glassblower I have been able to experiment with making sculptural glass forms to fill with this interactive light. These forms have inert gases sealed inside. Many have a mix of gases, including neon, argon, xenon and krypton.'

Depending on the ratio and pressures, differing qualities of light are expressed.

'I am fascinated by this interplay between the invisible and the visible, between similarity and difference. Wonderfully this type of illumination can respond to our proximity exploring interconnection and how we affect one another.'

I couldn't put it better myself, except to wonder how on earth one creates a glass object, let alone a fragile and asymmetrical one like a heart, and then replaces all the air with gases like krypton – bringing to mind Superman – that we cannot see and could not afford: a small cylinder of Xenon, for example, costs $1000, and certainly can't be bought at Bunnings. When electrified, each gas has its own distinctive colour, and not what you might think. Neon, for example, is orangy-red.

A comparison, with gases involved in both phenomena, is to describe the effect as an Aurora Australis in a bottle.

The couple's workspace, built inside what was a biscuit factory, and later, they think, a carpet warehouse, is unlike any artist's studio I've seen. Huge furnaces tick away, heaven knows how hot it must be when they really fire up, while tubes for extracting air and infusing xenon, kyrypton, argon etc lie limp, awaiting activation.

'Warning' tape circles the benches, like a police 'Do not cross' line.

'Is this a dangerous undertaking?' I ask Harriet, 'do things explode, might you get electrocuted?'

Negative on both counts, she says, although as with anything, caution is advisable.

Harriet's ability as a glass blower and the concept of putting life into glass hearts using elements from nature, such as electricity, gases and ionised plasma,

Glass sculptor Harriet Schwarzrock (pictured above by The Canberra Times) at her installation of glass hearts at the National Portrait Gallery, and below at her home studio in Queanbeyan, NSW.

has brought her to the attention of critics and collectors as well as to a like-minded cohort known as the International Plasma Art Alliance. Members of this seemingly esoteric group do not work with blood products, as one might suppose, but 'are dedicated to promoting illuminated plasma in glass as a sculptural glass medium'.

Describing her glass heart journey, Harriet says that, 'Sometimes they have a warm glow, much like an aurora contained in a bottle; in others there are lightning-like lines meandering around the form. Although the gases are invisible, when excited by electricity they reveal subtle effects and differences.

'When we're relaxed, the heart beats at a slow and steady rhythm; when excitement takes hold – for example, in the first throes of true love – the cadence might crank with the beat of a wilful, wild machine. Luminous alone, the myriad tones and permutations of spaces between movement and stillness also echo the boundless forms of love in the exhibition, Australian Love Stories.'

A question often asked of 'installation artists' relates to the market for works of this kind.

In this case, it's clear that a wall-mounted glass heart firing away (silently) with all colours of the rainbow would be a certain talking point in any home. As to owning more of them, it might be noted that last year the Heart Foundation acquired ten of them for its foyer from Harriet's previous run.

As to where those from the exhibition at the National Portrait Gallery should go when Australian Love Stories closes, I have a firm recommendation, and intend to make it to David Walsh, the boss-man of the wonderous Museum of Old and New Art in Hobart: MONA is the natural new home for Harriet Schwarzrock's 120 electrified glass hearts, accompanied by the Blondie soundtrack.

To explore more of Harriet and Matthew's works go to https://www.curtisglassart.com/

Aged Care Royal Commission highlights need for action

by Robin Osborne

In what the federal government called a 'record response to any royal commission in Australian history' a five-year budgetary allocation of $17.7 billion in 'practical and targeted new funding' (the Treasurer's words) has been made to deliver widespread reform in the Australian aged care sector. This means that by 2024-25, more than $31 billion will be being spent on the sector, compared to less than $20 billion in 2019-20.

While a seemingly massive investment the funding boost is viewed as inadequate by many informed observers who believe that an annual increase of around $10 billion is needed to make and to lock in the required changes.

The government's aged care enhancement was one of the standout items in Budget 2021, prompted largely by the multiple failings of the system highlighted in the report of the Royal Commission into Aged Care Quality and Safety. In the Budget lead-up the Health Minister Greg Hunt said the Morrison government wanted its response to the Commission's report to make 'a fundamental and material difference to the sector'.

The final five-volume report, released in March, contained 148 recommendations for an extensive and urgent overhaul of the sector. It now appears this will soon be under way. With the Department of Health retaining overall control there will be a new National Aged Care Advisory Council, a Council of Elders and an inspector-general of aged care. The Independent Hospital Pricing Authority will be expanded to embrace aged care in order to move the sector to a better pricing model. There will also be a new aged care Act, a key recommendation.

The much-criticised Aged Care Quality and Safety Commission will get a large budget increase to help it lift its game significantly. Better trained and more residential care staff, with nurses hopefully better paid, as their union has pointed out, more face time with residents, a $10.00 top-up per resident per day for facilities, and a larger number of home care packages will be other features of the planned new era for ageing Australians.

Everyone agrees it is about time for such improvements, and they live in hope that the 'best paid plans of mice and men' can be properly funded and implemented. Time, of course, will tell.

Since 1902 a total of 135 Royal Commissions have been held in Australia (not counting state and territory commissions and inquiries), the first being convened to look at the transport of troops returning from service in South Africa in the S.S. Drayton Grange.

Another, two years later, investigated 'the affray at Goaribari Island, British New Guinea'. Since then better known RCs have looked at British nuclear tests, Aboriginal deaths in custody, the Chamberlain convictions, home insulation (the pink batts) and the treatment of people with disability, as reported in this issue of NorDocs.

Next, after considerable pressure on the government to act, will be a Royal Commission into Defence and Veteran Suicide, another opportunity, akin to the Financial Services (banking) inquiry, for a wide range of grievances to be aired.

No Royal Commission has focused on the wellbeing of more Australians than that into Aged Care Quality and Safety, given that 15 percent of the population is now over 65 years, and the number is growing exponentially. Its interim report in late 2019, covered in NorDocs, described the aged care system as being in 'a shocking state of neglect'.

The final report, Care, Dignity and Respect, was released on 1 March 2021, and made for further harrowing reading.

By their nature, RCs are seldom called by governments to celebrate good news. Rather, the aim is to air problems that could not be uncovered by other means (cynics say they can also help get the heat off governments). The surprises, when they inevitably come, usually relate to the extent of the revelations, the banking example being a prime case.

Chief among the many analysts of this RC report has been the Council on the Ageing (COTA Australia), which has been 'working methodically through the report' to study the experiences of the thousands of older people and their advocates who contributed.

In a conclusive summary the report noted, "The extent of substandard care in Australia's aged care system reflects both poor quality on the part of some aged care providers and fundamental systemic flaws with the way the Australian aged care system is designed and governed. People receiving aged care deserve better. The Australian community is entitled to expect better."

The Commissioners' call for fundamental reform of the aged care system required a new Act, based on human rights, and this

has now been accepted by the government.

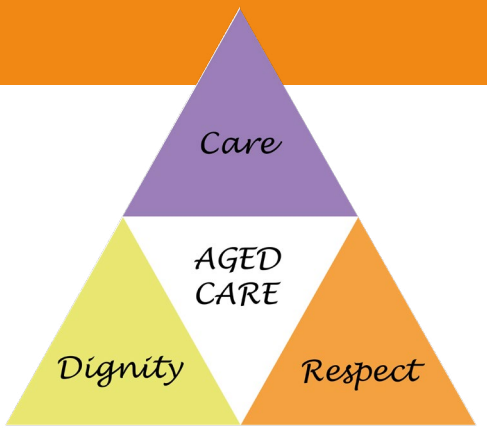
COTA's chief executive Ian Yates AM said, 'The task is getting the bad operators out of Aged Care, better supporting the good ones, and ensuring every older Australian can get the care they need, when they need it, and how they want it.'

Also paying close attention to reforming the aged care system has been the Australian Nursing and Midwifery Federation, which says boosting staff numbers is the key to reducing waiting times for in-home care for the elderly and improving services and employee satisfaction across the sector: 'There are many ingredients to fixing the system but until you get the workforce right you're not going to fix it completely. It's the cornerstone,' said federal secretary Annie Butler.

The Senate estimates committee was told recently that more than 96,000 people are on a waiting list for their approved home care package as of December, a slight drop from the previous quarter. The Opposition aged care services spokeswoman Clare O'Neil said aged care workers needed better pay and more support, a widely held view in the industry. Gender wage disparity is a major issue, with women representing 87 per cent of workers in residential aged care and 89 per cent of workers in the home care sector.

The Health Services Union, which covers many workers in the aged care sector, says a 0.65 per cent increase in the Medicare levy would cover funding for 59,000 additional jobs, quality training, a 25 per cent wage increase and an extra 90 minutes of direct care for residents each day.

The Government (and the Opposition) will not be pursuing this funding option and will cover the aged care reform agenda out of the budgetary deficit.



Critics say a major flaw in the report was the inability of the commissioners to agree on key recommendations, even calling it a 'report-and-a-half'. However, the government portrayed these differing views as a constructive discourse, even more valuable than unanimity, and now the Budget has been released it is forging ahead to ensure all older Australians receive the protection and care they deserve.

If effective the rollout will change our society forever.

Navigating the loan maze

When choosing the right type of loan to suit your needs now and into the future, there are many factors to consider.

What is the purpose of the loan?

Credit cards provide immediate access to credit that can be used for many purposes, but the interest rate is high so they are best relied on only for short-term loans.

If you need a larger loan to pay back over a longer period, consider a personal loan. These tend to be used for purchases such as holidays or cars.

As the name suggests, a home loan is used for property purchases, either for your own home or an investment. They come in a variety of forms, from the “no-frills” products with low interest rates through to loans offering features such as offset accounts or redraw facilities. Home loans can alternatively be structured as lines of credit that enable a borrower to repay and redraw the loan on an ongoing basis.

If you are planning to invest in shares and managed funds, then a margin loan might be more appropriate; or products with built-in lending facilities, such as instalment warrants.

Principal and interest or interest only?

A principal-and-interest loan involves a repayment comprising the monthly interest on the outstanding balance plus an amount that will reduce the principal over the term of the loan.

Under an interest-only arrangement, the borrower pays the interest expense while the loan is held and doesn’t repay the amount borrowed until the end of the term. These loans are not generally provided for long terms. For instance, a homebuyer or investor takes out a 25 or 30-year mortgage and repays only interest for the first five or ten years, after which the property is sold and the loan paid out in full, or it reverts to a P&I loan for the remainder of the term.

If you’re borrowing to invest, the interest charged on the loan is generally tax-deductible. This means that choosing an initial interest-only loan, rather than a principal-and-interest product, could be simpler for tax purposes and allow you to maximise your deductions over the term that you hold the investment.

On the other hand, using a line-of-credit facility to buy a depreciating asset, such as a car, could mean that over time you end up owing much more than the item is worth, and pay more interest than a traditional principal-and-interest loan.

Which loan is right for me?

In determining the most suitable loan, look closely at the fees, charges and the interest rates - these can add significantly to the cost of the loan. Also, remember that you usually pay for any additional features attached to the loan. If you’re not sure, we can help you navigate the many choices.

Inaction on 'Ice' inquiry angers Commissioner

In an unprecedented volley of criticism against the authority that appointed him to head the NSW inquiry into the drug 'ice' commissioner Dan Howard SC has slammed the Berejiklian government for missing a 'once-in-a-generation opportunity for drug reform', for ignoring the commission's recommendations and for a long delay (15 months) in responding to the detailed report on how drug harm could be reduced.

In comments reported exclusively in *The Sydney Morning Herald* (4 May 2021) Professor Howard said he was deeply disappointed with the government's failure to respond to the 104 remaining recommendations after rejecting five almost outright, including pill testing and another supervised injecting centre.

He added that it was 'beyond belief and unacceptable' that the government had not responded to a recommendation for more services for Aboriginal communities, saying he felt 'personally haunted' by evidence of Indigenous families who remained sceptical the government would help.

'Having heard all the evidence I've heard, and made the recommendations that I've made, to be 15 months later wondering what on earth is the government planning to do, it makes me despairing of the political process,' Professor Howard said.

'I wonder how many of the politicians who are deciding what to do with this report have actually bothered to read it, frankly, because if they had they would understand the urgency of the measures recommended.'

The proceedings and the four-volume report of the special commission of inquiry have been reported extensively in previous issues of GPSpeak and NorDocs. We attended the sitting of the commission in Lismore.

The NSW government set up the inquiry into the supply, use and devastating social impacts of crystal methamphetamine, a.k.a. ice, in November 2018. The commission heard extensive evidence from health and judicial experts, including police, as well as former users and family members and friends. The impacts of other substances, including alcohol, were also discussed at length.

Addressing the government's response to the report, which was based on submissions as well as hearings throughout NSW, Professor Howard said, 'This is a once-in-a-generation opportunity to get this right, and I think we're on the brink of the whole thing being pigeonholed and blowing it.'

The government's interim response was to rule out five key recommendations, including creating more supervised injecting centres, retiring drug detection dogs, and enabling pill testing at music events.

'The sport of the battler' - Nationals' opinion

The state MP for Clarence, Chris Gulaptis, has provided the following defence of greyhound racing, 'the sport of the battler'.

The greyhound racing industry is much maligned and misunderstood. It has dirty washing like every other industry and it's this that has captured the headlines and cast a dark shadow over what is a sport for the common punter.

Not every cop is a Roger Rogerson and not every politician is an Eddy Obeid. And similarly not every greyhound owner or trainer is a live baiter or cruelly disposes of their dogs whether they are past champions or just plain dish lickers.

The owners and trainers that I know love their dogs with a passion. They treat them as one of the family and the dogs respond accordingly. They make wonderful pets. They are gentle and affectionate and love nothing more than lazing on a lounge and nuzzling a friend.

The race meetings are family outings with mum and dad, the kids and sometimes grandma and grandpa all out socialising with their friends. They hold fruit and vegie raffles, swap a few yarns, have a drink and maybe a wager. There's always the tantalising smell of onions frying on the BBQ and there's a sausage sandwich to feed the hungry.

Owners spend a small fortune on feed, vet fees, a trainer if they can afford one and they travel for miles to compete for more than often a paltry purse. But that's not their focus. They know their dogs love to race, are bred to race and they crave bragging rights more so than monetary reward.

Greyhound racing is horrific and outdated

The state MP for Ballina, Tamara Smith puts forward her view on greyhound racing.

The name given to racing greyhound 'Slim Pickings' was cruelly apt. Despite putting his heart into being the fastest dog on the track, his rewards were slim indeed. In the end, a collision with other dogs during a race resulted in a fractured ankle and Slim, not yet three years old, was euthanised by the on-course vet.

Slim's fate is not an uncommon one: he was the third dog to die in the Northern Rivers in the first few months of 2021, two of them at the Casino course. Twenty-two others have died on New South Wales race tracks so far this year and the number of fatalities is climbing.

For the same period last year 15 greyhounds died racing in NSW and 48 had to be put down. Nationally, a similar number have died on racetracks already this year, and more than 2600 dogs have been injured. The average lifespan of a racing greyhound is 1.5 years compared with 10-12 years for non-racing dogs.

Beyond the well-documented suffering of these beautiful animals, the damage from this 'sport' is widespread throughout society, including being reflected in public health statistics.

Australian gamblers lost $24 billion in 2017/18 – not spent, lost – with around $4 billion of that lost on greyhound racing. Often this is money they and their families can ill afford, and more than six percent of the nation's gamblers report at least one form of psychological harm caused by their gambling, including depression, loss of sleep, guilt and distress.

For every person directly experiencing gambling harm it is estimated at least six more people connected to them suffer some impact. This collateral damage encompasses the loss of homes and relationships and the loss of lives through deaths by suicide. There are direct connections in some instances between gambling harm and family violence, substance abuse and crime.

Clearly, greyhound racing is an outdated and barbaric activity, and one that is out of favour with the majority of Australians, as shown by a myriad of surveys of the general population.

The revulsion felt by a great swathe of the public following the ABC's Four Corners program, 'Making a Killing' in early 2015 has been reflected in many polls since, including one in which 82% of respondents supported an Australia-wide greyhound racing ban.

Independent research commissioned by the RSPCA found that two out of three people in NSW and the ACT supported a ban. Just before the 2021 WA election, more than seven in every 10 Western Australians said animal welfare was important or extremely important to them.

Following the Four Corners exposure and a report from a Special Commission of Inquiry revealing the practice of live-baiting, mass killings of greyhounds and routine cruelty, then-NSW Premier Mike Baird moved to ban greyhound racing altogether. Just three months later he binned any plans for a ban after a backlash from the NSW Nationals and pressure from talkback radio and conservative press.

Since then, the NSW government has been keen to win over support from the industry, eager to maintain the flow of $90 million a year into its coffers in tax revenue.

Despite allegations of wrongdoing above and beyond the mistreatment of dogs, from inappropriate distribution of TAB funds, race-fixing, drug use, money laundering and other criminal activity, the industry has been encouraged and even financially supported by the Coalition government.

In 2017 it committed $30 million to the industry to support improved track safety and last year Greyhound Racing NSW chief executive Tony Mestrov announced the organisation had secured $23 million in funding for track infrastructure.

by Chris Gulaptis

This is not the sport of Kings but the sport of the battler. The sport of regional Australia. It's a part of our heritage, it brings people together and it's an integral part of the social fabric of the country towns we love.

In NSW greyhound racing certainly got a shakeup and the industry has responded very positively. The NSW Greyhound Racing Integrity Commission has developed a Code of Practice that relates to breeding, rearing and education and the keeping of greyhounds in training.

The Code sets out standards for the keeping, treatment, handling and care of greyhounds. It also includes standards for the facilities, equipment and conditions at premises where greyhounds are kept, trialled, trained or raced. In addition, the Code sets out standards for the procedures and practices to be adopted for keeping, trialling, training and racing greyhounds.

A whole-of-life monitoring and tracking program has been implemented so greyhounds can be tracked from the day they're born. This is a very transparent program to dispel any myths about cruel mass euthanasia of greyhounds.

Greyhound Welfare includes a rehoming program which outlines the steps owners should take when rehoming a greyhound. And this is a requirement of the NSW Greyhound Racing Integrity Commission.

The code will, without doubt, maintain the highest standards of welfare and care in Australia and help to change the denigrated image that has unfairly plagued the industry.

Greyhound Racing in NSW definitely has a future and it deserves a future if we are to maintain the character and flavour of regional NSW.

by Tamara Smith

Photo (above) by Herbert Aust from Pixabay

For all the talk of improved track safety and the millions of taxpayer dollars poured into upgrade work, recommendations from a University of Technology, Sydney study have been ignored.

In both 2018 and 2019, the NSW government artificially inflated the prize money for what was spruiked as "the richest greyhound race in the world", the Million Dollar Chase, with $500,000 of taxpayers' money.

In August 2018, the government handed over $700,000 in taxpayers' money to help ACT greyhound trainers continue the practice across the border after the Territory made the activity illegal over concerns for animal welfare.

The NSW deputy premier, John Barilaro, said the money would go towards safety improvements at the Goulburn Greyhound Racing Club to allow for night racing meets, and to provide a temporary home for the Canberra club. Greyhound racing "is a favoured pastime for many", he said. He is also preparing a business case to build a new track in Queanbeyan – just 10 km from Canberra but inside NSW.

In March the Tweed Heads Coursing Club purchased a 32-hectare site at Chinderah to establish a new racetrack, which is being touted as a greyhound "centre of excellence". The rhetoric flies in the face of public opinion. The vast majority of Australians are disgusted by the cruelty towards and destruction of healthy dogs, and horrified at the mounting toll that gambling is inflicting on society.

Industry protestations in support of "responsible gambling" ring hollow: that would not be profitable enough. Gambling needs to be viewed in the same way tobacco is viewed, with a concerted public health approach to what is an addictive and dangerous product, and with governments willing to bite the bullet and impose reform.

NSW could take a principled position with the Tweed proposal by acknowledging that the greyhound industry cannot be reformed. It will never recover from the public exposures that demonstrated clearly the systemic and inherent cruelty entrenched in the industry.

Greyhound racing no longer has a social licence and should not exist in the 21st century.

In late May 2021 I presented to the NSW Legislative Assembly "A petition opposing the development of a new greyhound racing track (Centre of Excellence) in the Tweed region". The petition received 6819 signatures. The Government's response is awaited.

Truth-Telling: History, sovereignty and the Uluru Statement

by Henry Reynolds
NewSouth 288pp
Review by Andrew Binns

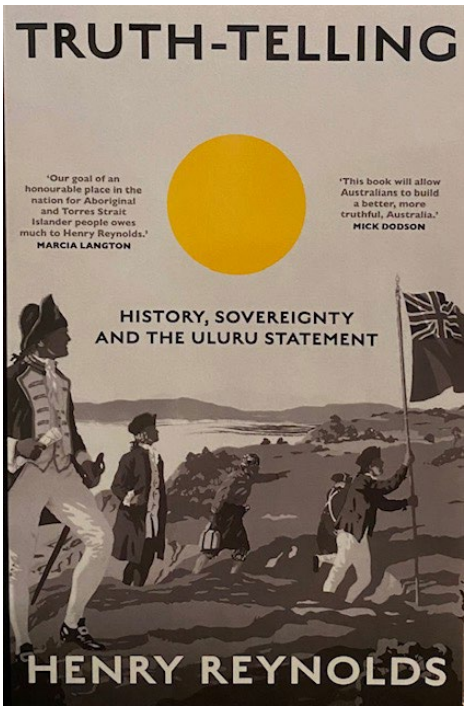
It is more than 251 years since Captain Cook sailed up the east coast of what is now called Australia in HMB Endeavour and landed on a small island he later named Possession Island, 17 km south-west of the tip of Cape York Peninsula. In his journal, Cook wrote that he 'once more' hoisted the English colours in the name of King George III and in so doing took possession of the whole east coast.

Possession took on more meaning with the arrival of the First Fleet in Botany Bay 18 years later. Whilst this history has been taught in schools, ever since there is obvious disquiet from Australia's First Nations people – and many others - that this was nothing other than an invasion. The outrage following these events is increasing and it is time for truth telling and the illegal ramifications of what really happened.

Professor Henry Reynolds, the foremost chronicler of this country's frontier wars, has delivered another seminal reference with Truth-Telling, yet again debunking the myth of terra nullius – as if the High Court rulings were not enough – and adding further weight to studies such as Bruce Pascoe's inestimable Dark Emu, and its companion volume for young audiences.

Topics covered include the choice of Australia Day, dubbed by many as Invasion Day, and the frontier massacres of the 18th century and beyond, denied or minimised by those who speak of the 'black armband' view of our history. A particular focus is on how the memories of these atrocities and the courage of the people defending their land are pushed aside.

The book discusses not only denial of sovereignty but the lack of a treaty with First Nation people which is different from other countries such as New Zealand, Canada and the US. The result was the shocking frontier wars that killed an estimated 60,000 people in a violent takeover that should have been avoided. Henry Reynolds advocates for a new frontier war memorial institution to remember the dead and educate us about this important piece of our history.



In a timely analysis this book helps readers understand the significance of the Uluru Statement from the Heart with its three themes – Voice, Truth and Treaty. This is the path forward that is needed now to improve the quality of life for our First Nations people.

To quote from the Uluru Statement: The sovereignty is a spiritual notion: the ancestral tie between the land, or 'mother nature', and the Aboriginal and Torres Strait Islander peoples who were born therefrom, remain attached thereto, and must one day return thither to be united with our ancestors. This link is the basis of the ownership of the soil, or better, of sovereignty. It has never been ceded or extinguished and co-exists with the sovereignty of the Crown.

The full statement and the lead up to its historic signing off in 2017 can been seen at https://ulurustatement.org/the-statement.

We are now familiar with the Black Lives Matter campaigns around the world and more recently the demonstrations around the worrying statistics on Australian Aboriginal deaths in custody. At the time of writing the toll stands at 474 Aboriginal and Torres Strait Islander people who have died in custody since the Royal Commission in 1991, including five people since March this year.

Increased pressure is now being placed on the Australian Government to consider the Uluru Statement of the Heart, bearing in mind the issues that lead to deaths in custody are so often transgenerational. This timely and powerful book adds further weight to this imperative and deserves to be read by our political representatives of all persuasions.

Justice for First Nations people is not a partisan issue but a matter of human rights that requires not only emotional commitment but practical action across the board. How many more inadequate Closing the Gap reports do we need to read? Or, for that matter, how many more excellent books of the kind Henry Reynolds produces to convince us that 'Australia' was illegally claimed for a distant king, forcibly settled and governed injudiciously ever since?

Is the mood for change changing?

In September 2017 the then-Prime Minister Malcolm Turnbull rejected the notion of a referendum for a First Nations Voice in the Australian Parliament. The reason given was that it was unlikely to succeed, with some opponents, including Barnaby Joyce, claiming that Australia did not need a 'third parliamentary chamber'. That, however, was not the proposal.

Nearly four years has passed since then and educating the Australian public on the significance of Indigenous representation has continued, along with many conversations about our true history, including what is, and should be, taught in schools about colonisation and its ongoing impacts. Has the sentiment changed during this time?

The answer will probably not be known until it is put to a vote but persistence often wins the day. In the words of Indigenous Australians Minister Ken Wyatt, patience is always important in Indigenous affairs.

The greatest majority for a referendum in Australia's history was in 1967 (under a Coalition government) when Aboriginal people gained the right to vote and be counted in the National Census.

Getting out from inside causes health concerns for everyone

by Andrew Binns

Aerial view of Clarence Correctional Centre

It is not well known that when people are incarcerated in Australia, they lose access to Medicare cover and Centrelink payments. In NSW their healthcare is then managed by the NSW Justice Health and Forensic Mental Health Network (JHFMHN). This is a similar situation to what happens when a person presents to a public hospital as a public patient for treatment. They are then covered for health needs by NSW Health not Medicare.

For prisoners this seems like punishment over and above the judicial system, which results in further disadvantage for prisoners after release. This particularly applies to Aboriginal people who are disproportionately represented in our prison system. It requires reconnection with Medicare and Centrelink on return to their community.

A comparison can be made between jails and the hospital system because the prevalence of chronic disease is significant in both. In jail the chances an inmate has had significant past complex trauma is high. That means they are highly likely to suffer from the sequelae of post-traumatic stress. This in turn can result in chronic issues such as mental health problems, domestic violence, and drug and alcohol dependence, as well as musculoskeletal pain due to past physical and psychological trauma such as accidents or violence.

Some of this trauma may date back to their childhood or later in life and it often leads to chronic disease. Often this is transgenerational trauma. The health needs of inmates are therefore high and doctors and other health professionals are challenged to deal with the complexity of these issues.

When one looks at the health needs in the newest and largest jail in Australia the resources needed are huge. This facility, the Clarence Correctional Centre (CCC) near Grafton, opened in July 2020 and is working towards a capacity of 1700 beds. It is run by Serco, the well-known international private company with experience in this field.

When visiting this facility, I was impressed with the infrastructure, including the emergency department, and met with the lead health staff. Recruitment of GPs has been a difficult issue, reflecting the situation in Grafton itself. Ideally, the jail needs two full time GPs as well as the lead doctor, currently an addiction specialist, which seems appropriate. There is also a need for telehealth specialists back up.

Whatever the jail ownership or management, public or private, the biggest issue for GPs in the community is to receive proper handover of medical care. It could be likened to the handover of medical care that occurs from a public hospital to a GP on discharge. The best outcomes for patients are when a comprehensive health summary of treatment is sent to the GP for the ongoing health care of the patient post discharge.

This process with public hospitals has improved over the years, driven largely by modern technology plus dedicated doctors in state hospitals communicating with GPs. Ideally this should happen whenever an inmate is released back to their community and then connects with a GP at an Aboriginal Medical Centre or mainstream general practice. This would not only be helpful for individuals but may lead to overall lower recidivism rates.

However, to achieve this will come at a cost – but doesn't everything! This needs to be weighed up against the potential of money saved by reduced reoffending and better follow up health care in the community. It costs $292 per day to imprison someone, so reducing recidivism rates is an important goal. Serco receives financial incentives to reduce recidivism at the CCC.

What is needed is funding for release-from-prison planning and communication systems to allow proper handover of clinical records so that lifestyle and health matters are addressed. Housing and employment are examples of future issues to address. Then there are complex health care needs that require follow up in the communities where released inmates end up. General practice is well placed to address these needs and make appropriate referrals for ongoing care.

On a positive note, the JHFMHM is working with health IT vendor Orion Health to develop a better communication system - the so-called Justice Health Electronic Health System. The current system is greatly outdated and paper driven. This new system, due for launching in November 2021, is eagerly awaited. It appears to have significant prospects to deliver better communication with GPs. One certainly hopes this will be the case.

Health IT vendor Orion Health has signed a contract with NSW's Justice Health and Forensic Mental Health Network (JHFMHN) to roll out Orion Health's medication management and electronic medicines administration (eMAR) solution. See article. (Paywall)

Improving Renal Disease Management in General Practice

Free Webinar Series for Practice Nurses

Join us for a live 6-part monthly group webinar series about kidney disease management and earn 6 hrs of CPD.

The EPIK Research Project is evaluating a training program for practice nurses in the early identification and management of chronic kidney disease. Phase 1 of this project worked with PNs to develop an online training program that assists small groups of PNs in identification and management of CKD, This current phase is being offered to PNs from a large number of general practices across Australia to test the breadth of applicability of the program.

The Northern NSW Local Health District, in partnership with Healthy North Coast, Southern Cross University, the NSW Agency for Clinical Innovation and Nordocs, invites you to be part of phase 2 of this local research project.

The project aims to increase the identification and to improve the management of chronic kidney disease in general practice. We will also monitor the effectiveness of the webinar format for delivery of the program that was first developed in local general practices in 2017-19.

Each webinar series will be limited to a maximum of 15 practice nurses. Participants are expected to attend the one-hour-long webinars and complete a 15-minute online questionnaire before and after the series, as well as a 5-minute online satisfaction survey after each session. All responses are de-identified.

Webinars will be hosted by Northern NSW LHD renal nurse specialists.

To participate or make inquiries please contact Kylie Wyndham <kylie.wyndham@health.nsw.gov.au> (0407 640 988) for the Tweed/Byron region and Graeme Turner <Graeme.turner@health.nsw.gov.au> (0408 660 039) for Richmond/Clarence region.

Home dialysis can change patients' lives

Nearly 15,000 Australians with end stage kidney disease are receiving dialysis treatment, with around 75 per cent receiving in-centre haemodialysis, and the remainder undertaking home-based therapy (30 per cent being on home HD and seven per cent on home peritoneal dialysis).

If a person's own kidney function is reduced dialysis is used to clear toxins and regulate the fluids that the body ingests or generates.

Where clinically appropriate, home dialysing is preferable because of its convenient access, and in appreciation of this, the Northern NSW Local Health District is assisting patients with kidney disease to undertake the procedure from the comfort of their own home. According to Chronic Kidney Disease Nurse Practitioner Graeme Turner more patients should consider the home-based treatment, as it can provide many lifestyle benefits.

"While not all patients are eligible for home dialysis, it's a great option for people who are after a flexible treatment program," Mr Turner said.

"There are a range of home dialysis options which have different requirements and benefits. With our renal team, patients can choose which type of dialysis best suits their lifestyle and abilities in light of their medical circumstances. Home dialysis means people can go about their day, and then connect to the machine overnight, receiving treatment while they sleep."

The NNSW LHD has a team of renal clinicians and specialist training units to provide support to patients using home dialysis, including teaching them how to administer the treatment and self-needle.

As part of home dialysis training, Casino resident Corey Dunn learnt how to get the machine ready, take measurements and troubleshoot any issues: "Everything the nurses usually do in the centre, they teach me how to do at home, so I can set up my own machine and solve my own problems.

"Once I'm at home doing this, I will have time to return to work, and have a better lifestyle. I feel a lot more in control and independent now that I know how it all works," Mr Dunn said.

Corey Dunn and haemodialysis

Shirley and Alby Ross - home dialysis

Banora Point resident Alby Ross started home dialysis in his 70s. For him, the flexibility to do the treatment at a time that suited him, and the ongoing support, were major factors in his decision: "You can do it any time you like, and it becomes part of your life," Mr Ross said.

"The nurses inspire confidence in people. There's plenty of support there, and that's what you need. They're there 24 hours a day."

Peritoneal dialysis and extended hour home haemodialysis prevents large osmotic and volume shifts from occurring. Since this is more physiological it is also more pleasant for patients. In addition there are cardiovascular and survival benefits and the risk of hospital-acquired infection is eliminated.

Local nephrologist, Dr Sanjeev Baweja, is promoting these benefits to the North Coast community. Dr Baweja has stated, "That despite the clinical, social, lifestyle and economic advantages of home-based dialysis, the proportion of home-dialysis patients in the Richmond/Clarence region is low at 20% compared to the national target of 50%.

"In order to increase its uptake a culture of 'Home Dialysis first' for suitable patients needs to be adopted with consistent messaging from the primary care physicians and specialist teams."

More information on home dialysis is at Kidney Health Australia and on the NNSWLHD website renal services page with links to local patient videos.

Program tackles reef's climate challenges

Southern Cross University's Dr Daniel Harrison… "I personally think we're going to start seeing a very, very rapid decline of the reef over the next decade."

Warnings abound for the future of the Great Barrier Reef and in the forefront of this concern is Dr Daniel Harrison from Southern Cross University's highly regarded National Marine Science Centre who believes the window to saving this icon is 'rapidly closing'. However, he still harbours optimism and is a key member of a massive collaborative effort working on ways to avert further coral bleaching.

Coral bleaching is caused by the interaction of sunlight and water temperatures warmer than what corals are accustomed to. While coral can tolerate some additional heat, when this is combined with sunlight, bleaching occurs because when coral becomes too warm it is unable to adequately process the photons received from the sun. Bleaching can be reduced by either shading the reefs or cooling them down.

A recent Australian Academy of Sciences report said that only one per cent of corals would survive if the world warmed by 2 degrees Celsius. The earth has already warmed by 1.1 degrees and estimates indicate 1.5 degrees of warming within thirty years.

Dr Harrison, an oceanographer and engineer, is also working with colleagues in the USA and elsewhere to track fish species using satellite data-driven modelling tools with the aim of helping fisheries managers gain environmental information.

In Australia he is leading a subsection of the Reef Restoration and Adaptation Program (RRAP) focusing on how the reef might better manage the challenges of climate change as well as restoring some of the damage already done.

RRAP is a collaboration between various universities, The Australian Institute of Marine Science, the CSIRO and the Great Barrier Reef Foundation, which received a controversial federal grant of $443M in 2018, and the government.

Dr Harrison's team is looking specifically at cooling and shading options that include cloud brightening technology, floating reflective surface films and creating a sea fog.

Cloud brightening involves pumping atomized sea water into the air above the reef: 'Each droplet, which is already infinitesimally small, evaporates and just three percent or so of that is salt,' Dr Harrison explains.

'And it's that tiny little salt crystal that goes on to be a nucleus for a cloud droplet. We're not actually creating clouds… when the cloud forms there's a given amount of water content, each droplet needs a nucleus to condense around; if we provide more of these cloud condensation nuclei, the same cloud reflects more sunlight.'

The RRAP sub-program team led by Dr Harrison is also looking at floating reflective surface films and creating a sea fog. Spraying seawater to create a fog, like cloud brightening, would aim to reduce the sun's energy reaching the ocean surface but target a much smaller region.

"We've got a window that is rapidly closing, to do something, but if we can get some of these ideas to work on a really big scale… modelling suggests it might be enough to alter the trajectory of the reef and help to transition it through this period but only if we also have very, very aggressive action on climate change.'

Amidst all the remediation research, what is required is proper government commitment, according to Dr Harrison.

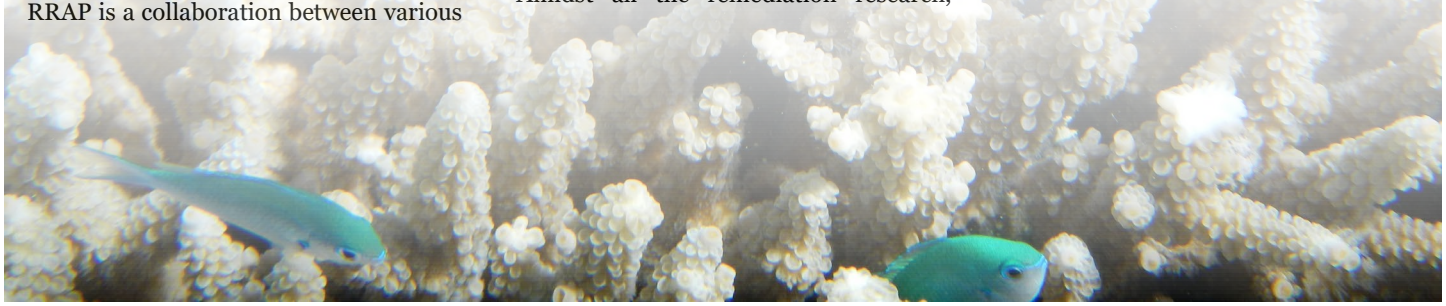
'We need government policy to divest in fossil fuels and invest that into driving the change to electric cars and renewable energy sources, and in carbon sequestration technologies that can help by taking some of the carbon dioxide back out of the atmosphere.

'To implement policy, the tax on carbon which we nearly had but then we lost, I think that would help a great deal.'

In terms of the fisheries, Dr Harrison explains, 'We've got these statistical models that predict how many fish are out there and how many we can catch each year safely, but this predominantly statistical approach has been around since the 50's.'

So the goal is to promote a more ecosystem based approach.

Dr Harrison is passionate about using modelling tools to help avoid bycatch, which is any species inadvertently caught while fishing for another species. He hopes that satellite data-driven tools will help identify the location of overlapping target and bycatch species, and provide information on the conditions where this happens. Such knowledge would enable fisheries managers to avoid unnecessary bycatch and potentially create dynamic areas where fishing is prohibited.



Lost for words - treating the aftermath of a stroke

During ten years as a speech pathologist Dr Kirstine Shrubsole encountered Aphasia on a daily basis, seeing great improvements in some patients while others remained stuck, some indefinitely. Aphasia, a neurological disorder caused by damage to the portion of the brain that is responsible for language, commonly affects 30 per cent of stroke victims.

"When you work in a hospital there are guidelines that tell us what we should be doing and when, based on the research, but when I was working in the hospitals myself we often couldn't implement them," Dr Shrubsole says.

"There were so many barriers. We often didn't have enough staff, or time, or resources. Sometimes it was skills; we didn't have the training to deliver a certain type of therapy."

She went on to complete a PhD, researching aphasia and more specifically, the implementation of clinical guidelines and effective behaviour change techniques in order to improve speech pathology practice and aphasia treatment within the hospital system.

Now Dr Shrubsole is passing on what she's learned to Southern Cross University students, helping them understanding the latest research and evidence so they graduate well prepared.

Sarah Eenjes, a final-year speech pathology student, recently attended an Aphasia Camp on the Gold Coast organised by the Australian Aphasia Association to gain first-hand experience from patients working to improve their ability to communicate.

Above: Dr Kirstine Shrubsole, Speech Pathology lecturer at Southern Cross University.
Below: Speech pathology student, Sarah Eenjes (right)

"It's one of my passions, being able to help those with aphasia, as not many people know about aphasia and the camp was an invaluable learning experience," Sarah said.

"Being at Southern Cross has given me opportunities that other universities may not have provided, like the small classes and knowing your teachers by name, just that really close group of people that we've got and being able to share our resources between each other."

Dr Shrubsole's goal is to improve the care delivered to stroke patients across Australia so that no matter which hospital they attend, they receive the same high-quality care based on the latest evidence.

She says it is a matter of approaching things from the top down and bottom up simultaneously.

"All of my research is based on trying to improve how the latest evidence is translated into practice. It's called closing the evidence/practice gap," Dr Shrubsole adds.

More on Dr Kirstine Shrubsole's research work is here.

SCU researchers win grants on land and sea

Southern Cross University researchers have gained two Australian Research Council grants, totalling $1.2M, to develop environment-focused projects that will reduce ammonium/nitrate-nitrogen levels in coastal waterways and transform abattoir waste into agricultural soil improver.

The first project, led by Professor Bradley Eyre, Founding Director of the University's Centre for Coastal Biogeochemistry, in collaboration with University of Western Australia and Healthy Land & Water Ltd, will use new innovative measurements and modelling to investigate nitrogen removal pathways of the coastal zone. The aims are reducing the greenhouse gas nitrous oxide and helping restore impacted wetland ecosystems.

The three-year project is expected to start late 2021 and will centre on south-east Queensland's estuaries and wetlands.

The second grant, coordinated by Associate Professor Dirk Erler, is to research the transforming of meat residues into agricultural soil improver. Collaborators are the Casino-based Northern Cooperative Meat Company, QUT, Justus-Liebig University of Giessen, and the Department of Regional NSW.

Australia's red meat processing industry is facing significant challenges, including growing volumes of organic residues that are an economic and environmental liability. The current industry standard is to compost organic residues and apply them to land, but compost does not retain soil nutrients and can promote greenhouse gas emissions.

This research aims to develop a new technology that can transform the organic residues from red meat processing into engineered hydrochars, which will be customised to store soil nutrients, improve plant growth, and actively mitigate greenhouse gas emissions.

'The new Southern Cross Research Plan commits the University to producing regionally relevant, globally significant research. These Linkage-funded projects reflect this direction,' said Professor Mary Spongberg, SCU's Deputy Vice Chancellor (Research).

Near full employment for SCU health graduates

Graduates in the health sciences and support disciplines from Southern Cross University have a 96.6 percent success rate in finding employment, according to the latest snapshot of tertiary educational outcomes, and a great majority of employers are happy with the skills they bring to their work.

The QILT (Quality Indicators for Learning and Teaching) suite of higher education surveys is funded by the Australian Department of Education. It includes the Employer Satisfaction Survey (ESS) of the views of 3,430 employers on the attributes of recent graduates from Australian higher education institutions. The study looked at how successfully graduates gained and settled into employment in terms of their professionalism, teamwork and interpersonal skills, and their ability to perform and innovate.

Southern Cross University scored 83.5 per cent for employer satisfaction and 87.7 per cent in terms of graduate employability. The national overall satisfaction averaged 84.6 per cent in the 2020 survey.

The University's highest employment outcomes were for careers in Health Services and Support (96.6 per cent), Computing and Information Systems (97.6 per cent), and Engineering (98.3 per cent).

The ESS ratings are based on five skill sets, with foundation skills defined as general literacy, numeracy and communication skills and the ability to investigate and integrate knowledge.

SCU nursing graduate Sophine Longworth (left) on duty at the Tweed Hospital.

SCU Vice President (Engagement) Ben Roche said given all the disruption of COVID restrictions in 2020, the results were encouraging.

"This survey evidences once again that Southern Cross University graduates are highly sought-after by employers and are on par with graduates from larger metropolitan institutions. We have built a sound reputation in key areas like health, the sciences, law and teaching that means our students can feel confident about their future employment opportunities once they graduate," Mr Roche said.

"As more and more people relocate to regional Australia, this data reminds us that in addition to all the lifestyle advantages, there is no compromise on the quality and calibre of education. Southern Cross University continues to provide a quality education experience with deep local connections that is significant on the world stage."

The ARC's Linkage Projects scheme supports academics to work with industry, government and community organisation partners to tackle complex problems and fast-track solutions.

'The new Faculty of Science and Engineering is committed to the circular economy whereby what was once considered waste is recycled and reused, ensuring maximum benefit from our region's valuable resources and providing long-term economic, social and environmental benefit,' Prof Spongberg said.

Photo left: Professor Bradley Eyre with assistant on Moreton Island in Queensland.
Photo right: Associate Professor Dirk Erler

Thirty-six years and out... a good innings.

by Dr Hugh Fairfull-Smith

Rudyard Kipling noted there are only two kinds of men in the world - those who stay at home and those who do not. My peripatetic parents and subsequent upbringing meant I fell into the latter category.

Graduating from Aberdeen University saw me with a degree in medicine, but, unlike my peers, no idea what I wanted to do with it. Joining one of Scotland's first General Practice Vocational Training Schemes, I passed the MRCGP in 1975, and during that time, I sat and - to my surprise - passed the first part of the MRCP. I passed the second part in 1980 and thought a year's experience working as a Senior Registrar in NZ would be interesting. So Cate and I trotted off with a two-year-old and a 10-week-old. Cate had baby number three while I sat and passed the FRACP in 1982.

Geriatrics interested me, and I enjoyed the variety of work, presentations of patients and the clinical detective work required when assessing and treating the person. (Patient-centred care '101'!) I have been very privileged to see such a variety of rare and unusual presentations and the non-unusual ones. I tried to see the person with the disease rather than the disease with a person, and hope I have succeeded.

That was the context of applying for a Consultant position at St Vincent's Hospital, Lismore in August 1984. SVH was at that time a public hospital but had the vision (and still has) for inclusiveness and providing for everyone in the community regardless of age. I need to confess - and obviously, this was pre-internet - our thoughts were, having watched *A Town like Alice*, that Australia was 98% desert. Lismore was a wonderful surprise; everyone was incredibly welcoming. It was also a time for the influx of other young Consultants (Drs Cook, Herdman, Ashwell, Laird, Townend, Curtin, to name a few) and we made friends for life.

Dragging along Cate and three young children to Australia (not Scotland as she had hoped), I began work on 11 February 1985 for the next adventure in the next new country. Within two weeks, we had our eldest at school, bought a house, and so it was for 33 years. We thought we'd give it five years...

Being the first Area Geriatrician meant no one knew what I should do or how to do it; just 'see people in Nursing Homes and get old people out of hospitals' was (and still is!) a common misconception of the role of a Geriatrician.

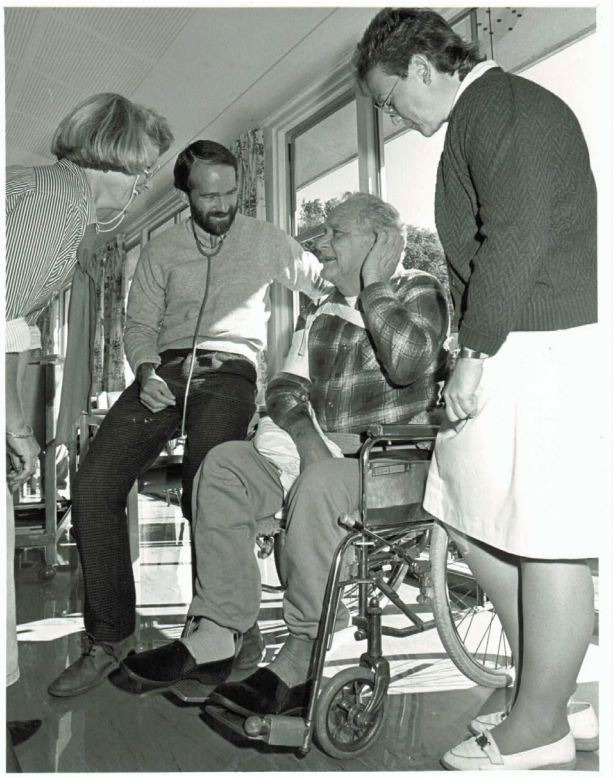
I had carte blanche to follow my Kiwi boss's advice and set up a service that helped the community. The Geriatric Assessment Team was already established - the first innovation was a Respite Service with four beds in St Josephs, Lismore and two in Campbell Hospital, Coraki - interestingly, more beds than north of Newcastle. It ran for around six years before the Commonwealth caught up!

The other successful innovation was an 'At-Risk Register', where I met for an hour fortnightly with community groups, e.g., Home Care to discuss community clients at risk, which successfully ran in various settings for over 15 years.

> *"My name was at the end of the bed of 50-54 patients..."*

Being the Geriatrician, I was also the Consultant for the 25 rehabilitation beds at St Vincent's, having to learn to work with, and manage, the multi-disciplinary team. There was a lot to learn as the medical system in NSW was very different to the UK and NZ. Mentorship was lean, and there was little contact with the other physicians in those early days. 'Under resourcing' affected all of us, so we were all swamped. It took about two years to feel settled in. As well as running the Clinical Services I was on the SVH Executive, with several committees for more than five years. Luckily, I had plenty of energy.

We were given eight beds at Coraki for Rehab and the Geriatric Day Hospital (now Carroll Centre) in my first year. After my only support, a nonclinical Doctor left after a year, Dr Doe Bacon joined me and saved my life. We ultimately worked together for 30 years. We managed all the inpatients in the two sites and the respite beds in all 33 rehab and six respite. Impossible to do this now. As Doe gained experience in the wards, she took a lot of the burden from me, and I expanded the community consultation service. Dr Fiona Wagner, another lifesaver, joined us in 2002.



Morning rounds with Dr Fairfull-Smith

It was not all work and no play. There was the annual Rehab sports day with patients and staff participating, plus the fantastic day-to-day interactions that made light of the basic ward, which had curtains for doors in the patient toilets and eight men in one room... great working environment indeed.

But service development is not a static beast. To raise the profile of Geriatrics, I visited neighbouring towns (Ballina and Casino, for example) to lower the threshold for referrals. The GAT became ACAT which expanded to include a Neuropsychologist, Psychogeriatric Nurse, and Gero-psychologist. The increasing level of

professionalism in the multi-disciplinary team helped with the growing awareness and demands of the challenges associated with Dementia.

The Dementia Outreach Service was another innovation implemented at this time. In 2001, Cholinesterase Inhibitors came on the PBS, with a dramatic rise in referrals, with the waiting list time growing from two to six months. It was demanding but I began to appreciate the value of drawing tests. These provided a quick adjunct in clinical assessment for people presenting with mild cognitive impairments on MMSE assessment.

In 2006, the new Rehab and Transitional Care Wards and ACAT offices were opened at Ballina District Hospital. For some six years, my name was at the end of the bed of 50-54 patients. In 2012 a Consultant in Rehabilitation was appointed, and I moved to Lismore Base Hospital to attempt to set up a Geriatric Evaluation Unit - the date of opening, frustratingly, is still to be determined.

A much-needed second Geriatrician position was appointed in 2013, allowing me to go to three days a week and enjoy long weekends (which were still a day short!). Future planning had us move three years ago to Terranora, closer to where our two sons and their families live, downsizing the garden and upsizing the house. With a daughter living in Edinburgh, we travelled a lot.

COVID-19 has helped by attracting Dr Tony Bragg to a Geriatrician position in 2020. He is joined by Dr Rachel Jones, who has more than competently taken over my role while I am on twelve months' Long Service Leave.

I have been very fortunate to work with so many amazing people over so many years, making light the task of raising the flag of Geriatrics, and there are so many people - patients, colleagues and friends - to whom I have a debt of gratitude.

I can ride off into the sunset (but not the desert), knowing geriatrics is in skillful, competent and enthusiastic hands. Thank you, everyone.

Photos (right) from the farewell celebration for Hugh Fairfull-Smith. Top photo shows Hugh in his kilt with his wife, Cate.

Specialist Profile

Gold Coast PRIVATE HOSPITAL by Healthscope

Dr Michel Genon

B.App.Sc, MBBS, FRACS, FAOA
Orthopaedic and Robotic Surgeon (Hip, Knee & Trauma)

To arrange an appointment with Dr Michel Genon, please contact:

The Specialist Orthopaedic Centre
1/12 King Street,
Grafton, NSW 2460

P 02 6675 0737
F 02 6619 5450
W specialistorthopaedic.com.au

Other languages spoken:
French

Dr Michel Genon was born in Belgium and raised in coastal Victoria. In 2015, he completed his orthopaedic training at the North Side training program of the Australian Orthopaedic Association. He has a Fellowship of the Royal Australasian College of Surgeons and is a Fellow of the Australian Orthopaedic Association. In 2016, he was appointed as the Trauma Research Fellow at the Royal North Shore Hospital, Sydney.

Dr Genon is a leader in short stay joint replacement in Australia. He has a keen interest in lower limb arthroplasty, particularly robotic assisted Hip and Knee replacement. He also performs arthroscopic surgery of the knee, including meniscus repair and knee ligament reconstruction and enjoys the management of complex fractures.

Dr Genon is highly motivated at improving outcomes in lower limb joint replacement through research. His team at The Specialist Orthopaedic Centre have employed a clinical research group based in Sydney to emplace an ethics approved prospective register of patients referred for pain and stiffness in the hip and knee. The aim of the registry is to collect preoperative data and monitor patient outcomes through their management in a regional Australian setting.

Dr Genon has a public appointment at Grafton Base Hospital covering orthopaedic trauma presentations, as well as a private appointment at Gold Coast Private Hospital. Gold Coast Private Hospital is a 1 hour 15 minute drive from Byron Bay, 2 ½ hours from Yamba or 3 hours from Grafton and can offer discounted accommodation at a nearby hotel (within walking distance).

Dr Michel Genon has a special interest in:

- Robotic hip & knee replacement
- Knee arthroscopy
- Meniscus repair
- Knee ligament reconstruction
- Complex fractures (lower and upper limb)
- Trauma

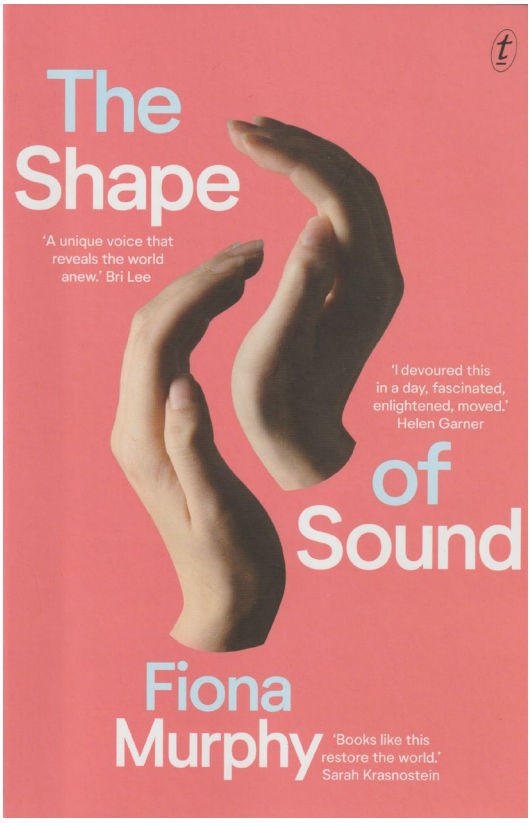
Book review

The Shape of Sound

Fiona Murphy

Text Publishing 297pp

Review by Robin Osborne



Unlike the well-known author Helen Garner I was unable to devour this wonderful book in a single day, but like her I was 'fascinated, enlightened, moved', and like the many other writers who have praised it, I found it a 'brilliant memoir', 'wise, generous and perceptive', and 'utterly gripping.'

On the surface, the book is not a hard one to describe, being the author's account of almost a lifetime of near or complete deafness, first noticed during swimming classes at an early age: 'Eventually the instructor approached Mum and said that I seemed to be having trouble hearing, that I rarely followed her instructions and was either in distress or drifting aimlessly through each lesson.'

The water is a perfect analogy for hearing loss, as 'Sound travels in waves. More often than not, when people actually hear sound it's at the moment of impact: when waves collide with the eardrum… [however] Silence can be just as chaotic and momentous.'

Raised in Sydney, Fiona Murphy was identified as having hearing difficulties in Year Two and taken to an audiologist for testing, the diagnosis being that she was profoundly deaf in her left ear and 'not all in her right'.

This would significantly influence the course of her life, although not always in predictable ways. For example, she studied to become a physiotherapist, a profession requiring close observation of patients and a laying on of hands, but also the ability to listen to the feedback of those being treated.

As may be expected, the author's own medical treatment is the subject of close attention, such as whether hearing aids might be the 'magic cure' of popular thought and what is the experience of using them, the answer being unsatisfactory in the view of many users. Or whether surgery such as having a metal bolt screwed into her skull is an advisable course of action.

Is accepting deafness, even embracing it, and developing a proficiency in Auslan signing a better way of surviving in a world that presents infinite extraneous noise and visual impediments for those attempting to lip read? And how does a person, deaf or not, deal with the endless racket that tinnitus generates in one's head?

Generously, the author shares such personal experiences and takes us on a journey unimaginable to those without hearing loss. For example, the challenge of speech.

'At school I became weary of speaking,' she explains. 'I tried to keep my voice on a tight leash. Even so, I didn't know when it was booming or retreating… Unable to control my deaf accent, I persisted in trying to persuade people it was a quirk of inheritance. I needed to make sure that as few people as possible knew I was deaf.'

This would continue for many years until the deterioration of her condition and an increased confidence born of maturity convinced her that she had no choice but to come out (my term, not hers).

As if hearing loss wasn't enough of a challenge, she broke her wrist at age 28, forcing her to cut back on physio work. Not long afterwards one of the screws in her wrist severed the tendon of her left thumb. Amidst this perfect storm, inspired by the Auslan interpreters at media conferences and a writer's festival, she enrolled in an evening class to explore whether she might 'use my hands in different ways… A feeling of lightness rose in me for the first time in twelve months. It was a while before I recognised it as hope.'

Her descriptions of signing and its origins are a fascinating gateway to a world few of us will experience. Hospital – two hands moving from your shoulder to your waist, like the long lapels of a doctor's white coat; nurse, a tall, crisp cap placed on your head; physiotherapist, the right hand rubbing the left forearm, knuckles angled low in a bruising motion.

The learning was never easy. 'Then a woman with black hair waved for my attention. She spelled S-L-O-W before running her finger up her forearm. I'd already stuffed up. I nodded – yes, then raised my right hand to my chin and brought it forward – thanks.'

Her analysis of how Australia regards deafness is disturbing, calling it 'a strike against your name… the overall employment rate of Australians with hearing loss is fifty-eight per cent.' Considering her own work, ranging through part-time, 'short spurts of full-time… stretches of burnout, and overall limiter career progression', she concludes that 'I am a deadweight. It's likely I will always be one.'

On the evidence of this exceptional book, that seems unlikely, although her general point holds, and those able to address the issues raised should regard this as a blueprint from a truly knowledgeable insider.

Grafton welcomes visit from UOW School of Medicine

Above: After a year of Zoom, Skype and teleconferences it was great to be able to welcome our UOW visitors again to the Clarence Valley. UOW Associate Professor Rowena Ivers with Grafton Base Hospital Clinical Director of Emergency, Dr Will Davies

Above: Associate Professor Rowena Ivers with UOW medical student Thomas Skinner at the Grafton GP Super Clinic.

In the last week of April, the North Coast hosted a visit by senior University of Wollongong (UOW) academic staff from the School of Medicine, Associate Professors David Garne and Rowena Ivers.

The visit enabled them to meet with hospital executives from Grafton Base Hospital along with clinical educators in the hospital and local general practices in the region, to thank them for their ongoing training and mentorship of senior medical students during what has been a particularly challenging 12 month period. According to Associate Professor Ivers, "The region continues to provide a rich learning environment for medical students and a strong base in their preparation for their next role as a junior medical officer". She also extended thanks to the research supervisors who work closely with the medical students on their community based research project during their longitudinal clinical placement in the region.

While in Grafton, the School of Medicine staff were also able to meet with Dr Vanessa Hewitt, a graduate of the UOW medical program. Dr Hewitt is one of four ACRRM registrars currently placed in the Clarence Valley, who over the past 12 months has worked towards completing her Advanced Skills Training in emergency medicine at Grafton Base Hospital. Under the regional training hubs program (also supported by the UOW). The Clarence Valley has developed both a three year rural generalist

and a two year general practice training pathway as part of a strategy to enhance opportunities for postgraduate medical training in the region. This means that Dr Hewitt is able to stay on in the region and undertake a final placement with the Grafton GP Super Clinic, in order to complete her Fellowship training.

Following their visit to Grafton, the UOW academic staff, along with a number of local Clarence Valley clinical supervisors, travelled to the University Centre for Rural Health in Lismore where they participated in a mock OSCE (clinical exam) for the students. This event is designed to replicate the summative examination conditions and environment, including the use of local simulated patients. As former students of the UOW medical program, both Dr Hewitt along with Lismore clinical supervisor Dr David Glendinning (also a UOW graduate), worked closely with UOW Regional Academic Leaders Dr Ann Tosomeen and Dr Alastair McInnes to facilitate this learning activity and provide feedback to students to guide their final month of learning in the region.

Left: UOW alumni Dr Vanessa Hewitt (left) and Dr David Glendinning (centre) and UOW medical students Thomas Skinner and Hollie Horwitz-Forshaw

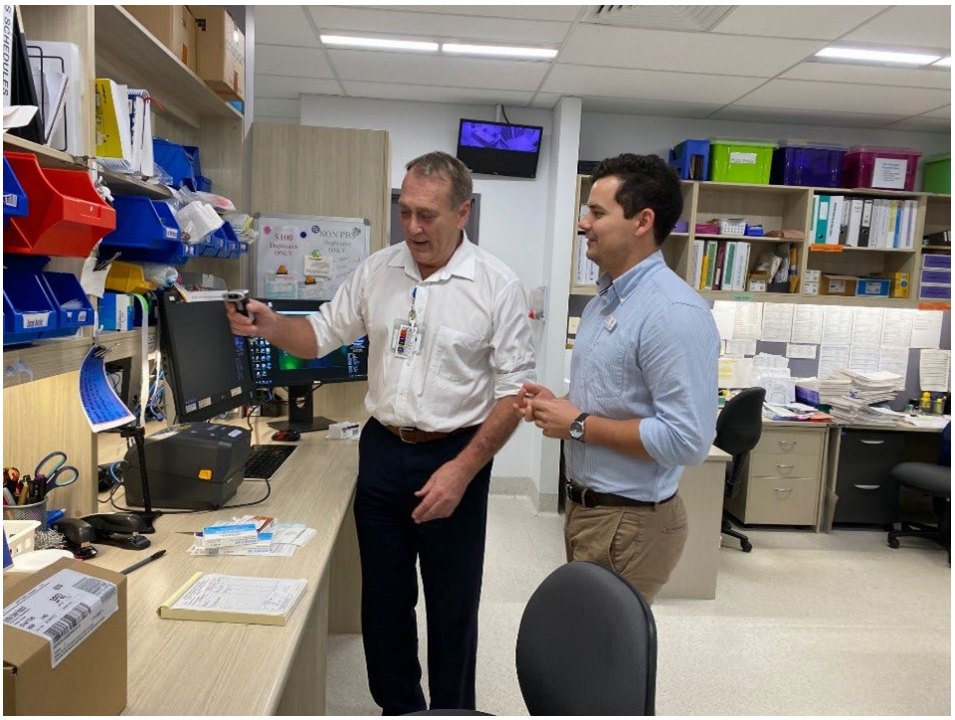
Grafton Base Hospital Pharmacy placement

Stephen Parry-Jones, Director of Pharmacy, kindly accepted the UOW medical students for placement recently.

Some of the areas covered by Stephen and the team were understanding the workings of the pharmacy unit, ward based activities and drug calculations. Students advised Stephens discussion regards the Pharmacy Unit and workings of the hospital, particularly interesting due the broad scope of practice and interestingly the funding models for the department. Stephen also provided tips and tricks of drug calculations and pitfalls for junior doctors.

Students time on the wards with pharmacists was a great practical experience, providing useful knowledge regarding the pharmacist's role in a hospital. This experience has provided the 'soon to be' medical interns practical knowledge and a better understanding of the integral role pharmacists play in the development of a patient centred care plan.

Each of the UOW medical students have commented the staff were all so kind and friendly, and clearly very passionate.



Above: GBH Director of Pharmacy Stephen Parry-Jones and UOW medical student Tom Skinner

Bridging the health divide

The University of Wollongong is committed to improving the health and wellbeing of people living in rural, regional and remote areas.

People living in rural, regional and remote Australia typically don't enjoy the same high standard of health and wellbeing as those who live in the cities, or the same access to health services and health related infrastructure.

The University of Wollongong has demonstrated this commitment from the training of doctors and nurses with placement programs in regional and rural settings to world-class research and Australia-first programs targeting Indigenous health, early childhood, ageing, dementia and mental health.

The University of Wollongong believes that an important part of improving rural and regional health is to ensure that the people affected most – communities, patients and their families – are included in the process. That's why we partner with an extensive network of communities and health providers right across NSW and across a range of settings and disciplines including general practices, hospitals, allied, community and Aboriginal health services.

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