

MJA Careers

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Picture courtesy of The Advertiser/Calum Robertson

Top doctors honoured

A host of doctors have been recognised in this year's Australia Day honours for their commitment to and care of the community

Forensic pathologist Professor Roger Byard PSM has performed some 6000 autopsies in his career yet he can still remember the names of the first children he examined almost 30 years ago.

To him they are patients — with families who are grieving and wanting answers.

“Forensic pathologists are guardians of the dead in a way. We’re the last doctor that this person is going to see. It can be a difficult profession but I approach each case by saying, ‘this is my patient and I really need to find out what has happened so I can talk to the family, their doctor and the coroner about anything that is of concern’”, he says.

It’s Professor Byard’s dedication and service to his field as an academic, researcher and practitioner that led to his appointment as an Officer of the Order of Australia in this year’s Australia Day honours list.

“I was really touched to be honoured like that because it is in recognition of my life’s work.”


Professor Byard is the Senior Specialist Forensic Pathologist for Forensic Science SA and holds the George Richard Marks Chair of Pathology at the University of Adelaide. An area of special interest and dedication is his work in paediatric forensic pathology and ensuring lessons from cases at the mortuary are put back into the community. He calls it “preventive pathology”.

“I still remember the first paediatric autopsy I did in Canada. It was a little French Canadian girl and I published her case in my book, *Sudden death in the young*. When I open the book, I know the names of the children that are in there. These are such terrible tragedies but if you can actually get something positive out of them that you can teach to your colleagues and others to help reduce the death rate, then that’s important to do, and it’s something I’m most proud about.”

Professor Byard shared the spotlight this Australia Day with many other distinguished medical professionals.

Also being appointed an Officer of the Order of Australia were:

Professor Diego De Leo, Director of the Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane: for distinguished service to medicine in the field of psychiatry as a researcher and through the creation of national and international strategies for suicide prevention.



Emeritus Professor Robert Goldney, past head of psychiatry at the University of Adelaide: for distinguished service to medicine in the

field of psychiatry, as a researcher and academic, through international contributions to the study of suicide and its prevention.

Professor Ralph Martins, founding Director of Research, McCusker Alzheimer’s Research Foundation, Hollywood Private Hospital, Perth: for distinguished service to medicine in the field of psychiatry through leadership in the research into Alzheimer’s disease and the development of early diagnosis and treatment programs, and to the community of Perth.



Professor Helen Zorbias, CEO of Cancer Australia: for her service to public health through leadership in the delivery of improved information

and services to cancer patients and their families and contributions to research and clinical trials.

Appointed a Member of the Order of Australia were:

Dr Brian Michael Boettcher, a forensic psychiatrist and past director of Aftercare, Sydney: for significant service to psychiatry as a clinician and educator.

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Professor Stephen Davis, president of the World Stroke Organization, director of Neurology, Royal Melbourne Hospital: for significant service to medicine in the field of neurology.

Dr Alan William Duncan, Medical Director of Clinical Governance at the Child and Adolescent Health Service, Department of Health (WA): for significant service to medicine in the field of paediatric intensive care as a clinician and educator.

Dr Mark Francis Ellis, an ophthalmologist at the Hawthorn Eye Clinic, Melbourne: for significant service to medicine in the field of ophthalmology, and to eye health in Indonesia and East Timor.

Dr David Alistair Lonie, a New South Wales-based clinician, educator and mentor: for his significant service to psychiatry, particularly in the field of infant and adolescent mental health.

Dr Isla Ellen Lonie (deceased), a clinician, educator and mentor, particularly in the field of psychoanalytic psychotherapy (and wife of Dr David Lonie, above): for significant service to medicine in the field of psychiatry, and to professional associations.

Dr Christopher Mitchell, former president of the Royal Australian College of General Practitioners: for significant service to medicine as a GP through leadership roles in clinical practice, education and professional organisations.

Associate Professor Jonathan Phillips, past-president of the Royal Australian and New Zealand College of Psychiatrists: for his significant service to mental health as a forensic psychiatrist, particularly through contributions to professional organisations.

Professor Bruce William Robinson, Professor of Medicine, School of Medicine and Pharmacology, University of Western Australia: for significant service to medicine in the area of research into asbestos-related cancers, and to the community, particularly through support to fathers.

Professor Roger Smith, Professor of Endocrinology, University of Newcastle: for significant service to medical research and development in the Hunter region and in the field of maternal health.

Emeritus Professor Richard Speare, Deputy Head, School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University: for significant service to medical and biological research through leadership roles in the areas of public health and wildlife conservation.

Professor Michael James Toole, Deputy Director and Head of Centre for International Health, Burnet Institute, Melbourne: for significant service to international health, particularly through leadership in medical research.

Associate Professor Jitendra Kantilal Vohra, Cardiologist and senior electrophysiologist, Royal Melbourne Hospital: for significant service to medicine in the field of cardiology.

Dr Glenda Kaye Wood, Head of the Brien Walder Department of Dermatology, Prince of Wales Hospital, Sydney, and a director with the Australian Medical Council: for significant service to medicine in the field of dermatology.

Emeritus Professor Neville David Yeomans, Director of Research, Austin Life Sciences, Austin Health, Melbourne: for significant service to tertiary education, research and clinical practice in the field of medicine.

Dr Jane Louise Zimmerman, former international president, Soroptimist International, was honoured for significant service to the community as an advocate and promoter of the status and health of women.

Receiving a Medal of the Order of Australia were:

Dr Malcolm Baxter, Ear, nose and throat and head and neck surgeon, Monash Medical Centre, Melbourne: for service to medicine as an ear, nose and throat specialist.

Professor Bradley Scott Frankum, Deputy Dean, School of Medicine, University of Western Sydney and Professor of Clinical Education: for service to medicine as an educator and administrator.

Public Service Medals were awarded to:

Dr Mark Stewart Elcock, who has 22 years' experience in emergency and retrieval medicine in Queensland Health, was honoured for outstanding public service in the development and delivery of integrated patient transport and retrieval services across Queensland.

Dr Neil Richard Wigg, a Queensland-based community paediatrician and Adjunct Associate Professor: for outstanding public

service to paediatrics and child health in Australia.

Dr Andrew Geoffrey Robertson CSC, Director, Disaster Management and Preparedness, Department of Health (WA), since 2003: for outstanding public service as Director, Disaster Management and Preparedness within WA Health.

Karen Burge

News & Reviews

Healthy gains in workforce check-up



Australia's medical workforce is increasing in size, with new figures showing improved supply across all regions of the country. The Australian Institute of Health and Welfare (AIHW) *Medical Workforce 2011* report found that between 2007 and 2011, the number of medical practitioners employed in medicine increased by just over 17% from 67 208 to 78 833. The overall supply of clinicians across all states and territories had increased 11.4% between 2007 and 2011, from 323 full-time equivalents (FTEs) per 100,000 people to 360.

AIHW spokesperson Teresa Dickinson said the supply of medical practitioners rose in all areas, including major cities (up by 60 FTEs), inner regional areas (up by 60 FTEs), outer regional areas (up by 69 FTEs) and remote/very remote areas (up by 45 FTEs).

The AIHW study provided information on the demographic and employment characteristics of medical practitioners registered in Australia in 2011. During that period, there were 87 790 medical practitioners registered in Australia and about 85% of them responded to the workforce survey.

About 94% (73 980) of employed medical practitioners were working as clinicians, of whom 34% were general practitioners, 33% were specialists, 17% were specialists-in-training and 13% were hospital non-specialists. Of those employed as non-clinicians, which made up 6% of all employed medical practitioners, more than half reported being researchers or administrators.

"Women are increasingly represented in the medical practitioner workforce, up from 34% in 2007 to 38% in 2011", Ms Dickson said.

The average weekly hours worked by employed medical practitioners remained steady during the survey period. The report showed that, in 2011, male medical practitioners worked an average of 45.9 hours per week, while female medical practitioners worked an average of 38.7 hours per week.



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NSW Hunter	From 13/05/2013 to 27/05/2013	\$115 p/h
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Mid North Coast NSW	From 02/04/2013 to 05/04/2013	\$115 p/h
Southern NSW	From 20/05/2013 to 30/05/2013	\$100 p/h

O&G VMO

Metro WA	From 15/04/2013 to 20/04/2013	\$2,000 p/d
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FACEM

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ACT	From 27/03/2013 to 28/03/2013	\$2,600 p/d
Southern NSW	From 02/05/2013 to 05/05/2013	\$2,500 p/d
Southern NSW	From 06/06/2013 to 09/06/2013	\$2,500 p/d
Southern NSW	From 10/06/2013 to 11/06/2013	\$2,500 p/d

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Medical mentor

Striving for excellence

Professor Doris Young

describes the appeal of academic general practice

Professor Doris Young holds three positions at the University of Melbourne. She is Chair of General Practice, Associate Dean (Academic) and Assistant Dean (China) in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. Here, she shares the enthusiasm that has helped inspire the next generation of general practitioners

I completed general practice training after graduation from University of Melbourne and then did a fellowship in adolescent medicine at the University of Washington (UW) in Seattle, USA. During that time I was exposed to academic family medicine at UW and upon return to Melbourne, I joined the University of Melbourne department of community medicine as a lecturer and that was the beginning of my academic GP career.

As an academic GP having worked in a university for over 25 years, I find the variety of roles I hold rewarding and challenging, and teaching medical students about communication skills and general practice is most satisfying.

In the beginning I was interested in paediatrics, then specialised in adolescent medicine, completing a research higher degree, an MD [Doctor of Medicine], in the area of adolescent bone health. But, at the end of the day, I was drawn to problem solving, caring and managing the whole person and people from all age groups. Having breadth in medical skills and knowledge appeals to me and I thrive in a community setting working with a multicultural population.

My areas of expertise are general practice education and research, in particular conducting research into health care for models that can improve health outcomes for patients with chronic diseases.

Seeing generations of medical students whom I have taught for 25 years graduate and find their own career paths has kept me going. To see them grow from bright-eyed young medical students to practising doctors, regardless of their chosen specialties, continues to inspire me. To be able to offer guidance and provide them with the network I have developed nationally and internationally is pleasing. Of course if they become GPs, I will be even more pleased. Then seeing some go on to develop their

careers further to become leaders, educators and researchers in general practice fulfils the passion I hold for academic general practice.

Building the next generation of academic GPs has been my mission. Balancing clinical, teaching, research and administration roles has been the greatest challenge in my career but it is also this diversity of roles that keeps up my enthusiasm.

I have two key mentors. Professor Charles Kent Smith at UW (now at Case Western University), who showed me what an academic family doctor is all about in the early 80s. He taught me how to teach communication skills to medical students and what types of research we can do in primary care. His enthusiasm was infectious. Also, Professor Neil Carson from Monash University, who showed me how to establish a strong and respected Department of General Practice within the university. I was inspired by the way he developed the GP curriculum within the medical course.

Looking back on my career, I am proud to have mentored many academic GPs in Australia and to have established the academic discipline of general practice at the University of Melbourne. I'm also proud of having been able to continue to work as a part-time GP in Broadmeadows for over 25 years despite all my other commitments.

I would definitely recommend a career in general practice. General practice is about providing medical care to a broader population base in the wider community and to be able to teach these special skills well to medical students has a great impact on the health of the community. The results from GP primary care action research often can influence health practice and policies, which is very rewarding.

Interview by **Karen Burge**



Registrar Q&A

Dr Jo-Anne Manski-Nankervis is a part-time academic registrar, working

under the mentorship of Professor Doris Young.

What is your current role?

I work at the General Practice and Primary Health Care Academic Centre at the University of Melbourne, where I am undertaking a PhD and working on Stepping Up, a National Health and Medical Research Council-funded clinical trial of a new model of care for insulin initiation for people with type 2 diabetes in general practice. I also work two sessions per week doing general practice at a clinic in Essendon.

What inspired you to choose this career path?

I had a fantastic general practice rotation in the final semester of my medical degree at the University of Melbourne, working with Dr Jock Sowerby in St Leonards. Jock and his patients opened my eyes to what general practice could achieve for patients and to the importance of the general practitioner–patient relationship. Professor Doris Young broadened my perspective as to the role that GPs could play in education and research that could benefit how GPs work.

What do you find inspiring about Professor Young?

Doris is incredibly approachable. She will always give an honest assessment about my work — good or bad — but is always motivating, supportive and cognisant of “the big picture”. She has the ability to identify and bring together teams that can work together and complement each other based on their strengths. Regardless of how I'm feeling when I walk into her office, I always come out with new ideas and am ready to take on new challenges.

Where do you see your career heading in the future?

I aim to continue my diabetes and health services research as well as my clinical work.



Road less travelled

Dili challenge draws educator

With a comfortable retirement on the horizon, paediatrics Professor David Brewster turned his back on a new house and the rich cultural life of Canberra to take up one more teaching position in a developing country

Professor Brewster, who had been clinical director of paediatrics at Canberra Hospital for a year, started in his new role this month based in Dili where he will set up and run the first specialist postgraduate diploma training course in paediatrics.

AusAID and the Royal College of Surgeons are funding the project, along with training in surgery and anaesthetics.

Until now, teaching in Dili's medical school was given in Spanish, complementing the Portuguese spoken in Timor. Training local doctors was largely funded by the Cuban government with its strong emphasis on community medicine, and in particular, reducing infant mortality.

"AusAID has agreed to support this project because Australia also has a responsibility to its near neighbour. Part of this initiative is for English to be used in postgraduate medical training. And language is a crucial issue in Timor", he says.

Professor Brewster expects his Algerian-born wife, Catherine, who had been teaching English as a Second Language at the Australian National University, will also become involved in this latest posting. The couple has lived and worked together in many developed and less developed countries throughout Professor Brewster's career. Through this work, two children have been adopted into the family.

First was Sophie, who had been left in a rural hospital in St Lucia in the West Indies, where Professor Brewster was working as a young medical officer soon after completing his studies at McMaster University in Ontario. Catherine, who was then pregnant with their son, offered to look after the baby, whose condition was declining despite the hospital setting. When they left St Lucia

two years later, they formally adopted Sophie.

Setha was adopted from India, while Phillipe, Sarah and Julian complete the Brewster's five children. There are now four grandchildren too.

The family spent time in New Zealand, where Professor Brewster did his paediatrics training, and then worked in Samoa, Sydney, Zimbabwe, the Solomon Islands, Gambia, Newcastle, Darwin, Vanuatu, Cairns, Fiji and Botswana. He ran medical schools in Darwin, Gaborone in Botswana and Suva in Fiji.

"The opportunity to teach again is also a chance to practise the kind of medicine I know and love. I made a commitment to teach before going into medicine. It was an active choice", he says.

"Many colleagues say they would love to do this sort of work but for the constraints of child schooling or a reluctant partner, but our children went to good schools in developing countries."

His family also flourished in the diverse cultures where they have lived, with three of his children now following careers in less developed countries, including one who is a doctor in Vanuatu.

Brewster is not new to Timor and had made many visits as part of outreach work while based in Darwin. His son also worked in Dili previously, where he helped set up an English school. There had been plans for Professor Brewster to be involved in research with the NHMRC and the Wellcome Trust in a province north of Dili, investigating Helicobacter, but political instability and rioting in 2004 scuppered the plans.

Professor Brewster's work in Dili will allow the first locally trained paediatricians to qualify at the end of his

four-year term, after completing a one-year diploma and three years' additional training. The goal is to have two or three properly trained paediatricians. They will be selected for the program initially on the basis of having expressed interest.

"In Timor there is a lot of infectious disease, including TB and dengue fever. It's the medicine of poverty that you find anywhere with overcrowding, poor living conditions, and malnutrition", he said.

He believes the political elite in East Timor have also been sensible so far, including the allocation of limited resources on health spending.

"When you go to these countries you do so with a commitment not to get involved in politics", he says. "There is a syndrome of people arriving from rich countries who can't adapt. You need a pragmatic approach; money and goodwill are only part of the picture. It's not unlike working in indigenous health where you may not always be in control, but you can contribute if you adjust to the frustration, and focus on where you can make a difference."

Professor Brewster recommends young doctors consider a path in development medicine, but suggests a commitment of two years is necessary to make a difference. On a clinical level, it means recognising that context is all important, he says.

"So much of diagnosis is knowing the local situation and how things present. You also have to enjoy living there, lead by example, not get into an expat rut, nor lecture the locals on what to do. And most importantly, immerse yourself."

Which is exactly what Professor Brewster intends to do in Timor, long after many of his contemporaries have wound back their careers.

"You may not always be in control, but you can contribute if you adjust to the frustration"

Linda Drake

Money and practice

Online security

The recent hacking of a Gold Coast practice's medical records highlights the growing need for cyber security and insurance



It began as a small annoyance. Opening up early one Saturday morning last December, the receptionist at Miami Family Medical Centre found that the busy Gold Coast clinic's front-desk computer wouldn't connect to the server.

She moved to the back of the practice where the server was kept to fix the problem.

And that's when it became obvious that it was something much more serious.

The server screen was locked and, amid an array of gobbledegook, was displaying a message demanding \$4000 for the return of access to the business's files.

It wasn't a virus. It wasn't a theft. It was ransomware.

Someone sitting at a screen — most likely in Russia — had identified a vulnerability in the practice's operating system. Using a sophisticated code, they had reached around the globe and hacked into the suburban medical centre's computer network, encrypting its files as well as what the owners, general practitioner Dr Ramira Butt and her husband David Wood had thought was a secure backup system.

In an email to Dr Butt, the hacker/s said they would provide the key to the encryption if the ransom were paid.

Ransomware has existed for a couple of years, but it is only recently that it has been refined to the point that it has become a real challenge for small business.

And medical practices are clearly among those being targeted.

Miami is the only practice to have gone public about the crime, but 2012 saw at least one other Queensland clinic and three in Melbourne affected by

similar attacks.

It's not just happening in Australia. In the United States a *Washington Post* investigation recently identified the health care industry as one of the most vulnerable to cyber attack due to complacency about online security and delays in remedying flaws.

Insurance

The cost of an attack or cyber security failure, whether it's ransomware or data

“ Unless you have a completely ironclad system, you are never going to stop all of this ”

Dr Trish Williams

theft, can be severe.

There is the expense involved in contacting all the clients affected, the expense of contracting information technology (IT) experts to identify and remedy the fault, as well as possible liability for what is done with any data taken. It's also potentially a significant blow to a practice's reputation and goodwill.

The Miami practice was able to recover all except the last 12 months' data thanks to backups, but Mr Wood says he still shudders to think what the final cost will be.

Electronic data theft is normally excluded from insurance policies, but coverage for incidents such as ransomware is available under new cyber security insurance policies offered by Chubb and Zurich.

It is early days, however, and such coverage remains prohibitively

expensive for the vast majority of medical practices, according to Brisbane-based broker with AMA Queensland Insurance Solutions, Stewart Scott.

As an example, Mr Scott said a cyber security policy for a practice with a turnover of up to \$5 million still costs as much as \$13,000 per year.

“The problem is, like any new product, they don't know the risks yet. And it's a pretty broad cover so it's not affordable yet in the medical context”, he says.

If, as expected some time this year, the federal government follows its US and United Kingdom counterparts in making it mandatory for all data breaches to be reported, even such expensive protection may become more attractive for practices when compared with footing the estimated \$1–2 per head bill entailed in contacting every client.

Cyber liability

Beyond the ransomware attacks, IT security experts say medical clinics remain relatively low-value targets for hackers compared to banks and online retailers.

While a clinic's electronic files contain substantial personal information, their monetary value to strangers is small without any great financial detail.

A practice may still be hit with the

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costs of liability if patient privacy is breached online, however.

Unlike cyber security, insurance for cyber liability is already widely included as part of practice indemnity policies.

This provision recently saw a practice make a successful claim when a receptionist inadvertently emailed confidential information to a third party pretending to be a client, with the third party going on to post that information on the internet.

Prevention

As always, prevention is the best defence. While it can eat up precious practice time and money, experts say owners need to take it much more seriously.

Dr Trish Williams is senior lecturer in computer and information security at Edith Cowan University in Western Australia.

A specialist in cyber security in the health care industry, she is currently helping to update the Royal Australian College of General Practitioners' Computer and Information Security Standards (CISS).

"Practices don't take security seriously enough. Often people will make the comment, 'well, nothing has ever happened' or 'why does anyone want the information'. But it's vital today", Dr Williams says.

Given that even the Central Intelligence Agency can't defend itself against the most sophisticated hackers,

however, good security can be difficult to achieve. Other than via a secure firewall and antivirus software, doing regular backups and keeping those backups separate from the network is the most important guard against critical loss, she says.

"Some of these types of attacks are very specialised and are very sophisticated and clever", Dr Williams says.

"Unless you have a completely ironclad system, you're never going to stop all of this. You can never have 100 per cent security.

"And if hackers can get into one part of the network, they can get into all of it."

Hence the need to ensure that backups are up to date and not accessible online.

When the revised CISS standards are released in June they will have a new emphasis on maintaining backup systems completely segregated from a practice's network.

There will also be a recommendation that practices make greater use of technical assistance in setting up and maintaining IT networks.

It is recognition of the difficulty of negotiating the fine line between what tech-minded practice owners and managers are capable of doing themselves and when a clinic needs to spend the money to have IT security specialists ensure a robust set-up.

"For a lot of practices, that's a very

difficult balance to get", Dr Williams says.

Looking to the future, Dr Williams and others in the IT security field warn that the increasing use of mobile IT devices in medical practices poses a further serious risk for data management.

They say that similar to (the attention paid to) in-practice IT, rigorous precautions should also be applied to the tablets and smartphones staff use to exchange important information. These also need to be configured for maximum security.

"Some of these breaches occur because people don't configure the external settings correctly", Dr Williams says.

Back on the Gold Coast, these are all lessons Mr Wood and Dr Butt have learnt well.

After two weeks as a paper-only operation, they switched their IT system back on just before Christmas.

In addition to purchasing a new server and having it professionally configured, they are now employing independent IT security consultants to audit the entire network for any potential vulnerability.

Mr Wood says he'll also be looking at cyber security insurance when he next renews his policies. The option had been available before but they didn't take it, he says.

"I've tended to shy away from what I would call 'esoteric insurance' because you have to look at the fine print of how you qualify."

In the end, they chose not to pay the ransom — fearful of follow-up demands and of sharing any sort of financial information with the extortionists.

And nearly three months after discovering the breach, Mr Wood is now in email correspondence with a Romanian IT expert who managed once before to decipher the encryption key used on a clinic this way.

"You can't put too much faith in this", Mr Wood says.

"But he's been working on it and his most recent email was 'I'm halfway there'. And this sort of stuff is just his

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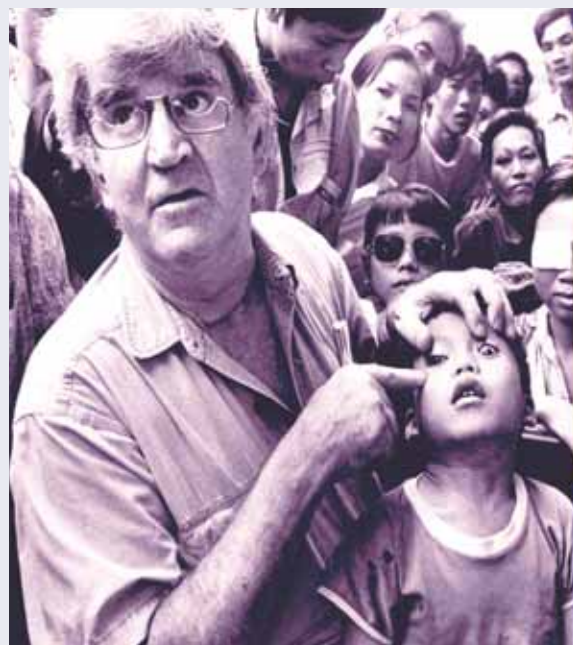
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