Role of the medical community in detecting and managing child abuse

To the Editor: I thank Oates, and Gwee and colleagues for writing on the role of the medical community in detecting and managing child abuse. I would like to add to the points they make. Doctors have a crucial role in medical follow-up for children in out-of-home care. Many children in out-of-home placements have complex needs, with physical and mental health disorders. Placement breakdowns mean that some children lack consistency in medical follow-up, which can lead to complete treatment drop-out. This is a significant risk factor for children in care.

Keeping the child health passport up to date can help with handover of medical conditions for children changing placements. General practitioners can assist with handover by keeping a log of prescriptions issued, with photocopies of private scripts. A doctor should highlight in the medical record when a patient is a child in care, making note of the name of the person who attends with the child, which organisation he or she works for, and details of the responsible government department and case worker. Such details can be useful to track a new abode for the child, particularly in the context of a missed appointment. Details of the guardian are also valuable when seeking consent for treatment.

Medication safety can be promoted through: carers leaving prescriptions at a designated pharmacy; weekly or fortnightly dispensing; use of Webster-paks; and the safe storage of medications by carers. The medical community can, with documentation and attention to prescribing, assist with the medical management of children in care.

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LETTERS TO THE EDITOR

The MJA welcomes letters on new topics (no longer than 350 words) or commenting on an MJA article (no longer than 250 words). All letters should have no more than three authors. Comments about MJA articles should be submitted within 1 month of that article’s publication and should be given the same title as the article. Letters should be appropriately referenced in the same style and format as other MJA articles, with no more than 5 references. All research letters are peer reviewed, and other letters may also be peer reviewed. All letters are subject to editing. Proofs will not normally be supplied unless significant changes are made.

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Before 2009, about 130% of the expected intake was shortlisted for interview using GAMSAT score as the ranking criterion. From 2009 onwards, 100% of the intake was selected using GAMSAT ranking only — thereby raising the cut-off score. Given the male GAMSAT bias, this resulted in the small increase in male enrolments between 2008 and 2009.

Data from Wilkinson et al show that since 2010, the school leaver pathway intake has increased substantially but the total domestic enrolment has remained constant. This reduced the number of places offered to graduate-entry applicants, which resulted in higher GAMSAT cut-offs that favoured male applicants due to the underlying GAMSAT gender bias.

We believe that the dramatic bias towards male graduate-entry enrolments in 2011 and 2012 is a direct consequence of the reduction in the number of places offered. To restore gender equity in a GAMSAT-based ranking system, we recommend that the School of Medicine restore the graduate-entry intake in future cohorts to prior levels.

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IN REPLY: We thank Behrendorff and Liu for their interest in our paper and their insightful comments. We acknowledge the validity of their argument that gender bias may be associated with a decrease in the number of direct-entry, or domestic, graduate places offered at the University of Queensland (UQ) School of Medicine. However, we would counter that the change in numbers across the two domestic entry pathways is another contributing factor, rather than an alternative hypothesis. In our article we point out that the change in gender ratio was associated with the removal of the interview, not that it was caused by the removal of the interview. As with graduate medical student performance in general, there are likely to be a number of interacting factors underlying the change in gender proportions at UQ. For example, the possibility of changing characteristics within the GAMSAT candidate pool is worthy of exploration. Further research is underway to help identify the factors related to the gender differences in GAMSAT performance as well as the underlying causes.

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