

# Get back to work



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doi: 10.5694/mja14.c0203

A quote from literature is a time-honoured trope used in editorials to exemplify a chosen theme. Literature, however, is often negative about the idea of returning to work, which many doctors are now doing. Indeed, work itself is usually considered a black hole of mundanity. In the real world, any new year's resolutions to do things better this time may already be starting to dissipate under the influence of such negativity. However, work, though at times uninspiring, does somehow get things done.

Unfortunately, despite our best efforts, any resolution to stop the introduction into Australia of microorganisms resistant to multiple antimicrobial agents has probably been in vain. The case of a man repatriated from Greece with complications from perforated diverticulitis has brought home to clinicians that Australia has not averted the threat of multidrug-resistant (MDR) organisms. In their case report (*page 116*), Chua and colleagues describe the stormy and protracted course of "last line of defence" antimicrobials, complex operations and costly isolation and cross-infection prevention protocols. They identified 10 patients admitted to Austin Health between December 2011 and February 2013 with MDR organisms and a history of recent overseas travel. The larger implications of such cases for Australian health care are becoming clearer.

In hospitals across Australia, many wards and emergency departments will have welcomed new additions to their medical teams as this year's interns started their first clinical term. All doctors will remember their first foray into paid clinical work, for reasons good and bad, and everyone can think of how their own apprenticeship could have been better supported and more focused on learning and practice. We all recognise that interns need ongoing structured education, protected from their clinical duties. In 2008, the Garling inquiry recommended interns spend 20% of their rostered time in a formal clinical training program ([http://www.lawlink.nsw.gov.au/Lawlink/Corporate/ll\\_corporate.nsf/vwFiles/E\\_Overview.pdf/\\$file/E\\_Overview.pdf](http://www.lawlink.nsw.gov.au/Lawlink/Corporate/ll_corporate.nsf/vwFiles/E_Overview.pdf/$file/E_Overview.pdf)). Oates and colleagues (*page 100*) have estimated how much their

education costs the New South Wales health system and found the total was close to \$15 000 per intern. They also found that, in NSW, only 6% of an intern's time is allocated to these educational activities, well short of the 20% recommended nearly 6 years ago. Interns are better supported educationally than previously, but there is still a considerable way to go in improving our investment in this area of health care.

Getting the right mix of people in medical school admissions is an area of ongoing interest. The University of Queensland dropped the requirement for applicant interviews from 2009. Wilkinson and colleagues (*page 96*) show that the proportion of male students admitted grew substantially thereafter, up to almost three-quarters of domestic graduate-entry students in 2012. Male candidates' better performance in the section of the Graduate Medical School Admissions Test (GAMSAT) on biological and physical sciences reasoning is thought to play a role. There are several ways to interpret these findings, but medical school interviews appear to have a function in ensuring gender equity. This is also a discussion that has to go beyond the medical school.

Outside of hospitals and medical schools, the fight for better community health continues. Elliott and colleagues (*page 92*) assess the "progress" made by the federal government's Food and Health Dialogue over the past 4 years to improve the nutritional profile of foods and enhance consumer education about healthy diet choices. Depressingly, none of the agreed goals have been achieved. The authors argue for the Dialogue to have stronger transparency and accountability in its initiatives and targets, and to manage commercial vested interests whose involvement is essential, but whose goals are different to public health objectives. Improving the food environment needs sustained commitment but, in Australia, interest and focus is in danger of fizzling out. Let us hope that everyone involved can keep a lid on the influences that may stymie progress and get back to the work needed to renew this resolution to make Australians healthier. □

## Red tape: the bane of the GP's life

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The burden of bureaucracy in medical practice has long been a problem and technology is not yet making it any easier. Some doctors in the United States have employed a "medical scribe" to follow them around taking notes and filling in the reams of forms necessary to conduct business in the health care system. Things aren't that bad in Australia yet, but according to some, it's not far away. Emeritus Professor of Public Health and Community Medicine at the University of New South Wales, Dr Ian Webster, says the paperwork

associated with a doctor's many complex patients can itself become a serious deterrent to other doctors taking on their care. Meanwhile, a 2013 Australian Medical Association survey on red tape found that many general practitioners now devote nine or more hours each week to administrative processes. Annabel McGilvray reports (*page C1*). Professor Andrew Kaye eats, drinks, breathes and sleeps neurosurgery. Except when he's barracking for the Hawthorn Hawks. He speaks with Cate Swannell (*page C4*). □

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