



The Royal Australasian  
College of Physicians



**RACP Congress  
2011 Darwin**  
22 – 25 May | Darwin Convention Centre

## Addendum to the Delegate Handbook

(as at 17/05/11)

The following are changes that have been made to the Congress Program since the Handbook was printed. Please refer to this in consultation with the Handbook when planning your session and Congress attendance.

### WIRELESS INTERNET

Wireless internet is available to Congress delegates – with access available in the exhibition hall, foyer areas and all meeting rooms. To log in please search and select the **RACP CONGRESS 2011** wireless network and enter the password: **2011201120**

### Apology

Error in Handbook (pg 24): On behalf of the Congress program committees, the College would like to apologise for any inconvenience or distress caused by a printing error on page 24 of the RACP Congress 2011 Delegate Handbook. The birth and deceased date acknowledged under **Professor William Glass's** photo was incorrectly noted. We would like to acknowledge that Professor David Ferguson was born in 1920 and died in 2002.

### Announcement

The **Adult Medicine Division** is pleased to announce that two prizes will be awarded to a Fellow and a Trainee in the poster presentation category at the Congress. Each prize is a AUD\$100 voucher.

Judging will take place on Tuesday, 24 May 2011 at lunchtime. Adult Medicine poster exhibitors are asked to be at their poster at 1300hrs.

### EXHIBITION

#### Exhibition Open Hours (Correction)

Correction for Wednesday 25 May 2011 – the exhibition will be open: 0830 – 1400 hrs

#### New Exhibitors

Charterhouse Medical - Stand No. 5  
[www.charterhousemedical.com](http://www.charterhousemedical.com)

Closing the Gap – Stand No. 6

#### Exhibitor Withdrawal

Doctors for the Environment Australia

### Business Meeting

Incorrect time advertised on Program at a Glance and on Pages 43 and 65

#### RACP Annual General Meeting

Monday 23 May 2011: 1300 – 1400 hrs  
Meeting Room 4

### Sunday Catering:

**Will be served in the Main Foyer Area, Ground Floor**

1030 – 1100: Morning Tea

1230 – 1330: Lunch

There is no Afternoon Tea service.

### SESSION CHAIRS

Late session chair confirmations:

#### Program: Paediatrics & Child Health Division

- RACP Trainee Research Prize (Paediatrics & Child Health).....Session Chair: Dr Patrina Caldwell
- Free Papers (Tuesday, 24 May 2011) .....Session Chair: Dr Gervase Chaney
- Free Papers (Wednesday, 25 May 2011).....Session Chair: Associate Professor Susan Moloney

#### Program: Adult Medicine Division/IMSanz

- The Best of Grand Rounds - Wiley-Blackwell Award for Clinical Excellence Session 1 .....Session Chair: Dr Alasdair MacDonald
- The Best of Grand Rounds - Wiley-Blackwell Award for Clinical Excellence Session 2 .....Session Chair: Dr Alasdair MacDonald
- RACP Trainee Research Award Session 1 .....Session Chair: Dr Diane Howard
- RACP Trainee Research Award Session 2 .....Session Chair: Dr Diane Howard

#### Program: Australasian Faculty of Public Health Medicine

- Gerry Murphy Presentations.....Session Chair: Dr Christine Connors

**Wiley Blackwell Award for Medical Education** .....Session Chair: Associate Professor Susan Moloney

**ORAL PRESENTATIONS****SUNDAY, 22 MAY 2011 ORAL PRESENTATIONS – UPDATE**

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**Workshop CANCELLED**

Session Name: Workshop 6 How to present yourself best in the Clinical Examination

Session Date: Sunday, 22 May 2011 (Session Time: 0900hrs – 1230hrs)

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Meeting Room Changes

1300 – 1530 hrs: AFOEM Policy &amp; Advocacy Meeting has been relocated to the Executive Board Room, Level 1

1100 – 1230 hrs: Telehealth/Remote Assessment will now be held in Waterfront Room 1

1100 – 1230 hrs: Case Study: Developing Cultural Competence will now be held in Waterfront Rooms 2 &amp; 3 combined

1350 – 1500 hrs: Advocacy Skills for Physicians will now be held in Waterfront Room 1

1350 – 1500 hrs: MyCPD 4 U will now be held in Waterfront Rooms 2 &amp; 3 combined

**MONDAY, 23 MAY 2011 ORAL PRESENTATIONS – UPDATE**

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Change to speaker order

**Session Name: AMD Sunrise Session****Topic: IMSANZ Free Papers**

Session Date: Monday, 23 May 2011 (Session Time: 0745hrs – 0845hrs)

1<sup>st</sup> speaker: Dr Leslie Bolitho2<sup>nd</sup> speaker: A/Professor Ian Scott3<sup>rd</sup> speaker: Dr Golan Khadem

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Changes to presentation titles

**Session Name: AMD Stream****Topic: Indigenous Sexual Health**

Session Date: Monday, 23 May 2011 (Session Time: 1400hrs – 1530hrs)

Presentation title: Aboriginal sexual health in the Northern Territory.

Are we winning?

Speaker: Dr Nathan Ryder

Presentation title: Challenges to STI management in remote NT

Speaker: Dr Vinod Daniel

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Error in presentation title

**Session Name: AMD Stream****Topic: Best of Grand Rounds – session 1**

Session Date: Monday, 23 May 2011 (Session Time: 1400hrs – 1530hrs)

Case 3: Immunological recovery and IRIS – The Yin and Yang of antiretroviral therapy

Speaker: Dr Sarah McGuinness

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Amended title

**Session Name: AMD Stream****Topic: Best of Grand Rounds – session 2**

Session Date: Monday, 23 May 2011 (Session Time: 1600hrs – 1750hrs)

Case 6: The new chameleon in medicine

Speaker: Dr Suong Le

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Incorrect time for **RACP AGM**, should be 1300 – 1400

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New session title and additional speaker

**Program: Additional Sessions – Open to All****Session Name: Preparing Fellows for Global Health Practice: Training, Opportunities, Challenges and Hazards**

Session Date: Monday, 23 May 2011 (Session Time: 0745hrs - 0845hrs)

Speakers: Professor Paul Komesaroff, A/Professor Rosemary Aldrich

Location: Vibe Medina Hotel - Zealandia Room

(Note: Tea/Coffee for session attendees will be available at Vibe/Medina)

This Sunrise session will take the form of a roundtable discussion about initiatives in the College and elsewhere to provide support for global health practice, including the proposed establishment of a new Specialty Society for Global Health Practice. It will offer an opportunity for Fellows and trainees with an interest in this area to meet each other, share their experiences and comment on the approaches being explored relating to training, support and career development.

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Additional speakers

Program: Additional Sessions – Open to All

**Session Name: AACP: Case conferencing and its use in the management of chronic disease by consultant physicians and paediatricians****Session Date: Monday, 23 May 2011 (Session Time: 0745 – 0845hrs)**

Speakers: Dr Richard Whiting, Dr Paul Bauert, Dr Nadarajh Kangaharan

Chair: Dr John Best

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Additional speakers

Program: Additional Sessions – Open to All

**Session Name: Supporting Physicians Professionalism and Performance' (SPPP) project consultation and feedback session**

Session Date: Monday, 23 May 2011 (Session Time: 1400hrs - 1530hrs)

Speakers: Dr Grant Phelps, Dr Sarah Dalton, Dr Ian Graham

**TUESDAY, 24 MAY 2011 ORAL PRESENTATIONS – UPDATE**

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New presentation title

**Program: Adult Medicine Division/IMSANZ****Session Name: Education & Supervision**

Session Date: Tuesday, 24 May 2011 (Session Time: 0900hrs - 1030hrs)

Speaker: Professor David Kandiah

The new presentation title is: Peer review of Overseas Trained Physicians/Paediatricians (OTPs)

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Incorrect start time advertised on Program at a Glance

**Workshop – Academic Occupational and Environmental Medicine**  
(Waterfront Room 1)

New start time: 1300 – 1400hrs

PAGE 28

Incorrect start time advertised on Program at a Glance

**PREP Consultation - Have your Say!**

1300 – 1400 hrs

Note: Lunch for session attendees will be available at Vibe/Medina

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Error in presentation title

**Session Name: AMD Stream****Topic: RACP Trainee Research Award – Session 1**

Session Date: Tuesday, 24 May 2011 (Session Time: 0900hrs – 1030hrs)

Presentation Title 4: South Australian Scleroderma Register: Auto antibodies as predictive biomarkers of phenotype and outcome

Speaker: Dr Scott Graf SA

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Amended chair

**Session Name: AMD Stream****Topic: Chronic Renal Disease**

Session Date: Tuesday, 24 May 2011 (Session Time: 1100hrs – 1230hrs)

Chair: Dr John Killen

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Amended presentation title

**Session Name: Joint Adult Medicine and Paediatrics & Child Health Session****Topic: Adolescent Health**

Session Date: Tuesday, 24 May 2011 (Session Time: 1600hrs – 1730hrs)

Presentation Title: Respiratory disease in Aboriginal and Torres Strait Islander people

Speaker: Professor Anne Chang

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Additional information – speakers and presentation titles

**Program: Australasian Faculty of Occupational & Environmental Medicine****Session Name: Ramazzini Award Presentations**

Session Date: Tuesday, 24 May 2011 (Session Time: 1400hrs - 1530hrs)

Presentation Title 1: Cross-sectional Survey of the Current Health Status of a Chemical Manufacturing Business

Speaker 1: Dr Penelope Gillett

Presentation Title 2: The Attitude of General Practitioners to “Fit Note” Certification: a New Zealand Perspective

Speaker 2: Dr Kristin Good

Presentation Title 3: Diabetes Mellitus Type 2 in Safety Critical Rail Workers

Speaker 3: Dr Cecilia Mudbidri

Presentation Title 4: Analysis of a Telephone Triage Call Centre for Employees: Differences between surrogate telephone triage calls in an adult population and self calls

Speaker 4: Dr Alexandra Muthu

Presentation Title 5: Impact of The New National Standard for Health Assessment of Rail Safety Workers on Ischaemic Heart Disease Risk Factors in Train Drivers

Speaker 5: Dr Kar Loong Ng

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Additional information – speakers and presentation titles

**Program: Australasian Faculty of Occupational & Environmental Medicine****Session Name: Free Papers 1**

Session Date: Tuesday, May 24 2011 (Session Time: 1600hrs - 1730hrs)

Presentation Title: Vitamin D deficiency in chronic upper limb injury

Speaker: Dr David Cullum

Presentation Title: Travelling bugs

Speaker: Dr Tim Sprott

Presentation Title: All at Sea - Warship Sick Bay Presentations and Morbidity Analysis

Speaker: Dr Ross Mills

Presentation Title: Point of collection drug and alcohol testing: setting the standard.

Speaker: Dr Andrew Keller

Presentation Title: The Japanese Nuclear Emergency: an Airline perspective

Speaker: Dr Tim Sprott

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Additional information

**Program: Australasian Faculty of Public Health Medicine****Session Name: Social Determinants of Indigenous Health**

Session Date: Tuesday, 24 May 2011 (Session Time: 1100hrs - 1230hrs)

Session aims for Public Health Physicians:

Increased understanding of the importance of social contexts as key determinants of health outcomes;

Increased understanding of the mechanisms by which the early years of child development translate social contexts &amp; disadvantage into physiology;

Greater appreciation of the contribution that clinicians can make to reducing the adverse impact of social determinants on health outcomes.

Session Introduction:

This session aims to develop participants' appreciation of the importance of social contexts in determining subsequent health outcomes, over and above the provision of healthcare.

The session will consider the mechanisms by which children's early years of life build these social determinants into each person's physiology, pathology &amp; subsequent health. There will also be discussion about the contributions that clinicians can make to reducing the adverse impact of these social determinants on health outcomes.

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Additional information

**Program: Australasian Faculty of Public Health Medicine****Session Name: Policy & Advocacy Session: Health in all policies – A way of addressing the social determinants of health**

Session Date: Tuesday, 24 May 2011 (Session Time: 1400hrs - 1530hrs)

Session Description: Whether people are healthy or well is not so much about doctors and hospitals, important they may be, but a lot about education, housing, employment and the society we live in.

These social determinants of health lie outside the traditional reach of health professionals and health departments. But they need not and should not. Health In All Policies is a concept whereby the focus of these vital “non-health” domains shifts to recognize their important to the health and well-being of society.

Health professionals, in particular public health professionals, can play a key role in assisting this shift in focus and by bringing valuable public health skills to a partnership.

### WEDNESDAY 25 MAY 2011 ORAL PRESENTATIONS – UPDATE

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Additional information – presentation titles and withdrawn speaker

**Program: Australasian Faculty of Occupational and Environmental Medicine**

**New Session Name: Occupational and Environmental Medicine in Northern Australia**

Session Date: Wednesday, 25 May 2011 (Session Time: 0900hrs – 1030hrs)

Speaker: Frank Harris, Chief Advisor, Radiation Governance and Product Stewardship; Energy Resources of Australia

Presentation Title: Radiation Protection at the Ranger Uranium Mine: Historical Levels Through to Eventual Closure

Speaker: Dr Peter Connaughton

Presentation Title: Occupational Medicine in Remote Australia – Challenges and Opportunities

Withdrawn Speaker: Richard McAllister

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Additional information – speakers and presentation titles

**Program: Australasian Faculty of Occupational & Environmental Medicine**

**Session Name: Free Papers 2**

Session Date: Wednesday, 25 May 2011 (Session Time: 1400hrs – 1530hrs)

Presentation Title 1: Occupational violence in health care - balancing the needs of the public and health care providers

Speaker 1: Dr Ki Douglas

Presentation Title 2: Telemedicine item numbers

Speaker 2: Dr Andrew Jeremijenko

Presentation Title 3: Assessing fitness to drive: 2011\*

\*The project is a joint National Transport Commission and Austroads project, and as such, funding was provided through both these bodies.

Speaker 3: Dr Bruce Hocking

Presentation Title 4: The railcorp lantern test

Speaker 4: Dr Armand Casolin

### POSTER PRESENTATIONS – UPDATE

**Poster Board Number: 66**

Poster Title: How early is early? Addressing the health, developmental and social outcomes of children exposed to perinatal risks

Presenting Author: Bhavesh Mehta

**Poster Board Number: 67**

Poster Title: Remote control medicine: the impact of a perioperative medical service in urology outreach patients

Presenting Author: Alec Tam

**Poster Board Number: 69**

Poster Title: Bridging gaps in service provision at the intersection of intimate partner violence and mental illness

Presenting Author: Dana Slape

**Poster Board Number: 70**

Poster Title: Burden of paediatric 'scabies' in NW Queensland

Presenting Author: Angela Wood

**Poster Board Number: 71**

Poster Title: Necrotising Enterocolitis (NEC) & Temporal Association with Packed Red Cell Transfusions: in Extremely Low Birth Weight Infants. (ELBW)

Presenting Author: Liza Edmonds

**Poster Board Number: 72**

Poster Title: TBC

Presenting Author: Rikki Dank

**Poster Board Number: 73**

Poster Title: TBC

Presenting Author: Leeann Ramsamy



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## Addendum to the Abstract Supplement

Abstracts received since the Abstract Supplement was printed.

### Ferguson-Glass Oration

**T Calma**

*Department of Health & Ageing, Canberra*

Since 2006, Australia's peak Indigenous and non-Indigenous health bodies, NGOs and human rights organisations have worked together on the Close the Gap Campaign for Indigenous Health Equality to close the health and life expectancy gap between Indigenous and non-Indigenous Australians within a generation. The campaign is Co-chaired by Dr Tom Calma, who is also the National Coordinator for Tackling Indigenous Smoking, a key position within the Australian Government's Indigenous Chronic Disease Package. Dr Calma will discuss the Close the Gap campaign and his anti-smoking role. He will also consider the contribution environmental and occupational health practitioners can make to the ongoing national effort to achieve Indigenous health equality within a generation. This could include, in relation to environmental health, addressing the health impacts of pollution from mining and other sources on Indigenous lands; the high prevalence of water borne diseases in remote communities; and the potential health impacts of climate change on Indigenous health with particular reference to the impact of rising sea levels on health in the Torres Strait, for example. And in relation to occupational medicine, (acknowledging the broader positive role employment can play in raising the health status of all Indigenous Australians) by considering places of employment as conduits for the delivery of health services and programs to their Indigenous employees.

### Redfern Oration

**K Arabena**

An acceptable loss is a sacrifice that is deemed an acceptable cost of doing business. The implications of the term may be summed up as "What are we willing to lose to achieve a goal?" For too long Aboriginal and Torres Strait Islander people have been Australian society's acceptable loss. We frame categories of our communities as acceptable loss - people who are outside of Australian society's capacity to deal with them and relegated us to 'missions' - places where people live, in evangelism, in organisational statements of achievement. To accomplish our own mission not to be the subject of a mission, nor to live on the fringes of Australian society, Aboriginal and Torres Strait Islander people have in the past 50 years determined what is important for our quality of life, health and wellbeing. These ideas have proliferated in recent times. This proliferation could be viewed as confusing, or as a measure of

the level of sophistication in our current health thinking. New ways of being or becoming healthy are not passive, rather the options to achieve health in First People's thinking is self determining, robust and vital. This proliferation in discourses, strategies and practice by First Peoples allows practitioners to encounter health as an act, an avenue to accomplish our own mission, to no longer be Australia's Acceptable Loss.

### Research can't close the gap, but we can't close the gap without it

**J Carapetis**

*Menzies School of Health Research, Northern Territory*

The Council of Australian Governments has committed to six targets, with seven underlying "building blocks", as the cornerstone of efforts as part of its "Closing the Gap" strategy to reduce Aboriginal disadvantage. In order to achieve these targets, a complex set of policies and associated programs has been put in place, which relate to almost all aspects of the lives of Aboriginal and Torres Strait Islander people - health, education, welfare, policing, and the list goes on. However, it is not clear that the different strategies that make up these interventions are based on the best available evidence about what is likely to have the greatest impact on achieving the targets. As time passes and the deadlines for some of these targets loom in the next few years, how will Australia react if progress is not adequate to meet them? There is an urgent need for high quality evidence to inform the strategies most likely to Close the Gap, and for rigorous monitoring of progress. This monitoring must also be used to guide changes to policy and practice as necessary, in an environment free from blame and politics.

### Next Generation DNA Sequencing

**RJA Trent**

*Central Clinical School University of Sydney & Department of Molecular & Clinical Genetics, Royal Prince Alfred Hospital*

In the past few years there has been a significant shift from looking for individual mutations in DNA to sequencing genes. This has occurred because Sanger sequencing is now automated, faster and cheaper. This has significantly expanded the opportunities for DNA genetic testing in a range of human genetic disorders. The only downside has been the identification of many DNA variants for which it is difficult to assign significance e.g. it is estimated that in breast cancer DNA testing up to 20% of variants detected may be of unknown significance. Today, there is considerable interest in moving

from the traditional Sanger sequencing to Next Generation (NG) DNA sequencing which has revolutionised genetics research. Already publications are starting to emerge to show how whole genome sequencing may provide a range of data with clinical utility. As well NG DNA sequencing can be used for exome sequencing (all exons in the genome) and targeted DNA sequencing (e.g. a range of genes implicated in breast cancer risk). The challenges of NG DNA sequencing for the clinical applications are considerable not least being data storage and processing but this approach is likely to provide a paradigm shift in DNA genetic testing.

### **Early antecedents of Chronic renal disease in the Top End Aboriginal Population**

**G Singh**

Aboriginal Australians in remote areas of Australia have much higher rates of chronic disease, especially renal disease, than non-Aboriginal Australians; the difference being as high as 17-20 times higher in some communities. The understood causes are multi-factorial and many of these begin early in life including low birth weight, infant nutrition, and infections. Early antecedents of chronic renal disease in the Aboriginal population will be presented.

### **Australian Association of Consultant Physicians Sunrise Session**

#### **Case Conferencing for Chronic Disease Management – its use in a combined service and teaching setting**

**Richard Whiting FRACP; John Best AO MD PhD FAFPHM FRACP (Hon); Les Bolitho AM FRACP**

This session will outline how the appropriate use of Medicare case conferencing items can be cost-effective in chronic disease management through the example of the Moira Health services, three small health services located in Northern Victoria. These services are part of a teaching & service health service consortium, Murray to the Mountains {M2M}, which will have interns from 2012 onwards and PGY2 from 2013.

Case conferencing, introduced in 2000, is the only set of chronic disease items in the Medicare Benefits Schedule available to consultant physicians including consultant paediatricians (CPPs). The only other specialist group which has access to similar items are consultant psychiatrists.

The methodology to be discussed will describe how the CPP involves local doctors, nursing staff, allied health professionals and carers in a team setting where the object of a case conference is to assure the best treatment. The other aspect is how such case conferencing can best utilise the limited time available from CPPs. The process of case conferencing enables reflection on the patient's progress from the perspective of the different health professionals involved and can be used alongside other consultation items available to CPPs.

The Medicare benefit values are outlined and at a time when there has been a reduction in the funding available for teaching, the use of case conference as part of an appropriate teaching framework for students and medical graduates is described. The effective use of other government funding to

support improved chronic disease management, in association with case conferencing is also described.

The findings of this use of case conferencing have been encouraging, but like most research projects will need at least a further five years of government support to confirm both sustainability and generalisability –as well as gaining that wellspring of community support so important in the care of the aged.

### **Radiation Protection at the Ranger Uranium Mine: Historical Levels Through to Eventual Closure**

**F Harris**

*Chief Advisor Radiation Governance and Product Stewardship; Energy Resources of Australia, Northern Territory*

The Ranger uranium mine has been operating in the Alligator Rivers Region of the Northern Territory for three decades. It operates in one of the most heavily regulated and scrutinised regions in the world and has been the focus of considerable media attention over its history. During this period radiation protection of workers, the public and the environment has been an integral part of the operation. This includes extensive monitoring by Energy Resources of Australia under the regulatory review of the Northern Territory Government and the Commonwealth oversight by the Supervising Scientist. The Supervising Scientist Division also conducts an independent environmental monitoring program and the Environmental Research Institute of the Supervising Scientist conducts research into impacts of the mine.

Radiation monitoring has confirmed that the levels of dose have consistently been well below the relevant limits. The maximum individual occupational exposures have been approximately a quarter of the limit for the last five years. Under the current operating regime, environmental and public exposures are within the range of natural background variation. This requires sophisticated monitoring practices to isolate the comparatively small operational contribution to dose.

The upcoming challenge is to examine the potential for radiological exposure post closure. ERA has strong commitment to appropriate closure and rehabilitation of the mine site. Radiological aspects are a critical component of success. Closure criteria are being developed, in partnership with ERA's stakeholders, and these criteria will be integrated into the final closure and rehabilitation plan.

### **Corporate policies and practical health programmes to support Rio Tinto's Indigenous workers**

**S Retallack**

Rio Tinto is the largest private sector employer of indigenous people in Australia. This presentation will outline the values, policies, strategies and standards that underpin Rio Tinto's performance in indigenous employment. Rio Tinto Iron Ore will present their indigenous employment and health programmes and will highlight the successes and challenges in supporting indigenous workers with chronic health conditions to meet and maintain a level of fitness required to safely and effectively perform their duties.

### **Bridging gaps in service provision at the intersection of intimate partner violence and mental illness**

**D Slape**, *University of Western Sydney, Campbelltown, N.S.W., Australia*

**Background:** Family and intimate partner violence (IPV) takes many forms including, but not limited to, physical, emotional, sexual, and verbal abuse<sup>1</sup>. The sequelae of such trauma manifests in diverse ways and is impacted by a woman's cultural and linguistic background, social capital, socio-economic status, level of education, dependent children, and her mental health<sup>2</sup>. Australian statistics indicate that one in five women<sup>3</sup> will be subjected to IPV and that mental illness will affect 47% of adults<sup>4</sup> at some point on their lifetime. The overlap between these two remains unknown. Health status indicators are significantly lower in women who have or are experiencing IPV<sup>5</sup>. Both IPV and mental illness share a common grouping of risk factors. These include substance dependency, childhood abusive experiences and an IPV history.

**Aim:** To investigate the availability and accessibility of women's refuge accommodation for those fleeing IPV who are diagnosed with a mental illness and to find examples of better practice in this field.

**Method:** Through structured interviews with women's refuges in and around the Sydney metropolitan area, accessibility to domestic violence crisis accommodation for women who live with mental illness was investigated. Better practice examples were taken from industry specific programs.

**Goal:** To provide the Schizophrenia Fellowship of NSW with a list of refuges that were both competent and prepared to receive such clients, with the hope of improving accessibility and availability for women who are in this situation.

**Findings:** The information received from the refuges was coded and the overwhelming message was that services that catered for victims of IPV were ill-equipped to handle acute or unmanaged mental illness. Similarly, refuges that catered to mental illness were unable to concurrently manage IPV and the concurrent safety issues that are associated with this trauma.

The research on best practice for these women has indicated that more specific tailored approach is desirable to best support women and children through this traumatic life event.

(1) Office for Women's Policy, NSW Department of Premier and Cabinet. NSW Domestic and Family Violence Action Plan: Stop the Violence, End the Silence. 2010.

(2) Pink B. Conceptual Framework for Family and Domestic Violence. 2009.

(3) McLennan W. Women's Safety Australia. 1996.

(4) Australian Bureau of Statistics. National Survey of Health and Wellbeing: Summary of Results. 2008.

(5) Campbell JC. Health Consequences of Intimate Partner Violence. *The Lancet* 2002 4/13;359 (9314):1331-1336.

#### **Prep consultation – have your say!**

This session provides the opportunity for Fellows and trainees to participate in a consultation forum regarding the Physician Readiness for Expert Practice (PREP) program.

The session will begin with a brief review of the uptake of the PREP tools in Basic Training (BT) and Advanced Training (AT)

programs across Australia and New Zealand and some lessons learned from the BT implementation. Feedback will be sought on the purpose, usefulness, implementation, and design of a number of PREP tools: mini-CEX, Learning Needs Analysis, Professional Qualities Reflection, and the proposed Multi Source Feedback.

Feedback will also be sought on engaging in effective system-wide change and how we can streamline training processes.

#### **Objectives:**

The objectives of this consultation process are to:

- (1) Engage with the Fellowship and trainees about the design and implementation of the PREP program
- (2) Establish the current status of the PREP implementation
- (3) Identify potential barriers to implementation and work towards solutions
- (4) Share best practice implementation models across Australia and New Zealand
- (5) Refine and/or redesign existing tools and portals
- (6) Design future tools based on user needs.

The results of this consultation process will be compiled and reported to all College Education Committees and to the RACP Board to inform future development and implementation plans.

### **Necrotising Enterocolitis (NEC) & Temporal Association with Packed Red Cell Transfusions: in Extremely Low Birth Weight Infants. (ELBW)**

**LK Edmonds**<sup>1</sup>, A McPhee<sup>2</sup>

<sup>1</sup> *The Townsville Hospital Neonatal Intensive Care Unit*

<sup>2</sup> *Women's & Children's Hospital Neonatal Medicine Adelaide*

**Aims:** To identify if there is a temporal association between onset of NEC and packed red blood cell transfusion in ELBW infants. Descriptive data was collated and prevalence rate for NEC and mortality was calculated. As a secondary objective spontaneous intestinal perforation (SIP) cases were identified.

**Method:** Infants born between 1/04/2005-31/03/2010 and admitted to NICU were identified. Case note review was undertaken (LE, AM). Infants were excluded if they did not meet the criteria for NEC and/or the data was not available for the duration of admission/treatment. Data was analysed using students t-test and z scores calculated. This study was approved by the Children's and Women's Hospital ethics committee 2010, Adelaide South Australia.

**Results:** Clinical coding identified 60 infants as having NEC and admitted to NICU. Of these 38/60 (63%) were < 31 weeks gestation and < 1000g. Indigenous infants made up 12% (4/38) of the cohort. We found 17/38 (45%) had a red blood cell transfusion within 24 hours of NEC onset, 16/38 (42%) did not have a red blood cell transfusion prior to NEC onset and 5/38 (13%) had SIP. A prevalence rate of 11% for NEC was calculated. There was no significant difference between the transfusion and non-transfusion groups with regard to bronchopulmonary dysplasia, retinopathy of prematurity, periventricular leucomalacia or sepsis.

Conclusions: This study highlights the temporal association of NEC with red blood cell transfusions for nearly half of our cohort. Pertinent to Australia there is a rate of NEC in aboriginal infants. Potentially by modifying factors around the time of transfusion, NEC rates could be reduced for many infants and the increased burden for indigenous infants.

### **Indigenous Chronic Disease: Challenges in access, diagnosis and management**

**N Hayman**

Key words: Aboriginal access to services, Risk factors in chronic disease, Continuous Quality Improvement.

Lack of appropriate health service provision for Aboriginal and Torres Strait people still remains an important social determinant of ill health. Historically, health services have been absent or inappropriate. Cultural factors, financial factors and distance from health services have been important barriers limiting indigenous access to mainstream health services.

The Inala Indigenous Health Service, a mainstream health service has been able to improve Indigenous access from 12 Aboriginal and Torres Strait Islander patients in 1995 to 5,000 patients in 2010, and approximately 1,500 doctor consultations each month. Community consultation and participation were the main factors to improving indigenous access to the service. With improved access the Inala Indigenous Health Service has been able to analyse 413 Adult Health Checks aged 15-54 years. The Adult Health Checks provide an opportunity to evaluate health status, identifying chronic disease risk factors and for implementing preventive care.

The Inala Indigenous Health Service has access to the Healthy for Life program, a commonwealth funded quality improvement program that has improved health outcomes for patients over the past three years. All primary health care services working in Aboriginal and Torres Strait Islander health settings should have access to funded continuous quality improvement activities.

### **Peer Review of Overseas Trained Physicians/Paediatricians (OTPs)**

**D Kandiah**

*University of Western Australia*

Background: The Overseas Trained Physician/Paediatrician (OTP) assessment process involves a period of peer review to determine if the OTP is practising at a level comparable to an Australian-trained physician/paediatrician. This session will examine issues specific to the peer review of OTPs.

Aims/Objectives: Participants will gain an understanding of the role of peer review in the OTP assessment process and strategies to deal with common problems.

### **Occupational Medicine in Remote Australia - Challenges and Opportunities**

**P Connaughton**

Dr Peter Connaughton has been a Consultant Occupational Physician in the mining and oil and gas sector in Western Australia for over 20 years. He has previously consulted in the Northern Territory. He will describe both the challenges and opportunities of delivering occupational medicine services in remote Australia.