

V I C D O C C

AMA VICTORIA

WINTER 2022

HEALTHY DOCTORS, HEALTHY COMMUNITIES



*Twenty years helping
doctors in need:
Meet Cheryl Wile*

PAIN » UNRAVELLING THE PUZZLE

SOCIAL MEDIA » THE TIK-TOK DOCS

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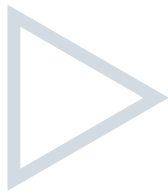
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THIS ISSUE

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*Look for this
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THE VICTORIAN STATE BUDGET: AMA VICTORIA'S PERSPECTIVE



DR RODERICK McRAE

AMA Victoria President

THE GOOD NEWS

For months, AMA Victoria has been campaigning for a healthcare-led recovery for Victoria. We are pleased that in its recent state budget, the Victorian Government unequivocally placed health at the centre of its agenda. Twelve billion dollars of new spending is set to boost health infrastructure and workforce in the coming years, including the training and hiring of 7000 healthcare workers.

This is a positive result for our members, for all doctors and for the community. I thank all members who have been involved in this year's state budget submission and the AMA Victoria staff who lead our advocacy work. The Minister's Office has been open with us that the work of AMA Victoria and our ability to communicate our concerns effectively to government have influenced and shaped this state budget.

CURRENT CHALLENGES

Whilst the government has prioritised billions of dollars of new spending on health in the coming years, this does not improve the critical situation healthcare workers face on the ground right now - particularly in public hospital emergency departments. This is a crisis which has built up over decades due, in no small part, to a lack of planning - both in terms of recognising increasing demand and capacity constraints and planning effectively for it; and a failure between federal and state governments to co-operate to improve and ready the interconnecting parts of the health system for the demands we face today.

I have raised this issue with Minister Foley, Minister for Health and Ambulance Services and he is absolutely aware of the issues - but there remains a stubborn capacity and workforce problem. How do we attract, train and retain nurses for the system right now? How do we move patients safely and effectively through the

system and create more capacity to discharge today? I have certainly heard great concern from emergency department doctors that investment in staff for Triple Zero and ambulances will only move patients into the waiting room. What then?

These are the challenges we're facing and the very brutal reality is no-one appears to have any simple solutions that would change the situation on the ground tomorrow. The State Government has invested in creating better workforce capacity and infrastructure in a staged plan into the future, but we all acknowledge that this will take time to create meaningful change.

Please know we continue to represent this issue strongly to government. We hear your distress and understand the crisis that continues to face you and your patients on a daily basis. We want to hear from you - particularly if you have ideas that would make a difference in your hospital that we can raise with government.

GENERAL PRACTICE

While we haven't yet achieved our ambitious goal of a Division of General Practice within the Victorian Department of Health, Victorian funding has been announced to transition COVID positive pathway programs into addressing other acute healthcare needs (such as Type 2 diabetes), and 28 respiratory clinics will be funded throughout the state (amongst key headlines). We are pleased with the steps we've taken over the past few years that have resulted in State Government engagement and investment into general practice. Some of this has been revolutionary and we're hopeful that it is just the beginning. We will continue to hold the State Government to account to embed understanding of general practice within the very machinery of government and improve GP/hospital communication and interaction.

MENTAL HEALTH

Whilst acknowledging the government's commitment to adopt all 65 of the Royal Commission into Mental Health's recommendations, we had previously expressed serious reservations about the progress being made here (largely through the marginalisation of the essential medical model in mental health). The budget announcements - including 82 mental health beds and 198 new psychiatry registrars over four years- have gone some way to assuage our concerns in this regard.

DEFERRED CARE AND ELECTIVE SURGERY

We welcome \$1.5 billion to boost safe, elective surgical activity and the establishment of Rapid Access Hubs which will exclusively perform specific surgical procedures across metropolitan and regional public hospitals. The Government's objective is to provide 40,000 extra surgeries in the next year - reducing the waitlist of now 89,000, and building up to a record 240,000 surgeries annually in 2024. In operationalising these hubs, the State Government has assured us that it recognises the strain placed on the medical workforce throughout the COVID-19 pandemic and that this elective surgery investment has been "designed with...hardworking healthcare workers front of mind." Which is to say, we have been assured that this is no short term "surgical blitz".

CONCLUSION

Nobody suggests this budget solves every problem and we know a mature conversation must occur on a national level between all states and the Federal Government about the funding and responsibility for healthcare provision in Australia.

However, this is a good start for us in Victoria, and please be assured that we have been influential in shaping what was announced. We look forward to working with the State Government in delivering a healthcare-led recovery for our state and ensuring that patients are put first. This includes working on the unresolved problems the system faces which play out most acutely in our emergency departments on a daily basis. Please encourage your colleagues into membership, as together we can promote our underpinning common interests.

With a state election in November, there are more advocacy opportunities ahead. Again, please get in touch. What do you need from the state government? How can the state government better support your work? Let us know so that we can advocate on your behalf. Please email AMA Victoria's Senior Policy Adviser, Mr Lewis Horton at lewish@amavic.com.au.

Best wishes, Dr Roderick McRae



V I C D + C

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AMAV SOCIAL



Jason Trubiano (@TrubianoJason)

[Dr Jasmina Kevric] is a very worthy winner of @amavictoria Jnr Doc of the year. A mark of her work ethic was that during the peak of #COVID19 pandemic in Melbourne she volunteered for extra shifts in the COVID-19 screening clinic at @Austin_Health. I won't forget it! #healthcarehero

Dr Ines Rio (@InesRio1)

Great work from GPs of @amavictoria Section GP in developing set of sensible proposals in AMAV Budget submission to address risks/poor integration.



Dr Magdalena Simonis

Thank you Australian Medical Association (Victoria) I am truly humbled to have been nominated and in receiving #AMAVAward in a room filled with colleagues I admire and respect. Especially given the work we all do. There's power in numbers and friendship. Onwards we go, side by side strength to strength for the health of the nation and our profession.

\$353 MILLION IN WINTER BONUS PAYMENTS FOR HEALTH WORKERS

Frontline health workers in Victoria will receive \$3000 in bonuses as hospitals and emergency services try to retain exhausted staff and face a challenging winter period.

AMA Victoria had lobbied for bonus payments which Premier Daniel Andrews announced last Thursday.

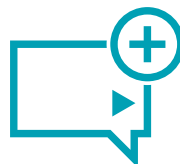
All full-time staff working in public hospitals and ambulance services, including nurses, midwives, allied health professionals, paramedics, cleaners, and ward clerks, would receive \$3000.

The first retention and surge \$1500 payment will occur on August 15, with the second due at the end of September. Part-time and casual staff will also receive a payment, determined on a pro rata basis according to the number of hours they work. If these workers increase their hours, they will be able to access a larger payment.

AMA URGES VICTORIANS TO VOLUNTARILY WEAR MASKS TO FIGHT RISING COVID-19 AND FLU CASES

AMA Victoria has recommended the community return to mask wearing in high-risk environments. Speaking to Virginia Trioli on ABC Melbourne's Morning Program, President Dr Roderick McRae said doctors are encouraging the community to voluntarily wear masks indoors, rather than calling for a mask mandate to be reintroduced.

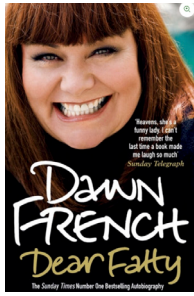
Dr McRae spoke about the impact that the spike in respiratory illnesses is having on the Victorian healthcare system.



*Click here for
more information*

FUNDING ANNOUNCED FOR VICTORIAN DOCTORS HEALTH PROGRAM

At the AMA Victoria Awards Night in April, Minister Foley MP, State Minister for Health, Minister for Ambulance Services announced \$400,000 in funding for the Victorian Doctors' Health Program. Congratulations to VDHP which celebrated its twentieth year in 2021. This is an exceptional service upon which doctors in distress continue to strongly rely on.



DEAR FATTY

Dawn French

Warning — the content reviewed below contains themes of suicide

—
An oldie, but a goody, this is the brilliant comedian and storyteller Dawn French's 2009 memoir that I read at least once a year. Written as a series of letters to the important people in her life because "they know her best, so this will allow the reader to know her better", French explores her life to date. She is extraordinarily generous in her reminisces of her personal life and feelings, and this allows the reader an insight into her life and inner thoughts. We learn about her foundation years growing up as a navy brat following her father to his various postings; her schooling including a stint at boarding school; her move to London for university right after the traumatic death of her father; and the beginnings of her career first as a drama teacher and then as comedienne extraordinaire with her fabulous and stalwart comedy partner and friend, Jennifer Saunders, as well as her solo projects. Meeting those dear to her including her family and friends, you will laugh, you will snotty cry, and you will be uplifted.

—



PADDINGTON 2

Netflix

Just watch it, this film is a sheer and utter delight for all and sundry whether you are one, or 101, you will be captivated. Don't believe me? It was the highest-rated film with an approval rating of 100% on Rotten Tomatoes from 245 positive reviews until some grump decided, years after its release, to write and register a 246th review in 2021 that was negative, but we'll just ignore that shall we. With a stacked cast of familiar faces, all incredible actors, Hugh Grant in this role is a revelation. Join Paddington and his family the Browns, as he is wrongly accused and imprisoned for theft. They must now band together to prove his innocence, whilst Paddington livens up prison life with his sweet nature, and of course his marvellous marmalade sandwich recipe. I recently re-watched this in the company of my partner, in-laws and 9-year-old niece and I honestly can't say who enjoyed it the most.

—



CHAT 10 LOOKS 3

Leigh Sales + Annabel Crabb

Writing a review of a podcast that is itself all about reviewing various cultural outputs is fairly obnoxious, but please indulge me if you will. The indomitable Leigh Sales and Annabel Crabb – fairly well known ABC journalists – you may have heard of them... began this podcast all the way back in 2014 that 'started a rambling conversation that's still going on (and on)...' Sales and Crabb, being on a strictly second name basis only, tell us all about the culture they have been absorbing they believe is worth a mention: think books, television, movies, interviews, recipes, other podcasts, the list goes on. Come for the content – and be gobsmacked by the vast quantity these two powerhouses are somehow able to consume and stay for the 'in jokes' (anyone for a smug bundt) that have spawned a whole community of 'Chatters'. I can't write anything that they couldn't say far more succinctly and eloquently, so just have a listen, join the community and prepare to be delighted.

—

My theory was that if I behaved like a confident, cheerful person, eventually I would buy it myself, and become that. *Dawn French*



STRESS REDUCTION + ATRIAL FIBRILLATION MANAGEMENT

Psychological stress is recognised as a contributing factor in initiating and heightening the most common irregular heart rhythm, atrial fibrillation.

And while there is a growing body of literature linking stress with a range of cardiovascular diseases there is still much more work to be done in defining this. In a review published in *JACC: Clinical Electrophysiology*, researchers from the Baker Heart and Diabetes Institute and The Alfred Hospital highlight potential mechanisms linking stress and atrial fibrillation, and the possible use of stress reduction in its management.

It is estimated more than 500,000 people in Australia suffer from atrial fibrillation. Atrial fibrillation is an irregular and often rapid heart rhythm that can lead to blood clots forming in the heart. People diagnosed with atrial fibrillation are at increased risk of stroke, heart failure and other heart-related complications. Atrial fibrillation also leads to increasing anxiety, depression and suicidal ideation.

There is significant global variation in people reporting psychological stress, but on average it is reportedly experienced by 1 in 3 people. Reported stress levels have been on the rise annually with the COVID-19 pandemic leading to an even larger increase in self-reported psychological distress.

"We are seeing that psychological stress and even negative emotions are associated with initiation and heightening of atrial fibrillation" says senior study author, Professor Peter Kistler. "By recognising stress as a potentially modifiable risk factor in these patients, we can develop a more holistic management approach. As such, targeted stress reduction may improve symptom perception and outcomes for patients with atrial fibrillation."

The researchers examined studies on the role of stress in this disorder, as well as modifying traditional atrial fibrillation risk factors such as diet, alcohol cessation and exercise.

"Recently, lifestyle modification has emerged as an important pillar of atrial fibrillation management, with stress reduction a potential reversible risk factor and future target for intervention," Professor Kistler says. The review also focuses on the bidirectional nature of the atrial fibrillation and stress relationship. It looks at the role of acute and chronic stress in inducing atrial fibrillation; the role stress plays on physiologically changing the heart; gender differences in response to stress; as well as how to measure stress, which is often subjective and self-reported.



What's On

1-30/6

*Bowel Cancer
Awareness Month*

13-19/6

*International
Men's Health Week*

21/6

MND Global Day

27/6

PTSD Awareness Day

1-31/7

Dry July

24/7

Donate Life Week

MEDICINE + MINDFULNESS



*Rewarding aspects
of work in a different
medical setting*

“
Buddhist mindfulness has a great potential
to teach health care staff to not only be
resilient, conscientious and considerate,
but also realistic about their limitations.
”

Q1: Where are you currently working as a doctor and what does that involve?

A: Over the last 7 years I have been practicing as a General Registered Medical Practitioner with special interest in Occupational Health. With this interest I had the opportunity to experience amazing career opportunities including my most recent position as a medical officer for Victoria Police.

I find this position as one of the most rewarding career opportunities due to its uniqueness, which extends the duty of care of a doctor beyond individual health and wellbeing.

Some of my duties in this position includes

- » Pre-employment medical assessments for individuals interested in joining frontline services
- » Periodic and Fitness for duty assessments for current employees of frontline services.

Q2: What prompted you to study medicine and become a doctor?

A: Since a child, I loved reading books about history, science and Buddhism. So my earliest inspiration to study medicine came through the stories of King Buddhadasa, a 4th century Sri Lankan King known for his medical knowledge and procedural skills. Stories described him as a kind and compassionate doctor who carried his procedural box during his village visits, not only helping the villagers but also the animals that were injured or sick.

But, my modern day inspiration was an Indian doctor, whom I came across at the Sri Lankan Buddhist Temple in Varanasi, India during a Buddhist pilgrim visit with my parents, brother and two grand-mothers. This young individual was called by the chief monk of the temple to assess my paternal grand-mother, who didn't speak a word of either his language or English. As a teenager, I was amazed by his humbleness, kindness,

patience, professionalism and generosity while refusing the donation provided through the chief monk.

Though there must have been many other reasons for me to apply for Medical degree, these two individuals were the ones that inspired me to become a doctor with compassion and kindness.

Q3: In addition to working as a doctor you have established Heal with Buddhism – Unique Wellbeing Programs. What motivated you to do this?

A: As a Sri Lankan born with Buddhist upbringing, I was always interested in Buddhist teachings and its' value in individual and social wellbeing. My interest became a passion during my journey as a medical student and a junior doctor, where I started learning and practicing Buddhism in depth. More I read, more I became fascinated about the depth of the teachings, which discuss the science of our mind.



DR LANKA WIJewardena

*MBBS
University of Adelaide*



Click here for more information about the Heal with Buddhism program



"Most of the front-line workers including doctors would agree that being a front-line service provider is a hard profession, especially when you are expected to be supportive, empathetic, objective, and professional at the same time."

When COVID-19 hit Melbourne, VIC in March 2020, I noted the importance of practicing Buddhist mindfulness especially at a time our modern lifestyles were challenged by the reality of life due to the restrictions, which exacerbated the fear of sickness, death and being apart from our loved ones.

It was then, I saw the value of sharing my passion and knowledge with others more broadly at a time it is most needed.

Q4: How does this integrate into your practice as a doctor?

A: I have been able to intergrade Buddhist mindfulness into my practice of medicine in two ways

1. Keep myself grounded as a medical practitioner without losing human qualities:

Most of the front-line workers including doctors would agree that being a front-line service provider is a hard profession, especially when you are expected to be supportive, empathetic, objective, and professional at the same time. This could be even harder when you are a doctor providing services to employees of front-line services where you would have to be all of the above while listening to the traumatic stories of these highly trained individuals that reflect resilience, survival, and tragic endings.

I believe Buddhist teachings have allowed me to feel my emotions without being guilty - I have learned it is ok to have a tear on my eyes while listening to a traumatic story or feeling anxious/ edgy about the gut feeling following a suicidal risk assessment.

2. Be empathetic, supportive, non-judgmental, objective and professional while allowing the employees to express their emotions.

Buddhist teachings have provided me an insight to understand that every human being is equally vulnerable to the 8 worldly dharmas [gain/loss, fame/ shame, pleasure/ sorrow, praise/ blame] despite of being highly trained.

Q5. The importance of wellbeing for healthcare workers, including doctors, has been highlighted by the impact of the COVID-19 pandemic. How can the practices you teach make a difference to doctors?

A: Mindfulness taught in Buddhism is an art of living that guide us to live in the moment with wisdom: the understanding that each moment is continuously changing in an unpredictable and uncontrollable manner despite of our best effort to control and predict it, which brings us sorrow, dis-satisfaction and disappointment.

It is not a secret that our levels of resilience were challenged at a whole different level during COVID 19 pandemic, which uncovered this reality taught in Buddhism because the levels of demands were beyond our experiences as a developed country in 21st century, where front line health services had to struggle through the shortage in supply & demand including hospital staff.

I believe Buddhist mindfulness has a great potential to teach health care staff to be not only resilient, conscientious and considerate, but also realistic about their limitations, which would help managing their short term and long term wellbeing.

Q6. As well as prevention how are they helpful for doctors already experiencing stress and burnout?

A: Buddhist teachings never recommended replacing medical treatment with Buddhist practices. Instead it recommends individuals to seek medical advice and have treatment for any physical or mental ailment prior to practicing Vipassana Meditation.

At the same time, Buddhist teachings encourage lifestyle changes that would support recovery and maintenance of health and wellbeing, which has been supported by many research around Buddhist mindfulness. —

MENTAL HEALTH + WELLBEING



*Share your
Second Opinion.
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How do you look
after yourself?





DR LUCY CROOK

*Chair Doctors in Training
Subdivision*

Firstly, I find it's important to make time for and nurture relationships with people in my life outside of medicine. These relationships allow me to put things into perspective and remind me that being a doctor is a job, just like any other. I also try not to be too hard on myself when I fall short of my 'health and wellbeing' goals – for example, diet and exercise – if I just eat chips for dinner occasionally or only go for a 10 minute walk instead of a half hour run, that's ok – I haven't failed! Finally, I find that my involvement with AMA Victoria advocating for the interests of other junior doctors gives me a great sense of achievement. Finding this passion and doing this work has had such a positive effect on my health and well-being!



"I find it's important to make time for and nurture relationships with people in my life outside of medicine".



DR JENNY HELSING

*GP + Ballarat
Subdivision Member*

- 1. Meditation:** Avoiding morning traffic jams as a GP Reg meant arriving well before the clinic doors were unlocked, so I took up a daily meditation practice, which I have maintained.
- 2. Reflective practices:** Regular Balint group meetings, clinical supervision sessions with a psychologist and ad-hoc debrief chats with colleagues.
- 3. Hobbies and interests:** I actively set aside time for interests and passions that have nothing to do with my career in medicine. In no particular order: gardening, furniture restoration projects, practicing Swedish language, DIY and home improvements, reading, camping and hiking.
- 4. Exercise and time in nature:** Some form of exercise, even just 15mins a day, is a must. Preferably outdoors.
- 5. Restricted social media use:** Whilst I do scroll my feed most days, I am consciously not very active or engaged with social media.
- 6. Investing in relationships and community:** Fostering relationships and taking part in activities with others is nourishing and makes me feel part of a bigger whole.
- 7. Quality sleep:** As much sleep time as I can reasonably achieve and practicing good sleep hygiene habits.
- 8. Speak kindly to yourself:** There are enough negative voices out there, I remind myself not to add mine to them.



DR SIMON JUDKINS

*Director of Emergency
Medicine, Echuca Health +
AMA Victoria Board Member*

Looking after my mental health is not something I do alone. I rely on my family, friends, GP and colleagues to help me along. They may not actually know it, but their support, their humour, their connections are vital to keep my work-related stresses in check. Coming home, cooking a meal for family and friends, going out, exercising, all keep me grounded... it reminds me that life is much more than work and work is not my life.

Saying that, I also remind myself that, despite all the stressors and frustrations I may have while working in our public hospital systems, with its under-resourcing, it's barriers and bureaucracy, that the work I do is valuable, even though "the system" makes one feel very under-appreciated at times. I remind myself that over the last 25 years, I have done a lot of good things (well, at least I think so). I've had the opportunity to guide others through troubled times, positively influence young minds, support multiple trainees and colleagues and, along the way, treat thousands of patients and made a difference in their lives, their health needs.

So, every time I have a bad day, I reflect on all the good things I've been able to do, all the good people I've come to know and remind myself that each day, I have the chance to help someone.

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SOLVING THE PUZZLE OF PAIN

Many chronic pain sufferers feel that the pain and their experience is not in their control but it's crucial to actually own it enough to make some changes or to think about it in a different way.

In Australia, over 3.2 million people live with chronic pain. Whilst the total economic cost is over \$73 billion annually, it is the crushing human toll that focuses pain medicine specialist, A/Prof Carolyn Arnold.



VICDOC speaks with A/Prof Arnold about pain medicine and how it helps patients who have all but given up.

REPORT TARYN SHEEHY

Aly's story

Aly's pelvic issues started when she was 18 years old, presenting as sporadic rectal pains which, despite their best efforts, doctors were unable to explain. Twenty years later, and following the birth of two children, the pelvic pain became chronic and debilitating. A once energetic young woman lost confidence in her body and became afraid of the pain that hijacked it unpredictably, mysteriously and mercilessly, every few days. Aly knew what labour was like without an epidural and in her opinion, the chronic pain she endured was at times worse – pushing her beyond her physical and mental ability to cope. At its worst, when experiencing the pain, she would will herself to black out as her teeth chattered and she rocked herself back and forth, emitting guttural cries and deep breathing her way through the worst of it.

Understandably, the pain became the focus of her life – as she obsessively sought answers but there were no straight forward clinical explanations. Her GP and a range of specialists couldn't figure out why she was experiencing this level of pain despite exploring many clinical possibilities. All the while, the pain continued to worsen and Aly's mental health deteriorated into severe anxiety and depression.

It is a common tale for chronic pain sufferers and one which doctors know well. Patients come from many backgrounds and experience persistent pain due to a huge variety of issues but the common thread exists: debilitating pain which, if not properly managed, has a disabling influence on patients and also has the potential to drastically impair a person's life.

Giving hope to these patients, is the focus of A/Prof Arnold's work at Alfred Health's Pain Management Clinic where she patiently and determinedly assists people to reduce persistent pain and its devastating impacts.

Through expert assessment, education and access to medical, nursing and allied health treatment and therapies, her team seeks to optimise pain treatments, improve function and promote self-management in patients. A full history of the patient's injury is taken to understand the patient's journey and all the things that have led to where they are, how it's affecting their functioning, their past treatments, their mood and psycho-social context. Individual treatment plans and programs of education are formulated according to the patient, their cultural background, linguistic ability and their age.

And whilst there is no doubt first-time patients attend the clinic wanting a cure, many come to value what they learn. "The clinic is perhaps not what people expect or want at first," says A/Prof Arnold. "They want a cure, there's no doubt about that. Yet our goal is to work with them to address these expectations and help change the direction of their endeavour and ultimately change their pain that way. It does involve the patient putting trust in the doctor and being open to understanding more about their pain and why it continues. They also have to be involved in the process. It's important and yet, it is resisted by many patients. Many chronic pain sufferers feel that the pain and their experience is not in their control but it's crucial to actually own it enough to make some changes or to think about it in a different way. That's probably our biggest goal: to change a patient's thinking so they can manage their pain, then to improve the function and reduce the pain and improve the patient's mood, using cognitive behavioural therapy with physical therapy and targeted procedures."

MENTAL HEALTH

Up to 60 per cent of people referred to Alfred Health's Pain Clinic and other pain services around Australia, suffer moderate to severe depression in association with their pain. A/Prof Arnold says part of the treatment is to address their mental health as well as their pain and their function.

"Sometimes people who are depressed have no energy to take things forward. These patients practise avoidance, or might be inactive or socially withdrawn. We have to treat a depressed patient before we can address the management of pain because we need self-motivation and energy from the patient. That is the challenge. If you don't start your discussion with the patient in a good way, they reject your suggestions and say, "You think it's all in my brain. I'm going somewhere else."

A/Prof Arnold says the body and the mind cannot be separated in pain medicine. "A lot of the focus in medicine is on the body as a stand-alone item and it's really not the way it is. We're understanding much more about how amazing the nervous system is but also how incredibly powerful it can be when it gets out of kilter. The nervous system becomes sensitised and it gives all the wrong messages and perpetuates the pain. Persistent pain is very, very complex. It can get into a cycle. You have to break into this cycle to change it."

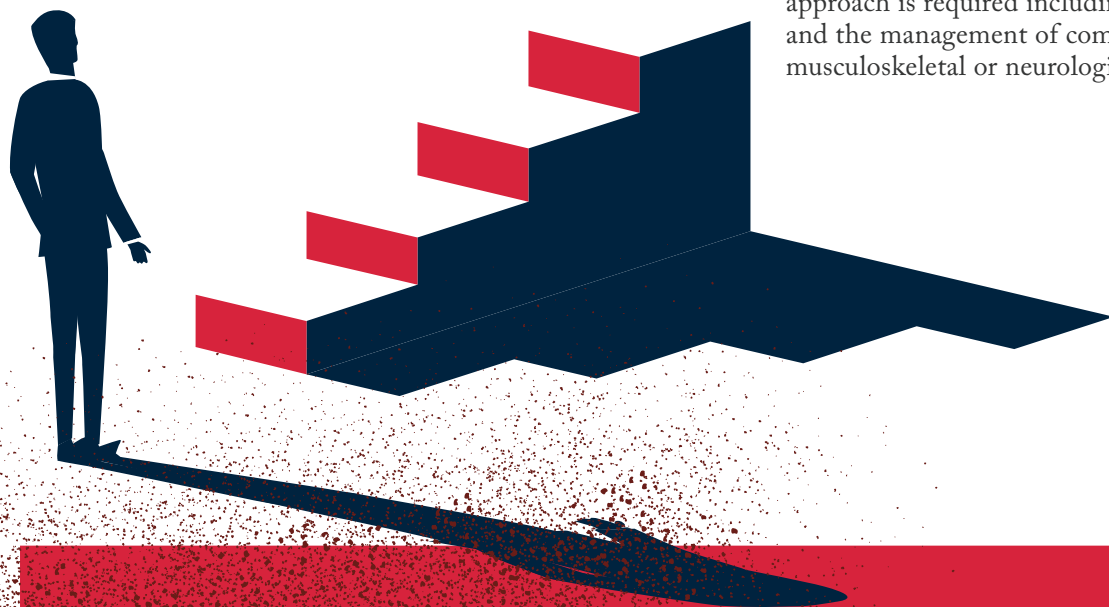
THE DEVELOPMENT OF PAIN MEDICINE IN AUSTRALIA

One in five people in Australia experience chronic or persistent pain at some stage in their lives, and as a result, pain medicine is a fast growing specialty.

With her primary training in rehabilitation medicine, A/Prof Arnold recognised the potential of pain medicine early in her medical career and has been pivotal in championing its growth. She was the first female President of the Australian Pain Society (2003-2006), the multidisciplinary organisation that first promoted pain practice in a multidisciplinary way in Australia.

When the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists was established in 1998, A/Prof Arnold was elected as a Foundation Fellow. It was the first multidisciplinary medical academy in the world devoted to education and training in pain medicine. She grew the specialty through tireless dedication to the work of the examination, research and training unit accreditation committees. Pain medicine was recognised as a specialty in Australia in 2005 (and 2012 in New Zealand) with both countries now considered global pioneers in the field.

A/Prof Arnold says the treatment of pain has changed over the decades. "It's certainly more recognised. There's been a growing body of knowledge about pain, how it begins, how it develops, what maintains it and different approaches to treatment for it. Many chronic pain conditions were poorly understood in the past and sometimes that meant patients were sometimes not considered credible in their symptoms or considered to have a psychological problem rather than a physical problem. I think we've become more sophisticated in our approach. We've developed an understanding that sometimes a multidisciplinary approach is what is needed rather than more surgery or more pharmacology. A whole-of-person approach is required including psychological skills and the management of common or uncommon musculoskeletal or neurological conditions."



ADVOCACY WORK

In May 2021, the Federal Health Minister, Greg Hunt, launched Australia's National Strategic Action Plan for Pain Management, and was the first country in the world to do so. The Action Plan, which is now endorsed by all Australian governments, provides a pathway to improved pain awareness, support and treatment for people living with chronic pain. It's a start but there is a lot more work to be undertaken to raise awareness of chronic pain sufferers' poor quality of life and their limited access to reasonable and cost effective health care.

On several occasions, A/Prof Arnold fought to avoid service closures, always championing the humanitarian need for patients to be able to access affordable and specialised pain for pain treatment services. A/Prof Arnold hopes pain medicine as a specialty can provide leadership, training and teaching for doctors in primary care so they have access to better information and training in how to manage their patients' pain. "Publicly funded pain services are under-resourced," says A/Prof Arnold. "That means we have extensive waiting lists. This is not a good way to manage these conditions and particularly in the early stages when there might be some treatments that could turn the situation around before someone loses their employment, suffers financial distress or becomes dependent on opioid medication as a result of their injury. Providing training and education to doctors and other health workers in primary care in how to manage pain could be enormously beneficial."

THE POSITIVE OUTCOMES

When chronic pain sufferers have access to support, many experience improved mental health and much improved function. A/Prof Arnold says these patients steadily experience a better quality of life. "Some find they can do more things with their friends and family. They can pace themselves with activity so they can do things without exacerbating their symptoms. They might go to work or simply manage better and feel better in the world. That's our goal really. With older patients, we try to get them functioning better within the limits of their general health conditions and emphasise the importance of them keeping active and avoiding depression and social disengagement."

A/Prof Arnold recalls Samantha, a patient who attended her treatment program. "When I met her, she was in a lot of pain. Her medications weren't working and her work was impacted by her pain. Understandably, she was frustrated and irritable and angry and difficult to deal with; but it turned out that she had a lot of other problems. She began to realise there were more things in her life that she had to fix other than just taking more medication for the pain. She was in an unhappy marriage, which she hadn't been able to face up to. She broke up from the marriage and began to move these really big mountains in her life which subsequently meant she felt more in control and optimistic about the future. She then found she could manage her pain better. On her last session with me, she said, "This is the best thing I've ever done!"

As for Aly, mentioned earlier in the article, life is much improved. A team of multidisciplinary professionals provided her with the support she needed to manage and reduce her pain including fortnightly sessions with a psychologist, support and anti-depressant medication from her GP to manage her mental health issues, medication and support from a gynaecologist, and regular sessions with a physiotherapist specialising in pelvic pain to upskill and educate Aly in understanding pain and changing her attitude to it.

A/Prof Arnold says the work can be confronting for some patients. "Some people who attend our clinic have had the most shocking life experiences. Appalling things have happened in their lives and we have to bear witness to that journey but sometimes even that insight is enough to change their perspective or to work out how they can be helped. Coming to our clinic can be a defining moment for these patients," says A/Prof Arnold. "They step out of their lives. We give them a different lens through which to observe their own life. It's powerful. They begin to see their situation differently; not just as an unending pain problem."

** Names of patients have been changed to protect their identities.*





A/PROF ARNOLD

Pain Management

A/Prof Arnold studied Medicine at Monash University and later entered postgraduate training at the Australian College of Rehabilitation Medicine (later to be the Australian Faculty of Rehabilitation Medicine in the Royal Australian College of Physicians).

A/Prof Arnold obtained her fellowship in Rehabilitation Medicine in 1990 winning the Basmajin Prize and the Award of Merit. She began consultant work in the Caulfield Pain Clinic where she was Clinical Director as well as working in Neurological Rehabilitation at Hampton Rehabilitation Hospital, both in Melbourne, Australia.

Dr Arnold has participated in clinical research into pain after amputation, longitudinal studies into the outcome of spinal cord stimulation in workers compensation patients, pain after trauma, psychological aspects of chronic pain, and compensation and legal issues in chronic pain.

Dr Arnold headed the Caulfield Pain Management and Research Centre, a multidisciplinary centre, since 2002 and worked as a consultant to the Alfred Health Acute Pain Service since 2003, expanding her clinical work into acute pain.

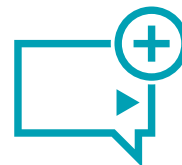
Support



*Click here for
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With lessons to train your brain to manage pain, this App can be a good starting point. It can help listeners to recognise that some of the pain is not in the tissues.

“The issues are not in the tissues”, as is often said. Some of the issues are in the wiring itself, prioritising certain pathways of pain.



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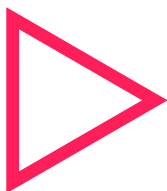
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#TIK-TOK DOCS

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Meet the Australian doctors
and medical students that
are taking over this social
media platform.



REPORT SOPHIE TAYLOR AND
REPUBLICATED WITH PERMISSION
FROM AMA (NSW)'S THE NSW DOCTOR



Dr Ray Boyapati @dr.rayb

147K followers

Dr Ray Boyapati is a Melbourne-based gastroenterologist and the founder of MedEntry, a UCAT preparation provider. In looking at how to market MedEntry's services to students, Dr Boyapati discovered that his target market wasn't on Facebook and Instagram – they were mainly on TikTok.

Dr Boyapati's content for his videos aims to demystify the process of getting into medicine and to provide more information for students whilst also showcasing his own experiences as a doctor.

"It just took off – I guess there was an appetite out there for this knowledge and I didn't realise how strong that was until I started," Dr Boyapati said.

The feedback from students encouraged Dr Boyapati to continue posting videos. By increasing activity on the platform, he has gained a large following.

"The main thing I learnt on TikTok was that you had to either be educational, entertaining or both. I felt like I was putting out good educational content and then when you go into trends you can start to be a little entertaining – I certainly tried to provide a little humor and so that combination has really helped draw people in."

Dr Boyapati admits he never used social media until four years ago. However, he now sees how important it is in creating a connection with students and marketing MedEntry.

"We've received such high traffic since using TikTok and I think that's one of the reasons I keep posting – it's great that my videos hold some value to people out there."

Fahad Khan @fahad_teaches

83.3K followers

Fahad Khan is a third-year medical student at Western Sydney University who uses TikTok to motivate and encourage others looking to get into medicine. He was introduced to the platform by his older brother, who also has a large following. Camera-shy, Fahad said he was initially wary of creating TikTok videos, but realised its potential to reach more people.

"I was already very active in an online forum called Med Students Online, so my brother just told me to go for it and help people finally put a face to the name," Fahad said, adding that it allows him to assist others in a way that you can't really do via text.

Coming from a background of socio-economic disadvantage, Fahad aims to be a "big brother" – providing resources to others in similar situations break the cycle of poverty.

As Fahad progressed through his medical journey, his content altered to meet his followers needs, which he believes could be the secret to gaining a large number of followers.

"When I first started posting I had year 12 followers, but then the next year they moved to University, so then I started posting University content."

Fahad developed a close relationship with his followers by replying to comments and getting to know their own stories.

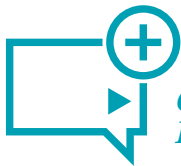
"It's a really nice feeling when one of your followers tells you they got into medical school with the help of your TikToks – it's great motivation to continue what I'm doing," Fahad said.



You may be familiar with the very popular app TikTok – now one of the world’s most used tools for entertainment and advertising. With the world slowly becoming highly dependent on technology and social media, many doctors and medical students have developed a way to use the app for informative learning.

Dr Sarah Rav [@sarahrav](#)

1.3 million followers + verified



[Click here](#)
[Dr Sarah Rav](#)

Dr Sarah Rav is a Melbourne-based gen-med intern who graduated from Monash University last year. Dr Rav was a health, fitness, and lifestyle content creator for Instagram for nine years before moving to TikTok in late 2019 after realising she could achieve greater growth on the new platform.

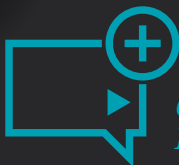
“Initially I started posting about fitness and nutrition tips – because that was what I was posting on Instagram, and it’s a really big passion of mine. As time went on there was a lot of interest from my followers when they realised I was a medical student, so I just started peppering that into my content and the response was massive,” Dr Rav said.

Since she started her medical career, Dr Rav has found a new creative flare for content such as “a day in the life of a doctor”, “med school tips” and “productivity tips.”

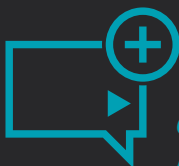
As a result of her already substantial following on Instagram, Dr Rav said it was for her easy to get verified on TikTok. This has opened up a lot of opportunities for her such as working alongside big-named brands and meeting new people.

According to Dr Rav, the hardest aspect of creating content on TikTok is spending time on the app and finding new trends and sounds to use in her videos. Although her priority is being an intern, Dr Rav continues to make the effort for her followers because the feedback is always positive.

“The hours I put into TikTok are all worth it in the end – when your followers see you in the street and say, ‘because of you I got into this course’ – it’s so rewarding to be there and helping people achieve their goals,” she said.



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[Dr Ray Boyapati](#)



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[Fahad Khan](#)

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SPIRIT OF HUMANITY

Cheryl Wile always knew she was going to help people. Her compassionate mother always spoke to her about the need to help vulnerable members of the community. It left a powerful impression on Cheryl, who sought to act with the same spirit of humanity in her own life.

REPORT TARYN SHEEHY
PHOTOGRAPHY ALBERT COMPER

The hardest step in anybody's recovery is asking for help. It can be particularly difficult for doctors who are high achievers and identify with being the healthcare giver, rather than a healthcare receiver.



Cheryl’s work is born out of her great admiration for the medical profession and her recognition of the importance of doctors to the community. Cheryl has a warm, calm and gentle approach that creates a safe space for doctors. She engages meaningfully with doctors and over twenty years, she’s seen it all. She knows what’s possible for doctors coming through the service. We’re truly grateful to her.



DR PATRICK JOHNSON,
MEDICAL DIRECTOR OF VDHP
SAYS CHERYL DOESN’T SEEK
ACCOLADES BUT SHE IS
UTTERLY DESERVING
OF THEM.

Cheryl Wile always knew she was going to help people. Her mother engaged with strangers compassionately, warmly greeting homeless people when out and about, and always spoke to Cheryl about the need to help vulnerable members of the community. It left a powerful impression on Cheryl, who sought to act with the same spirit of humanity in her own life.

When she was just ten years old, Cheryl came across an advertisement in a church newsletter for soup van volunteers. She eagerly rang the organisers but was politely advised that she would need to wait another 8 years to be eligible to assist. Although disappointed, she didn't give up. "I knew even then that helping people was what I wanted to do. I didn't know how but that's what I want to do in life," says Cheryl.

Decades later, after working as a forensic psychologist and subsequently, in drug and alcohol rehabilitation, Cheryl spotted another advertisement. This one was looking for a 'case manager' to work with the Victorian Doctors' Health Program (VDHP); today, a well-established, free and confidential service for doctors and medical students who have concerns about their well-being. She successfully applied and joined the fledgling organisation in 2002 to assist the service's first medical director, Dr Jack Warhart.

As VDHP's senior psychologist, Cheryl has worked with the organisation for twenty years and was recently recognised at the 2022 AMA Victoria Awards Night with an AMA Victoria Service Award. The experiences and unique insights she has gained from supporting doctors over two decades are invaluable and ones that she is more than willing to share.

I AM HUMAN.

—
The hardest step in anybody's recovery is asking for help. It can be particularly difficult for doctors who are high achievers and identify with being the healthcare giver, rather than a healthcare receiver. Cheryl says doctors can feel deep shame, isolation and anxiety when they experience stress or burnout, or if they have a mental health or substance abuse issue. Cheryl says while asking for help can be extremely difficult, it's an important and positive first step. "Doctors will say to us, 'I'm a doctor. I'm not meant to feel burnt out or depressed.' We gently challenge that thinking. We remind them that before being a doctor, they are a human being and no less susceptible to the array of human emotions and conditions than the rest of us. Many of the doctors we help have heard that internal niggles whispering that something is not right but they have kept pushing forward. Over time, that whisper turns into a roar, so much so that by the time some doctors connect with VDHP, they are quite progressed in their illness."

Cheryl says the VDHP team takes time to remind doctors that they need to be okay to do the work they do and to be able to successfully execute all the other roles they have in their lives such as being a parent, a sibling, a friend, a son or daughter, or a colleague. "We reassure them, and they come to permit themselves to 'not be okay'. We then stand by and support them and provide them with the scaffolding they need through that journey."

I AM NOT ALONE.

—
Every human being is unique but human experience, emotions, feelings and struggles are not unique at all. Recognising that the human experience is shared, and that pain and struggle is a part of the human condition, is an important step. It opens the space internally required to connect to one's struggles, to seek appropriate support and comfort from others and to heal. Someone has always been there before you; someone is always experiencing it with you and crucially, someone is always there to help.

Cheryl says many doctors take time to recognise this and initially feel alone and reticent to ask for help. "They're managing these big workloads and they become convinced that everyone else is managing fine. Doctors will say, 'I just didn't imagine I'd need to call. This has never happened to me. Everyone else is managing. Why can't I?'" We remind them that VDHP is a full-time program including after-hours and is solely set up for Victorian doctors and medical students, so there is a lot of demand for our service. That gives them an idea of just how many doctors feel just like they do."

I CAN GET TO THE OTHER SIDE OF THIS

Having worked with VDHP for two decades, Cheryl says she has known thousands of doctors who have sought help and recovered. “I can genuinely say that the doctors I’ve met and supported over the years have evolved into better medical practitioners because they’ve experienced their own personal struggles. They have been able to take these insights and experiences back into their own practice. The culture in medicine used to be to maintain a stiff upper lip and soldier on but that’s slowly shifted over the past twenty years. Today, there is a lot more awareness of mental health and wellbeing. People are slowly having more confidence and for the younger ones, there’s even an expectation that you can put your hand up and get the support you need. Today, we receive more referrals from medical students and junior doctors than we did when I first started. They come forward and present earlier and I think that’s a push from everyone involved in the lives of medical students and younger doctors. There’s a whole range of voices saying, ‘You’ve got to be okay to do your work and be the person you need to be.’ We are also more aware of the pressures that doctors put upon themselves such as expectations of perfection, expectations of high achievement, which make an already stressful role even harder to manage. So, we know the issues to look for and to address.”

WHO AM I IF I’M NOT A DOCTOR?

At the other end of the spectrum, doctors who have retired or are considering retirement can also experience difficulties. Being a medical practitioner is a huge part of a doctor’s identity, so they can feel lost when it is no longer a part of their daily lives. It can be enormously difficult trying to navigate that and can result in an identity crisis. Yet Cheryl says all doctors can struggle to define who they are outside the practice of medicine and it’s worth taking time to personally reflect on this. “Being a doctor is an all-consuming role; from performing well at school, through university and all those early years of training. When we ask doctors to identify who they are without mentioning the word, ‘doctor’, it can be very challenging for them. As people, we’re at our best when we have balance in life. If any one aspect is too extreme, it can, at some point, take its toll. We ask doctors to consider, what else is there? For some doctors, there’s very little, and they really have to work hard to get more balance in their lives. When it is achieved, when the balance is right, that’s when one feels one’s best. Media attention on the issue of ‘identity’ was prominent in the recent retirement of adored Australian tennis player, Ash Barty. In an article with her mindset coach, Ben Crowe was adamant that the reason Ash could walk away from tennis, was because she didn’t entirely identify with being a top tennis player. It was not core to her identity.

Cheryl says Ash Barty is an extraordinary example of what we’re talking about. “The story gives me goose bumps. It inspires reflection. You’re a doctor and it’s a huge achievement and a huge part of your life and you’ve sacrificed a huge amount to be what and where you are, but what else is there?”

HOW AM I TRAVELLING?

Cheryl encourages doctors to routinely stop and to check-in with themselves. “Don’t be afraid to look internally and ask, how am I travelling? What’s happening for me? It can be a bit scary but the internal questions are important because small unchecked feelings can become much bigger problems down the road. Don’t be afraid of it, push it away or pretend it’s not there. Give yourself permission to feel it. Know that these feelings are normal. Know that it’s okay to feel burnt out or stressed. Know that it’s alright to ask for help or talk about things. You don’t have to wait until you are in a crisis. There are people to help. And when that support is required, we will be here. That’s certainly our job at VDHP: to hold doctors for a time when they need it, support them while they heal and scaffold them to return, ready to help their patients and communities once again with great strength and equally as important, to be present and able for their families, friends and colleagues and for themselves.”



The VDHP is a free, confidential service for all doctors and medical students who have concerns about their well being.

**DR. PATRICK
JOHNSON**

*Medical
Director*

**KATERINA
COLAKOVSKI**

*Program
Manager*

**CHERYL
WILE**

*Senior
Psychologist*



Tuppy the dog

VDHP What to expect



- » Make initial contact with VDHP
- » Appointment with a doctor
- » If there is a longer waiting time to see a doctor, an initial appointment will be held with a senior psychologist
- » Formulation of a treatment support plan
- » Ongoing follow-up and support from the VDHP team
- » Some people stay with the program for a short time, if they are linked in with a good treatment plan and they are engaged and feel better
- » Some people stay with the program longer if they need longer term support
- » Some people have been with the program for many years and receive weekly support

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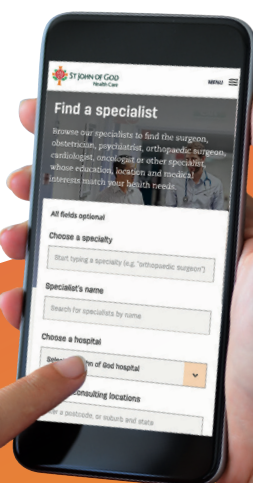
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If you have a policy issue you would like to discuss, or have some feedback about our priorities, please contact LewisH@amavic.com.au

No rest for the wicked as diverse issues such as payroll tax, electronic prescribing and health service information sharing have all been on the policy desk in recent months.

2022/23 STATE BUDGET SUBMISSION

AMA Victoria's 2022-23 State Budget Submission was released prior to the delivery of the Victorian State Budget. The submission emphasises the need for a healthcare-led recovery in Victoria; not only medical recovery for Victorians whose health has suffered during the COVID-19 pandemic (whether it be through mental illness, the impacts of delayed and or deferred physical care, or through the virus itself), but also economic recovery through investment in essential health infrastructure and services.

Our submission outlines four separate but ultimately interlinked components of this vision: general practice, mental health, deferred care and the elective surgery backlog, and public hospitals.

In the pandemic's wake, expenditure on health must not be viewed as a drain on Victoria's finite resources, but instead understood as sound economic policy and investment. After all, a sick population cannot work, spend or be productive.

Members can find the AMAV Submission here.

PAYROLL TAX AND MEDICAL PRACTICES

AMA Victoria has written to the Victorian Government to express significant concern regarding recent developments in payroll tax.

In the letter, we outlined that our concerns commenced following the Optical Superstore decision of the Court of Appeal in Victoria. This decision held that payroll tax be applied to money before it is distributed to individual optometrists, even though the money was only being held on their behalf.

Our letter noted that the standard business procedures caught by Optical Superstore are incredibly common throughout Victoria and are now essentially the standard for how medical care is supported outside hospitals.

We also conveyed to the Victorian Government that doctors, like the rest of the population, are struggling with their own mental health and physical health concerns and that the additional burden of a payroll tax liability that had heretofore not been levied is unfair and unreasonable in the circumstances.

Furthermore, we noted that imposing payroll tax in this manner would necessitate many

general practices abandoning bulk billing and charging gap fees to Victorian patients to remain a sustainable and viable business.

Accordingly, we have urged the Victorian Government to swiftly abandon retrospectively applied current payroll tax assessments on medical practices relying on the reasoning in Optical Superstore, and to reform payroll tax law to prevent this from happening further.

In addition to our political advocacy, we are working closely with our financial services partner, the Bongiorno Group, and legal partner, Kennedys, to develop alternative models to ensure that practices avoid falling afoul of mistargeted laws.

REVIEW OF WORKSAFE VICTORIA'S MANAGEMENT OF COMPLEX WORKERS' COMPENSATION CLAIMS

In March, The Department of Justice and Community Safety released Peter Rozen QC's report: Improving the experience of injured workers: A review of WorkSafe Victoria's management of complex workers' compensation claims (the 'Rozen Review'), along with the Victorian Government Response: Victorian Workers' Compensation System – Independent Review | Victorian Government.

Key to the Government's response is WorkSafe expanding its newly established Claims and Recovery Support team to focus on dedicated and specialised interventions for more complex claims (which is to say, WorkSafe will be directly involved in the management of complex claims, with independent agents retaining jurisdiction over those deemed less complex).

AMA Victoria's WorkSafe/Transport Accident Commission (TAC) Committee has since met with WorkSafe to discuss its preliminary views on the Victorian Government's response. To this end, the Committee expressed its willingness to continue to engage with WorkSafe, particularly by contributing towards the definition of "complex" cases, and any potential 13 week reporting requirement for medical practitioners when providing updates on complexity.

EMAIL AND FAX TRANSMISSION OF PAPER PRESCRIPTIONS

AMA Victoria has recently written to the Victorian Department of Health to formally request that it seek amendment to regulation 25 of the Drugs, Poisons and Controlled Substances Regulations 2017 to enable prescribers to be able to provide an instruction by email or fax for the supply of certain medications in emergency situations, in addition to the option for a verbal instruction.

In the letter, we relayed to the Department that a substantial number of members, particularly

non-GP specialists in private practice, have been impacted by the inability of several software providers to have expeditiously implemented ePrescribing.

Furthermore, we noted that the repeal of Public Health Emergency Order #4 in March 2022 has meant that these members have been unable to provide instruction via email or fax for pharmacists to supply certain medications.

Our argument in seeking amendment to the regulation was that, in emergency situations, email or fax often provides a benefit over a verbal instruction by allowing the correct medication/dosage to be most clearly displayed, leading to improved patient safety. Verbal instructions can be rushed or misinterpreted in emergency situations, and mistakes have been known to be made.

It is also our understanding that instruction via email or fax in emergency situations is permitted in other jurisdictions, notably New South Wales. We conveyed to the Department that, to the extent possible, we should strive for interjurisdictional harmonisation in this area.

For more information: Image-based prescribing arrangements to cease 31 March 2022 Communications and Advocacy Update: 21 April.

SUPPORT FOR HEALTH LEGISLATION AMENDMENT (INFORMATION SHARING) BILL

AMA Victoria has recently contacted several influential members of the Victorian crossbench expressing

our support for the Health Legislation Amendment (Information Sharing) Bill (currently being debated in the Victorian Legislative Council) and opposing any attempts to amend the Bill by allowing patients to 'opt-out' of the system.

For background on the legislation, please see: #240 Feedback wanted: Health information sharing legislation (amavic.com.au)

As we noted to crossbench MPs, in expressing our support for the Bill as currently drafted, we are in no way diminishing privacy concerns, particularly for mental health and reproductive health records. But we do need to acknowledge the current circumstances as comparator; it is a reality that patients' health information is already stored in hackable databases or manila folders by individual health services, and data in the proposed model would be ring-fenced with the strictest of protections.

As currently drafted, it is our belief that the Bill will greatly improve the ability to connect health information across our public healthcare system, which will reduce the burden on patients having to remember their past medical history. This will allow clinicians to start treatment sooner. It will reduce the number of unnecessary tests and investigations and reduce the risk of medication errors. Indeed, in an emergency, medical teams would be positioned to very swiftly learn what conditions and medications their patients have, which could be lifesaving.

It is also an unfortunate reality that many chronically ill patients present unconscious after an acute myocardial infarction or cerebrovascular accident, where time is of the essence, including access to advanced care directives. Thus, in this most profound situation of individual rights, the proposed Bill better facilitates the patient's wishes being carried out than the status quo.

We concluded the letter by acknowledging the potential risks of the Bill, but re-stating that these are overstated, and that the net benefit to the community and individual patients significantly outweighs any potential risks.

INFLUENZA VACCINATION ENHANCEMENT GRANTS AND REIMBURSEMENT PROGRAM FOR PRIMARY CARE

In the leadup to winter, AMA Victoria had been advocating extensively for the provision of free flu vaccines for Victorians, all the while ensuring that our already overburdened general practices are supported.

In due recognition of our consistent advocacy, on May 31 the Victorian Government announced that it would be providing free influenza vaccinations for Victorians throughout June.

Critically, however – and what was particularly pleasing to us – was that the Government offered a reimbursement of \$25 per influenza vaccine dose administered (\$3 more than in most other Australian jurisdictions), and the opportunity to apply for a one-off \$2,000 grant to GPs interested in maximising their capacity to deliver influenza vaccines across Victoria during June 2022. Moreover, GPs maintained the ability to privately bill for the consultation.

We appreciate that it is a uniquely difficult time for GPs, and that even prior to the pandemic, GPs had felt ignored by the Victorian State Government. However, we believe that our advocacy is making considerable headway in this area, and we hope to continue working with the Victorian Government to better appreciate and support general practice as it continues to shoulder over 90 per cent of the healthcare burden in this state.

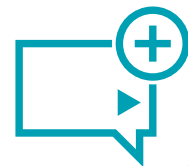
Further info



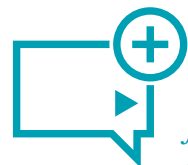
*Click here
AMAV
State Budget
Submission
2022*



*Click here
#240
Feedback
wanted*



*Click here
Comms +
Advocacy
Update*



*Click here
for image-
based
prescribing*



*Click here
to email
Lewis
Horton*

VIEW FROM THE SIDELINE

Dr Allen regularly shares his own experience living with a mental health condition to challenge the stigma surrounding doctors' mental ill health.

REPORT DR KIERAN ALLEN

As someone with a chronic mental health condition, the last 2 years have been more about the sidelines than the frontlines.



C OVID-19 created the perfect mechanism to allow for the shared understanding of the experience of those of us working on the healthcare frontlines. As a collective, we and our nursing comrades were held up as heroes, risking our own safety to heal the sick and care for the dying. We wore not capes, but fatigued (and often forced) smiles hidden behind layers of PPE. We were the foot soldiers in a war against an invisible foe.

But this was not my view of the fight. For me, as someone with a chronic mental health condition, the last 2 years have been more about the sidelines than the frontlines. On more than one occasion, I raised my hands in surrender, departing the battlefield to tend to my weary self, unable to tolerate the distress that my mind and body were faced with. I broke down, I was spent. More than once, I could not go on.

I have struggled with an overwhelming sense of shame at times when reflecting on my own experience of COVID-19. For this registrar, much of the peak of the pandemic was spent on the bench, forcibly removed from the team by a mind and body unable to keep pace. I felt I'd let the team down whilst others had been better able to cope. The imposter syndrome haunted me like a shadow I couldn't escape. Sitting on the sidelines, watching colleagues soar where I could not even stand, felt very lonely indeed.

My experience is one shared silently by the several colleagues I met whilst admitted to the psychiatric ward. We formed a bond, a quiet understanding of one another. Code words

described our experiences: exhaustion, burnout, depression. But what united us – the common theme – was a matter of there just being nothing left. We were the silent minority unable to fight in a war we never wanted.

But was COVID really to blame? It is no revelation to note that medical culture is an ever demanding one, even without a pandemic. We are conditioned, from the very earliest of our experiences in medical school that we must strive to do more. And as we progress, we are commanded to do even more with ever-dwindling time and resources. Internship arrives and with it comes new rules and roles, a gruelling after-hours roster and the stark reality that we now live and breathe the game of life and death. Our residency is a whirlwind of on-call beeps met with stolen sleeps as our new nocturnally tolerant selves strive not to stuff up until the team arrives the next morning.

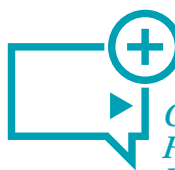
But none does it hit so hard as our registrars... Completed your rounds? And your paperwork? Joined that committee? Published that article? Started that second masters yet? Have you done your journal club? Don't forget that exam you will probably fail. Registrars are pawns racing to cross the board in a training system bursting with study requirements, drowning in assessments and crippling us with after-hours demands. And yet somehow we press on, swimming against the tide, exerting ourselves on borrowed time.

Those who have reached this point of the pandemic, who are now throwing up their hands to say "I've had enough. I cannot do this anymore" are rightly

applauded. "They've earned a rest", we may say. But it does little to cushion their sense of failure or shame. And what about those of us who needed rest when the wave of the pandemic was rising? Were we simply too weak to go on? Or was it that we were already operating above our best and the added stress was always going to topple us?

Burnout has become a tolerated way of doing business in healthcare, and in particular in medical training. It is a hazard we have allowed to become embedded in our 50+ hour weeks. The shame I felt through being unable to withstand the demands of COVID-19 is the same shame that we continue to permit to occur year after year. It is one born out of a system that demands too much and returns too little.

We do not need to "earn" our right to feel burnt out. A pandemic is not needed for us to see that our training system is already well overstretched. We need to lower the levels of underlying stress to allow for our system to tolerate shocks. Tending to ourselves and prioritising our wellbeing should be seen as strengths, not weaknesses. Moreover, we ought to be advocating for change to redesign the fundamental nature of our burdensome training system to prevent burnout in our trainees. Only then will we shift the shame so many of us continue to face whilst sitting on the sidelines.



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Hand-n-Hand
Peer Support*

WAKELIN

PROPERTY ADVISORY

Wakelin Property Advisory is an independent buyer's agent specialising in acquiring residential property for investors. www.wakelin.com.au

SUCCESSING AT POST-AUCTION NEGOTIATIONS



REPORT **JARROD MCCABE**
DIRECTOR, WAKELIN
PROPERTY ADVISORY

Melbourne's clearance rates have been tapering off this year, as the market rebalances following the feverish buyer demand of late 2021.

As such, we're likely to see higher volumes of properties passed in, meaning increasing numbers of buyers will need to negotiate after auction.

Negotiating with a trained real estate professional can be daunting, especially after the draining experience of an auction.

However, if approached correctly, the post-auction pass-in can put a buyer at a distinct advantage relative to the seller, which represents a significant shift in power from the pre-auction situation.

The golden rule for post-auction negotiations is to always hold the highest bid when a property is passed in, giving you first right to negotiate and making you privy to the vendor's reserve.

If a property is passed in, the agent and vendor are highly motivated to seal the deal on auction day.

If you've secured the highest bid, you'll be warmly approached by the auctioneer and invited to come into the property to negotiate – politely refuse. Advise the agent that you will conduct your side of the negotiations from outside the property.

Firstly, it is difficult to discuss the matter privately with a companion when the agent and vendor are close by.

Secondly, it is an old estate agent's trick to bring people inside and tell them that there are other bidders circling outside, ready to pounce. Too often this is simply a ruse to place you under unreasonable pressure.

The next crucial element is to remember that, as the highest bidder, you made the last offer,

so the onus is on the vendor to move off their reserve in order to begin negotiations.

Don't make any further offers. Wait for the agent to provide you the reserve, and do not feel you need to accept it.

In all likelihood what you are told will be higher than the true reserve – the minimum the vendor is willing to accept.

Ask the agent to justify the vendor's reserve. Does the agent have examples of comparable properties that have sold around this price?

Also remind the agent that no one else who attended the auction was willing to pay what you offered, let alone the reserve.

Ideally, at some point, you'll agree to a middle ground. If so, happy days. Otherwise, you'll have to decide whether to accept their last offer or walk away.

The threat of walking away may lead to a change of heart from the vendor.

However, there are risks involved in not sealing the deal there and then. It is possible that other prospective buyers will emerge.

Be careful not to get greedy or bloody minded in negotiations.

If you know in your heart that your negotiations have resulted in the current offer being fair and reasonable under current market conditions, and it is within your budget – accept it.

Quibbling over the last few thousand dollars or so is not worthwhile given how costly in time and money it is to find and adequately screen another property.

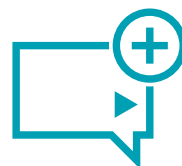
Finally, if you're not a strong negotiator, give serious consideration to bringing an experienced negotiator with you.

FOR MORE INFO:

(03) 9859 9595
WAKELIN.COM.AU



*Listen to Jarrod's
podcast, Rewarding
Property Decisions*



*Download the Wakelin
2022 Property
Market Report*

Doctors share what brings them joy outside medicine.

MONTH OF MINDFULNESS

In May, AMA Victoria and Doctors' Health Fund launched #MonthofMindfulness, a social media campaign to raise awareness of the small things in our lives which lift our mood and can make a difference to how we feel.

Practicing mindfulness is important for doctors and anyone in a stressful role. During the month, our hope was to remind each other about the simplicity and power of mindfulness and inspire each other by sharing stories.

REPORT LILY PAVLOVIC

PETS

#01

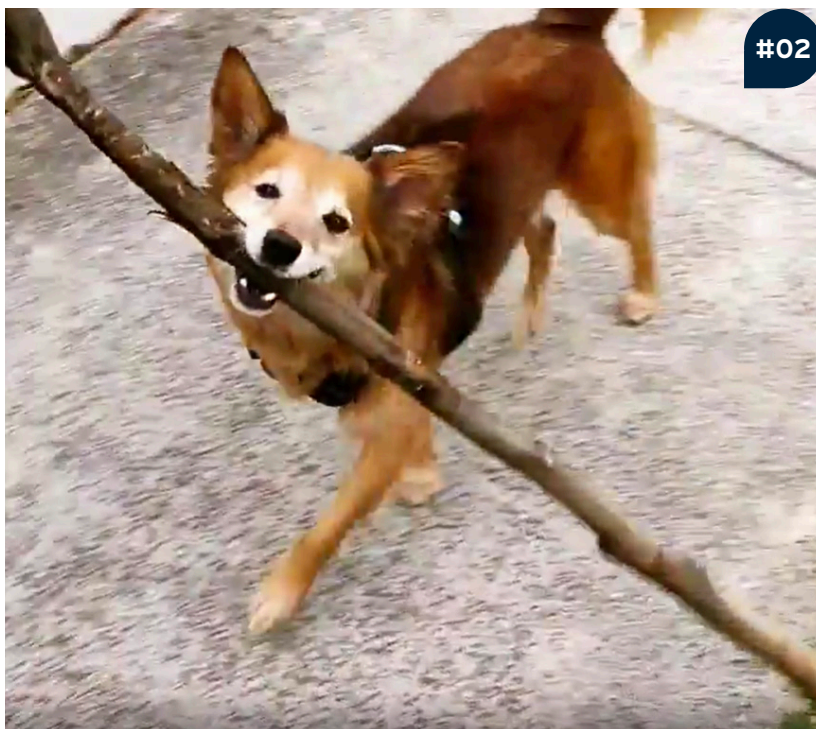
Tell us: how does your pet enhance your life?

Spending time with animals has been shown to have many benefits. Pets can provide companionship, an opportunity for exercise and play, an icebreaker for social interactions and can help us to relax. For the first week of Month of Mindfulness, we focussed on pets and their benefits to our mental wellbeing and physical health.

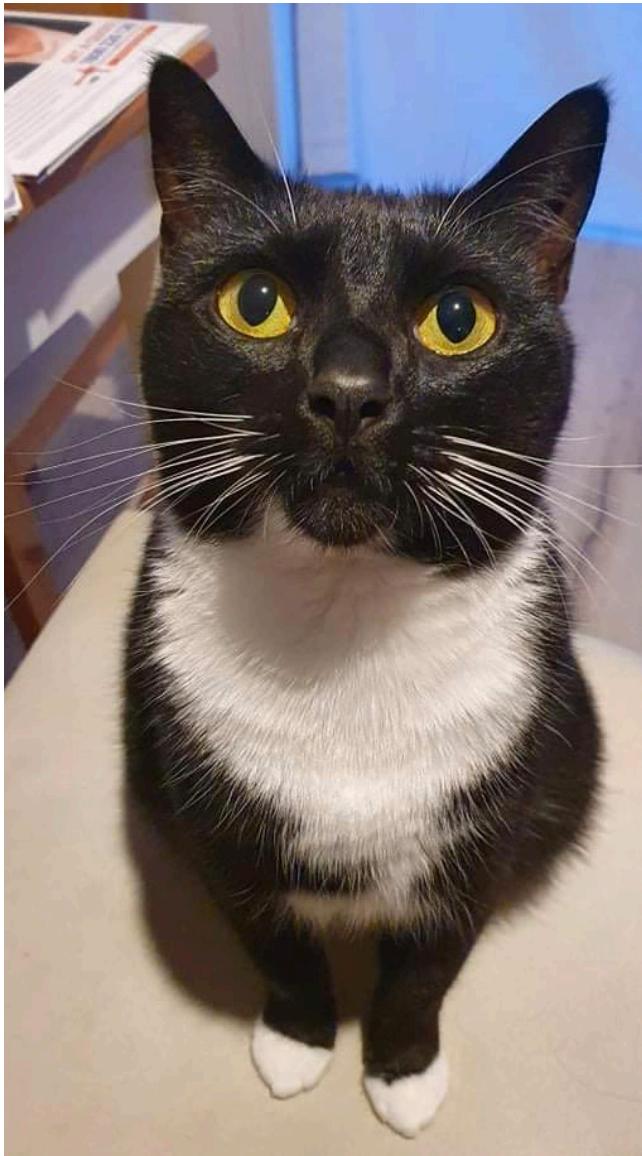


Click here for more about pets and well-being

*Tabnee Bridson (@Tabnee_Bridson)
Love this @M_Kay_Dunkley - princess is the best pupper ever - a few cuddles from her and I always feel 100% better She's on Instagram too*



*hannahxcross
Mandatory daily excursions with this chap are a brilliant way to prescribe mindfulness. Especially when you have to stop and appraise every stick that's over 3ft long #MonthOfMindfulness @youramavic (via Instagram)*



#03

WINNER TO BE
ANNOUNCED VIA
@AMAVICTORIA



*David Vu (@david_t_vu)
@amavictoria re: pets enhancing life.
I mean look at this cat. Those eyes!
#MonthOfMindfulness (via Twitter)*



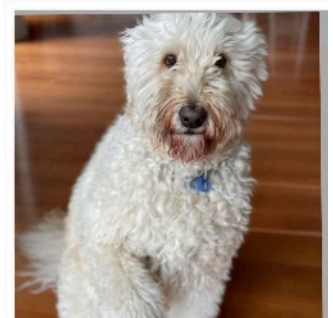
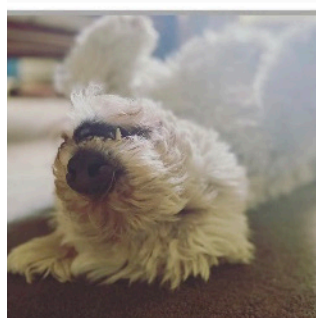
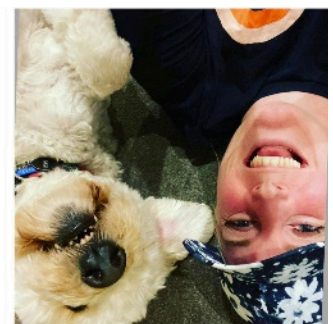
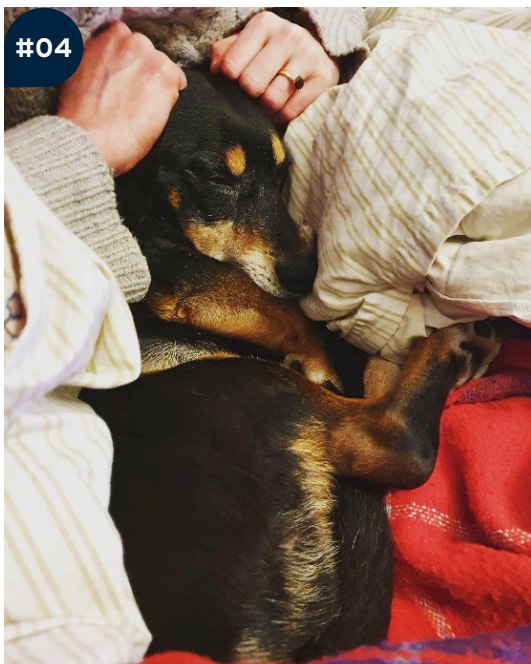
*Jessica Kennedy (@JessicaL82)
@amavictoria Let me introduce Toffee.
The well-being officer of the house. Despite
his age of 12, OA & MR, his enthusiasm
gets us out of bed and for a walk twice a day,
makes coming home a joy and the picture
describes the epic cuddles and he just knows
when you need a special possum cuddle.*



*Jane Munro (@DrJaneMunro)
Rory - a loveable giant fluffinator. It's pure
joy in being together, with the bestest hugs,
unconditional love and someone is therefore
always happy to see me with his wildly
wagging tail and big smile at the
front door. (via Twitter)*

#05

#04



FOOD

Tell us: What dish is your comfort food or favourite meal?
It's said that food can soothe the soul. For week two of our Month of Mindfulness, we focussed on the benefits of healthy eating and the process of cooking as a mindful activity.



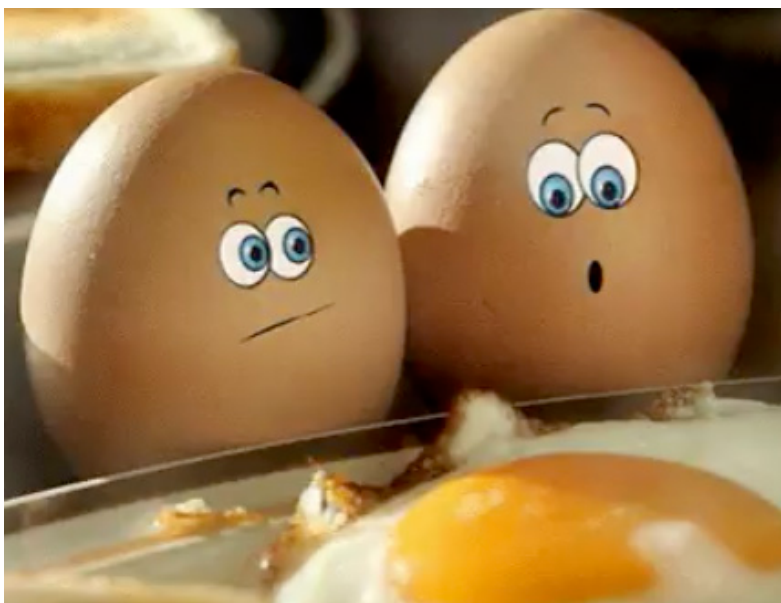
Click here for more about food and well-being



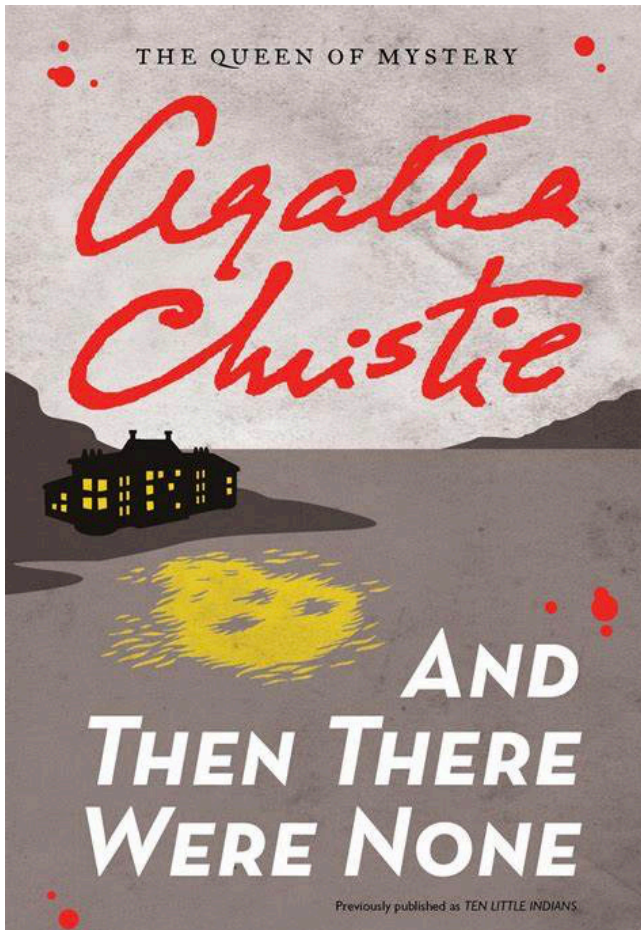
*Magdalena Simonis
(@drmsimonis)
Stuffed tomatoes -
my favourite and one
of my specialties*



#02



*Kay Dunkley
(@M_Kay_Dunkley)
My favourite comfort food
@amavictoria
#monthofmindfulness*



#01

BOOK+ MOVIE

Tell us: Which book or movie can you read/watch over and over?
There's nothing like getting lost in a good book or movie! This week's theme considered how stories can allow us to feel connected with each other and escape feelings of boredom or stress.



Click here for more about books/movies and well-being

*K (@kindnessemblems)
@amavictoria #monthofmindfulness.
Reading Agatha Christie's "And then there were none" is the breeziest book that is gripping, but a delight to read.*

▶
*K (@kindnessemblems)
@amavictoria #MonthofMindfulness.
My most rewatchable movie is Ocean's Eleven, just a super entertaining and satisfying movie.*



▼
*Andrew Tagg (@andrewjtagg)
My guilty pleasure - I must have watched it over 100 times.*

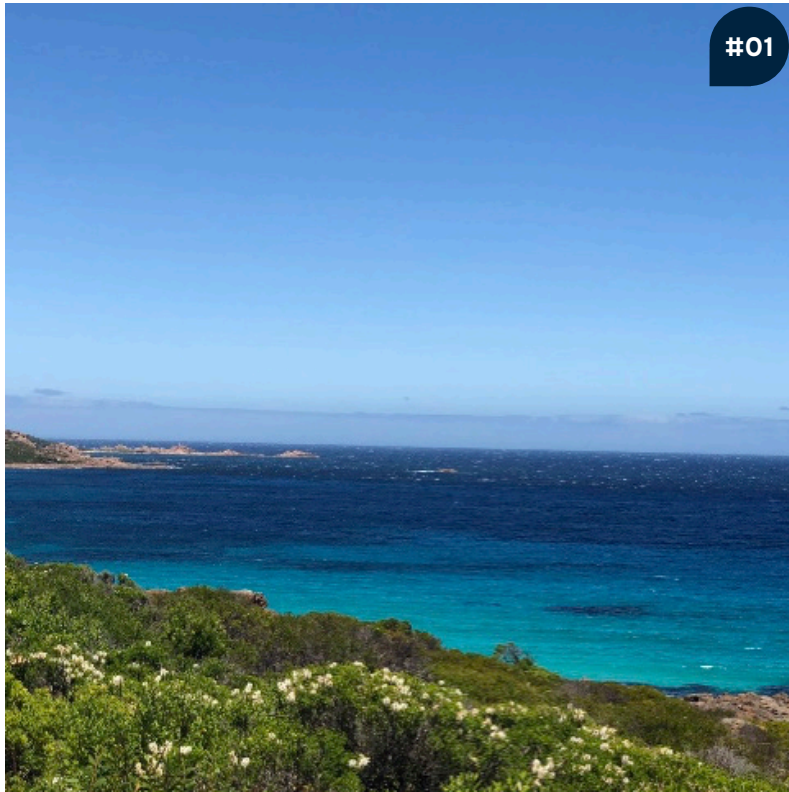


A HAPPY PLACE

Tell us: Where is your happy place?

Which place comes to mind when you close your eyes? Finding a happy place beyond medicine helps each of us to wind down and relax outside our workplaces. During Month of Mindfulness, we considered the importance of finding a place for comfort and to feel calm.

#01



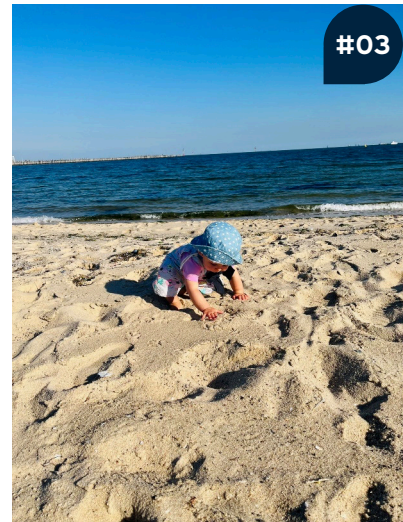
▶
*Kym Jenkins
(@KymJenkins36)
Happy place - lots of them -
mostly involving water
and waves*

▼
*Tabnee Bridson
(@Tabnee_Bridson)
Nonno & Nonna's farm. Nonno
with his chickens circa 2000's*

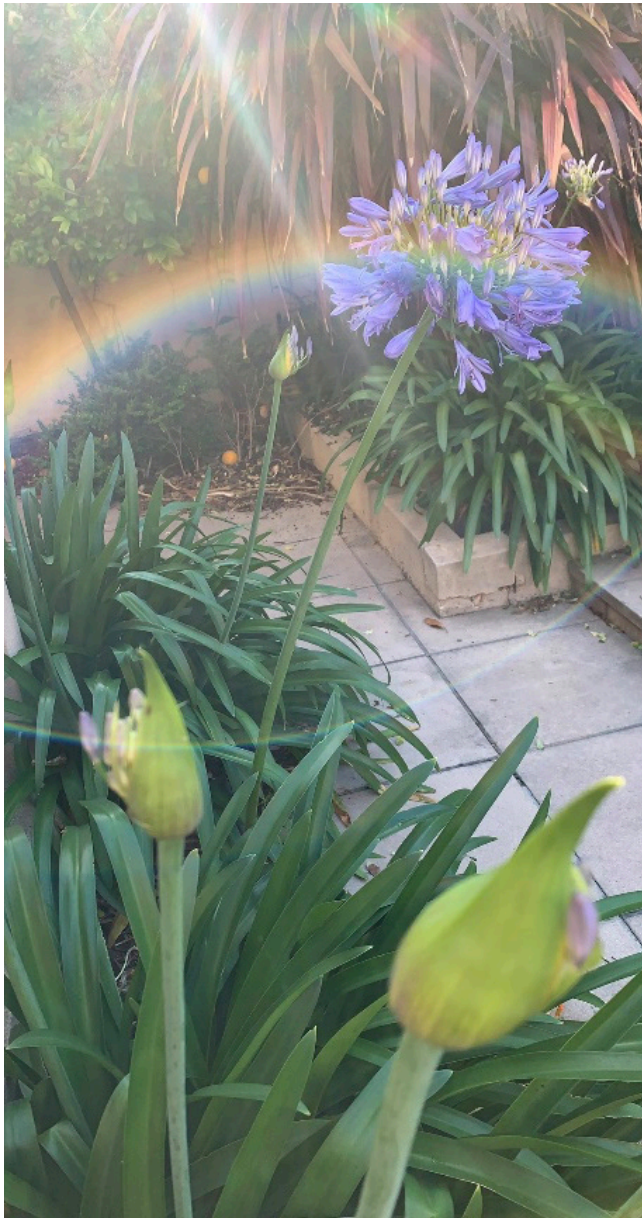
#02



#03



▲
*Dr Jasmina Keovic
(@DocJasmina)
Happiest place on earth
#monthofmindfulness
@amavictoria*



#04



◀
Dr. Karen Price RACGP President (@brookmanknight) Happy places? Too many. But a combination of nature, beauty, silence and lack of time table come to mind. Home in the summertime (with no shoes of course) the promise of family friends and laughter also.

▼
Dr Bec Szabo (@inquisitiveGyn) Almost anywhere with the sun

#05



#06



**WINNER TO BE
 ANNOUNCED VIA
 @AMAVICTORIA**



Click here to read more about the importance of a happy place

◀
Nardine Elzahaby (@ElzahabyNardine) My happy place, our mat, our puzzles, the most fun times

JOIN THE CONVERSATION

AMAV SOCIALS



Digital communications specialist Lily Pavlovic

Helen O'Connell AO
(@OConnellProf)

[On the AMA Victoria Awards]: Congrats @DocJasmina, well deserved. To @amavictoria, it was a very uplifting night and suitable recognition of the fabulous work the profession has done at personal sacrifice during the pandemic.
@MartinFoleyMP

Dr Jasmina Kevric
(@DocJasmina)

Honoured to have been named @amavictoria Jnr Doctor of the Year. So much of this goes to my family, to my parents for sacrificing so much of their lives to give us the opportunities to make something out of ours. Forever grateful #WomenInMedicine #refugeestories #AMAVawards

Prof Marie Bismark
(@mbismark)

Incredibly honoured to be nominated for the @amavictoria Priscilla Kincaid-Smith Award. I did smile when I read this in an interview with her: "People have always accused me of being unfocused & being involved in too many things, which is perfectly true." Priscilla Kincaid-Smith

Dr Marguerite Evans-Galea AM
(@MVEG001)

I've actively practised mindfulness for more than 7 years. Long form, short form, a quick 2 min at my desk. Sometimes multiple times a day. It enables more successful navigation of high pressure situations and insomnia, sharpens my focus. I strongly recommend.
#MonthOfMindfulness

Stewart Proper
(@ProperStewart)

[On Crazy Socks 4 Docs Day]: Remember to be kind for all of the other days of the year as well! Wear crazy socks every day if that is what it takes to be kind.

Monash Rural Health
(@MonashRural)

Congratulations to our own A/Prof Janelle Brennan and #monashalumni Dr Laura Nield on being named as finalists in the @amavictoria awards 2022. So proud to see their outstanding care & community contributions recognised! Best of luck to all finalists.

Ines Rio (@InesRio1)

Great work from GPs of @amavictoria Section GP in developing set of sensible proposals in AMAV Budget submission to address risks/poor integration.

Rob Phair (@robphair)

[On AMA Victoria's Seize the Moment program]: Looks like a great opportunity for final year medical students!

MSCV (@MSCVict)

[On AMA Victoria's Seize the Moment program]: Exciting opportunity for final year students!



AMA Victoria
(@amavictoria)

AMA Victoria's President Dr Roderick McRae wears his best and brightest odd socks while he reads this morning's headlines this #CrazySocks4Docs Day. Join us in raising awareness, advocating for lasting change and turning talk into tangible action:
<http://amav.me/CS4DD>

*Facebook: AMAinVictoria
Twitter: amavictoria
Instagram: youramavic
LinkedIn: Australian Medical Association (Victoria)*

INTERACT WITH US



**Dr Sarah Whitelaw
ABC 730**

ABC's 730 report on healthcare worker burnout AMA's Dr Sarah Whitelaw takes part in this story focusing on healthcare worker shortages, burnout and increased patient demand and the impact it's all having on the mental health and wellbeing of doctors and other healthcare workers.

"We've got this perfect storm of staff shortages, increased demand that we knew that was going to come and then also significantly increased demand in terms

of COVID and flu. I would describe what's happening right now as a crisis. I work in the emergency department and our emergency departments are absolutely overflowing but the problem is that we can't move our patients out into hospital beds that have enough staff working in them to look after patients safely. And because we can't move patients out, we can't offload patients from our ambulances who are then ramped outside our hospitals for many hours and can't respond to patients that they need to see in their community.

We know that the stresses of medicine have significant implications on the mental health of junior and senior doctors right throughout the system.

So, the increased stresses that the health systems that they work in are under, you can only imagine what that's doing to their mental health."



REFLECTIONS ON COVID-19

Not one to shy away from a challenge, in the middle of 2021 Georgina fell pregnant with daughter, Ava, who was born early in 2022. This meant she found herself, a mother to four young daughters already, pregnant, working in a busy emergency department in the middle of a pandemic.

Leading a 24/7 emergency department, a pregnancy and managing a pandemic in Geelong, Victoria — the experience of COVID-19 from St John of God Geelong Hospital's Director of Medicine Dr Georgina Hayden

In February 2020, Dr Georgina Hayden was celebrating with her colleagues the extended opening hours of Geelong's only private Emergency Department to 24/7.

There had been a handful of cases of COVID-19 in Australia at this point but it had not yet been declared a pandemic. That would change mere weeks later.

Dr Hayden, who is St John of God Geelong Hospital's Director of Emergency Medicine, said opening the Emergency Department 24/7 was a massive change for the hospital's clinicians and nursing staff who now needed to be prepared for whatever walked through the door any time of the day or night.

And that very quickly included COVID-19. "To put it in context, our hours were initially limited to 8am to 10pm but we were finding the community wanted more access to our care. Some were telling us they would have chosen our hospital if the ambulance was able to take them there in the early hours of the morning, and some were hanging out until we opened in the morning and were desperately unwell," she said.

"So in September 2019 we announced the Emergency Department would open 24/7 and that took effect in early 2020.

"At that stage, we were focused on getting our visiting medical officers (VMOs), nurses and other service providers used to the new operating model and employing more doctors and nurses to cover the night shift, and then, suddenly, the borders shut to everyone."

The recruitment obstacles, which have continued for all health care providers across Australia, were just the start of the issues Dr Hayden and her team faced when the pandemic broke out in Australia.

"The challenge of COVID-19 at the start was the unknowns. We didn't know much about the virus, how it was going to present, or who it would present in and we were rapidly learning treatment options," she said.

"We were pulling together what we needed and how we, as a region, would respond. What I particularly liked is that as a region, Geelong came together – St John of God Geelong Hospital, Barwon Health, and Epworth – to work out how we were going to deal with this virus, what our bed capacity was, and other resources we would need.

"This started early in 2020 and the conversations and relationships continued in 2021 which was a nice approach. We were collaborating, meeting weekly, sharing data and communications, including with Ambulance Victoria, as one health service entity.

"Of course it wasn't as smooth as that but it was a really strong response."

In addition to the unknowns regarding the virus itself, the fear and worries that the hospital caregivers were experiencing was all consuming particularly in the early days.

"When COVID-19 first hit the staff anxiety was huge," Dr Hayden said.

"I worked really closely with our nurse unit manager and we felt we were on the same page with our communications, but the nature of this pandemic meant that what we were sharing in the morning from the authorities had often changed by the afternoon. We needed to share information promptly without overwhelming our teams.

"We were lucky we did not have any workplace infections in the first year of the pandemic but we advocated strongly for improved ventilation in the department as well as the construction of a COVID-19 zone in the department which was a welcome move to keep both the patients and caregivers safe.

"Clinically, we were doing things like making a COVID-19 area and designating cubicles for suspected patients and addressing evolving requirements in terms of personal protective equipment (PPE). Initially we were just wearing it for suspected patients, at one stage we were wearing it for all for patients, and now using eyewear and N95 masks for all patients and full PPE for respiratory patients.

"We were counting boxes of gowns and working out how much hand sanitiser we would need. As part of our huddle we were giving stock updates making sure we would have enough gowns over the weekend shifts. Things I had never had to directly address in such a way before.

"The nature of working in a small region meant that all of our staff work elsewhere, so the rumours that they heard from their other services were feeding anxiety into ours, but credit to our executive and stores, their messaging was very consistent – we have enough equipment, we just have to ask."

Not one to shy away from a challenge, in the middle of 2021 Georgina fell pregnant with daughter, Ava, who was born early in 2022. This meant she found herself, a mother to four young daughters already, pregnant, working in a busy emergency department in the middle of a pandemic.

Georgina said she focused on the positives. "I was grateful that I was pregnant in 2021 as I was double vaccinated by that point which was a great reassurance and I got my third dose as soon as I could," she said.

"I also had the benefit of reflecting on the prior 12 months and seeing women who had been pregnant and given birth to healthy babies, and knowing that there were no major links with fetal or congenital abnormalities which are the things that would have worried me.

"But no doubt it was tiring. Working long hours in a N95 mask, I found I got short of breath with a big baby and a big belly.

"I did take some precautions to avoid some suspected COVID-19 cases in my last trimester and my team were very supportive and I am grateful they took on that extra load and risk for me."

Georgina also experienced the challenges of giving birth in the middle of a pandemic that have affected all other women who normally enjoy this time with family and friends.

"It was just my partner and I at the hospital with no other visitors allowed, which was hard on my older child who couldn't participate," she said. "Then when we got home we just locked down a little bit as a family to reduce our risk. We are realistic though, our older children are now at school and we know so many families who have had COVID-19 so we are just waiting until it hits us."

Georgina's experience is exceptionally rare. As a woman, it is still relatively uncommon to lead an Emergency Department and then continue to take on that challenge while raising a family.

When Georgina first took on the role of St John of God Geelong Hospital Director of Emergency Medicine in 2015, she was the only female in the region at such a level.

In 2020 she started her Masters of Business Administration at Deakin University and in mid-2021 took on her first Board role at Colac Area Health.

"One of the best things that has come out for COVID-19 for me in a professional sense has been the creation of a women in leadership within emergency medicine group which we have used to share information, and issues at the same time as discussing difficulties in juggling things like parenting. It has been so supportive," she said.

"I do want to highlight that throughout this pandemic, as throughout my entire time leading the hospital's Emergency Department, it has been a team effort. I feel that, especially in emergency medicine, it is very much a team environment. Whether you are a registrar, consultant or a junior doctor you pick up the next patient waiting to be seen and you do your best with the support from your colleagues to care for that patient and their loved ones."





“

It was just my partner and I at the hospital with no other visitors allowed, which was hard on my older child who couldn't participate,” she said. Then when we got home we just locked down a little bit as a family to reduce our risk.

”



IN THE MINDS OF THE NEXT GENERATION OF DOCTORS



YINGTONG LI

*Final year medical student
+ Chair of Medical Student
Council of Victoria*

Change is in the air in the mental health sector. As final-year medical students across the state await the outcome of internship applications, we are preparing for our roles as junior doctors in this critical time for mental health care.

Looking to the future, as junior doctors, we will be at the forefront of navigating the implementation of the Royal Commission's recommendations.





As medical students, we completed our psychiatry rotations in the midst of the Royal Commission into Victoria's Mental Health System. We have seen the challenges faced by our current systems and resources in supporting our mental health workforce to deliver quality care to those living with mental illness. Our Council advocated to the Royal Commission for greater, more consistent education about mental health presentations across the curriculum and in a variety of clinical contexts. Our generation of medical students is also particularly concerned with intersectionality, and our Council's submission particularly noted students' desire to be better prepared to meet the mental health needs of minority groups such as Indigenous Australians, refugees and asylum seekers, and gender, sexual and romantic minorities (GSRM) including the LGBTQIA+ community.

Looking to the future, as junior doctors, we will be at the forefront of navigating the implementation of the Royal Commission's recommendations. We want to make sure that we are prepared with the skills, knowledge and support to undertake our terms in psychiatry as junior doctors, and are ready for our roles in shaping how a reformed Mental Health and Wellbeing Act will be applied in the settings we work in.

Our understanding of mental health has been particularly shaped by COVID-19. For many of us, our transitions from preclinical study to clinical placement – a challenging and isolating time for any cohort – coincided with the onset of the COVID-19 pandemic, a time when the importance of self-care and social support have been brought into sharp focus for everyone. We are keenly aware of the potential for fatigue and burnout in our careers, and do not accept that patients' health should come at the expense of health practitioners' wellbeing. We believe that safe patient care can ultimately only occur if doctors are able to ensure their own wellbeing first. Since 2017, the Declaration of Geneva has included a pledge as a medical professional to 'attend to my own health [and] well-being', in order that one may then provide care to others. We take this pledge with us into the workforce as junior doctors.

As a corollary, medical students know that a precondition of safe patient care is a work environment that supports doctors. Addressing bullying, harassment and discrimination have been advocacy priorities of the Australian Medical Students' Association (AMSA) for at least as long as I have been a medical student. This year, our Council joined with AMSA and the medical student councils in each other state to launch a 'Culture of Medicine' campaign, to expand our advocacy on workplace culture. We believe that everyone has the right to be treated with dignity at work. Similarly, medical students follow with interest AMA Victoria and ASMOF Victoria's junior doctor class action lawsuits. We know that the danger posed to patient safety by excessive workloads and understaffing is unacceptable in any healthcare setting.

Finally, as these issues have come into the spotlight, so too have the frameworks that govern their application to medical students and junior doctors. Professionalism, as a function of our ethical obligations and duty to act properly in the interests of our patients, is a principle that must underlie our practice as medical professionals. At the same time, students appreciate that "professionalism" can also be improperly wielded to silence juniors who speak out appropriately in good faith about inappropriate or unsafe practices, or their own needs. Our Council, alongside the AMA, has advocated for reform to current mandatory reporting requirements for doctors seeking help for their mental health.

Similarly, our Council has expressed concerns about processes for transferring information about health and academic progress from students and universities to employers, on the basis that blurring the lines between education, healthcare and performance management may chill students from seeking help. Having a healthcare workforce that can provide safe, effective patient care demands systems that view speaking up and seeking help as integral parts of, rather than barriers to, professionalism.

For the time being, the medical student mind fills variously with relief at completing internship applications or apprehension at uncertainty of the pending outcome, but as we turn our minds to 2023, we look forward to joining our senior colleagues and navigating the future of mental health and of our practice as doctors, together.

early symptoms of mental health illness



When you need support –

Your own General Practitioner (GP) –
every doctor needs to have their own GP

VDHP

Drs4Drs

AMA Vic Peer Support

A psychologist

Suicide e Call Back Service

AM I BEING INCLUSIVE?

The business case for diverse workplaces is well established, with benefits for individuals, teams and entire organisations in terms of performance and wellbeing.

REPORT DR ANNA CLARK (PHD)
AMA VICTORIA'S LEADERSHIP
DEVELOPMENT CONSULTANT,
COACH, AND EDUCATOR

Being an inclusive leader requires attention to yourself and some fundamental skills for leading others and teams.

Read on here!



Most readers will be familiar with the term, “diversity”. It is a frequently used word and in a work context, it relates to “the mix of people in your organisation” referring to the many dimensions on which we differ such as class, age, gender, ability, sexuality, and so forth. The business case for diverse workplaces is well established, with benefits for individuals, teams and entire organisations in terms of performance and wellbeing.

Diversity however, can only work if it is accompanied by inclusive leadership. Inclusion is getting the diverse mix of people to work well together and occurs when a diversity of people are respected, connected, progressing and contributing to organisational success. Diverse teams and organisations require effective leadership knowledge and skills to ensure that workplaces – their culture, structure and processes – are inclusive. For individual leaders, this means having skills in inclusive leadership.

These inclusive leadership skills support employee wellbeing, increases employee engagement and productivity, and enable the best collaborative work outcomes.

WHAT IS INCLUSIVE LEADERSHIP?

—
Inclusive leadership refers to the capabilities (i.e. mindsets, knowledge, skills and behaviours) which ensure that a diversity of employee perspectives shape and improve an organisation’s strategy, work, systems, values, and norms for success. Inclusive leaders create successful organisations in today’s complex diverse global environment. They improve performance, productivity and innovation, through their ability to relate to a diversity of people and perspectives, be open and flexible, and focus on personal, team and organisational growth.”¹.

Effective inclusive leadership in healthcare is about creating an environment where everyone can bring themselves, their knowledge and expertise, skills and behaviours to serve the work – delivering patient care. In the complex collaborative work that is healthcare, a very high level of collaborative leadership is required – to ensure that the complexity, uncertainty and uniqueness of each patient is addressed and cared for in the best way possible.

WHAT ARE SOME TANGIBLE AND PRACTICAL WAYS TO IMPROVE YOUR INCLUSIVE LEADERSHIP CAPABILITIES?

—
First, let’s understand what an inclusive culture looks and feels like from an employee’s perspective. Then we can address the knowledge, skills, and behaviours for how we assess the extent to which it exists in our teams, and how we can increase an inclusive culture in our teams and workplaces.



*According to the Gartner Index, a high rating
for workplace inclusion is:*

1

FAIR TREATMENT:

Employees at my organization who help the organization achieve its strategic objectives are rewarded and recognized fairly.

2

INTEGRATING DIFFERENCES:

Employees at my organization respect and value each other's opinions.

3

DECISION MAKING:

Members of my team fairly consider ideas and suggestions offered by other team members.

4

PSYCHOLOGICAL SAFETY:

I feel welcome to express my true feelings at work.

5

TRUST:

Communication we receive from the organization is honest and open.

6

BELONGING:

People in my organization care about me.

7

DIVERSITY:

Managers at my organization are as diverse as the broader workforce.

*So, what can leaders do? What can we all do
to create an inclusive workplace?*

1

OBSERVE AND REFLECT ON YOUR PEOPLE AND WORKPLACE CULTURE:

How are your team members going? Do they seem engaged? Does the way they show up and speak up at work suggest that they feel safe? This requires observational skills and emotional intelligence. If you're unsure, think about who you could ask for their observations and reflections.

2

KNOW YOURSELF. SELF-AWARENESS IS A FUNDAMENTAL LEADERSHIP SKILL:

The work here is to reflect on your own potential biases – conscious and unconscious. Ask yourself, what about who I am could influence my observations and colour my thinking? Do I have enough knowledge and experience to 'read' people who are different from me? Or do I need some help? (See note on reverse mentoring at the end of this article).

3

KNOW YOUR PEOPLE:

Who's in my team and what do I know about them? Do I know their name and how to pronounce it? Do I know something about them outside of their work? Building trust and strong professional relationships requires attention and commitment to each person in your team: including making time to talk, listening well and asking good questions that show you care.

4

FAIR AND EQUITABLE DEVELOPMENT OF OTHERS:

Have I thought about my team and their individual professional and career development? Unconscious bias can make a significant impact on workforce planning, especially in the area of promotion. Recruitment and selection. We need to be mindful of these biases, to use controlled processing to limit the influence of our stereotype-based assumptions and make mindful decisions.

5

CHECK YOUR HR PRACTICES:

Leaders can talk to HR about processes including promoting, recruitment and selection to ensure best practice to guard against bias and ensure equity. Organisations need to have clear and transparent job descriptions and selection criteria, available to everyone, to combat unconscious bias.

6

COMMUNICATE CLEARLY ABOUT YOUR VALUES AND EXPECTATIONS:

Leaders can speak up about their values and approach to leadership, including being inclusive in their work practices. This starts by sharing with staff that inclusion is important, as a value and in reality. This includes setting expectations for psychological safety, and emphasising that exclusive or discriminatory behaviours, and microaggressions, no matter how small, will not be tolerated sends an important message.⁵

COMMITMENT TO INCLUSIVITY

Doctors have a diverse population to serve and the opportunity exists for a diverse workforce to reflect and serve this. Let's challenge ourselves to take up personal and professional goals to become better at inclusive leadership practices. These are not warm and fluffy nice-to-haves. They are basic, effective leadership practices that benefit everyone and are necessary for effective collaboration in complex settings.

Learning and changing new behaviours takes effort and is time consuming work. The best way to approach it is by working out 1 to 3 concrete goals that specify behaviours that you can realistically do in your role. For example, to build more inclusive leadership skills you could commit to the following action plan:

I COMMIT TO:

- 1 *Knowing the names of my team members and importantly, how to pronounce their names correctly. When I don't know, I can practice asking the person, conveying my professional interest and care in them and their role and effectiveness in my team.*
- 2 *Trying not to talk more than necessary, and to making time and space for others to talk. I commit to making time and space to listen and ask good questions in follow-up.*

Simple but not easy. To add some motivation and accountability, tell a friend or colleague about what you're going to try to get better at.

Best of luck!



ANNA CLARK

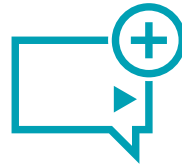
AMAV Leadership development consultant, coach and educator

To talk about these issues further, and how to cultivate inclusive leadership practices in your own leadership work and area, you can talk to Anna by scheduling a leader check-in, leadership consult, or one of our leadership coaching programs.

REFERENCES AND RESOURCES



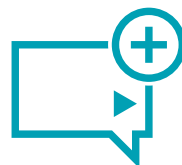
Click here for Diversity Council of Australia



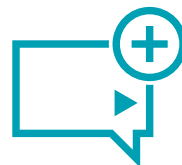
Diversity Council Australia (O'Leary, J., Russell, G. and Tilly, J.)



Proof that positive work cultures are more productive



How to measure inclusion in the workplace



Why unconscious bias training doesn't work – the Economist 2022

INDEPENDENT CONTRACTOR VERSUS EMPLOYEE

WHAT'S THE DIFFERENCE?

STATUTORY EMPLOYMENT BENEFITS

—
Employment in Australia is highly regulated. Employees benefit from minimum entitlements under the National Employment Standards (NES) of the *Fair Work Act 2009* (Cth) (FW Act), including four weeks paid annual leave, and ten days paid personal (sick or carer's) leave per annum (which each accumulate from year to year) and paid public holidays. The NES also provides employees with up to 12 months' unpaid parental leave.

In Victoria, employees are entitled under state legislation to 13 weeks long service leave after 15 years' service continuous service with the same employer, payable pro-rata on termination after 7 years.

MONETARY VALUE OF EMPLOYEE STATUTORY ENTITLEMENTS

—
Some statutory entitlements have a readily calculable monetary value. Assuming a regular pattern of work, annual leave is worth 7.7% of annual earnings, and long service leave is worth 1.66% of annual earnings. Paid public holidays are worth 5% of annual earnings to a full-time employee (in Victoria). Personal leave is only calculable as a benefit if it is taken, but it makes available leave to the value of 3.85% of annual earnings.

SUPERANNUATION CONTRIBUTIONS

—
Employees are entitled to employer superannuation contributions at 10% of their ordinary time earnings. (Employers are not obliged to make contributions on earnings above an indexed amount, currently \$235,680 per annum). Some individuals working as independent contractors may also be entitled to employer superannuation contributions under the extended statutory definition of employee, but that may not always be complied with.

OTHER LEGISLATIVE PROTECTIONS

—
The FW Act protects most employees from unfair dismissal, and from adverse action taken by employers for reasons which include exercising a workplace right, making a complaint or enquiry, unlawful discrimination, or being temporarily absent from work because of illness or injury. Employers can face monetary penalties, and employees may be entitled to compensation for losses suffered.

Employees are covered by anti-discrimination legislation, but in most cases independent contractors are not. Contractor workers are only protected under the Equal Opportunity Act 2010 (Vic) where they are employees who do work for a principal under a contract between their employer and the principal, that is, in a "labour hire" arrangement.

COMPARISON

—
Independent contracting is governed by the general law that applies to commercial contracts, and compared to employment is relatively unregulated. In some circumstances independent contractors may have access to the Federal Court under the *Independent Contractors Act 2006* (Cth) to set aside or vary a contract that is unfair, harsh or unconscionable, unjust, or against the public interest.

Taking into account only legislated statutory entitlements (including superannuation) if an employee and an independent contractor were on the same hourly rate the employee would be 24.36% better off in dollar terms than the independent contractor, and possibly 28.21% better off.

(In a general practice an employed doctor on 48% of billings would be in a roughly equivalent position to an independent contractor on 65% of billings. The employer would, however, incur additional costs by way of Workcover insurance and payroll tax).

INDEPENDENT CONTRACTORS IN PUBLIC HOSPITALS

—
In areas of work that are covered by an Award or Enterprise Agreement, an employee will also benefit from a more extensive range of entitlements than the basic NES provides. For example, a doctor employed by a public hospital in Victoria and covered by the AMA Victoria Specialists' Enterprise Agreement is also entitled to:

The legal distinction between independent contractors and employees is often written about: not so often the question of whether a working doctor is better off as an independent contractor or as an employee. If you have a choice, or the option is negotiable, what factors are relevant in deciding which way should you go?

- » Continuing Medical Education support worth a minimum of 7.6% of annual earnings¹.
- » An additional week annual leave if they are available for call, worth 1.9% of annual earnings.
- » Continuing Medical Education Leave of 2 weeks per annum worth 3.85% of annual earnings.
- » Salary packaging worth a minimum of 2.55% of annual earnings².

A Specialist employed by a Victorian public hospital would be at least 40.27% better off than an independent contractor on the same hourly rate. (Doctors in Training cannot practice medicine independently and without supervision, and arguably cannot be in business for themselves, and cannot lawfully be engaged as independent contractors).

Other benefits available under the Enterprise Agreement include employer obligations to consult in the event of major change; a legally enforceable disciplinary procedure; and access to the FWC for dispute resolution.

Unless equivalent provisions are specifically included in contracts, none of those entitlements apply to independent contractors. However, not everything can be negotiated in. An agreement between a contractor and a principal about dispute resolution cannot confer jurisdiction on the FWC to deal with disputes if there is no employment relationship. Tax-advantageous salary packaging is only available to employees, and not to independent contractors.

BEING "INDEPENDENT"

—
There was an historical bias within the medical profession in favour of independent contractor status and against being an employee. Working as an employee was thought to compromise clinical independence and the centrality of the doctor-patient relationship. In the 1949 High Court Civil Conscript Case³ Chief Justice Latham described private medical practice as involving employment by a patient of a doctor who provides the service for which the patient is bound to pay a fee. Justice Rich spoke of the essential confidential relationship of doctor and patient, "a relationship akin to that of solicitor and client and priest and penitent."⁴

Those descriptions still apply, but the growth of employment of doctors⁵ by public hospitals, the introduction of Medicare in 1973, the establishment of bulk-billing (now 81% of medical services provided), and the growth of pseudo-employment of doctors by corporate medical businesses has affected the perceived professional /ethical landscape. The view that being an independent contractor preserves clinical and professional independence in a way that employment does not is difficult to sustain.

The option of being engaged as an employee is frequently not available. If the option is available, there are few identifiable advantages to being engaged to work as an independent contractor.

This article does not advise on tax. In some circumstances a doctor may obtain more favourable tax treatment of their earnings by structuring their practice as a company, and being engaged by a principal as an independent contractor. However, since the introduction of the personal services income rules in Part 2-42 of the *Income Tax Assessment Act 1997* (Cth) tax benefits are limited and should not be assumed. Obtaining professional business and accounting advice is essential when considering business structure options and preferred legal relationships.

1. Calculated on the top Specialists' rate. CME support will be a higher percentage of annual earnings for many doctors. Also calculated on the top Specialists' rate. Salary packaging will be a significantly higher percentage of annual earnings for doctors employed less than full-time.
2. *British Medical Association v Commonwealth* (1949) 79 CLR 201.
3. The view is echoed in *Breen v Williams* (1996) 186 CLR 71, 123.
4. It was not until 1959 that there were enough Specialists employed in Victorian Public Hospitals to warrant the state government commissioning the Dillon Report to consider how much they should be paid.
5. It was not until 1959 that there were enough Specialists employed in Victorian Public Hospitals to warrant the state government commissioning the Dillon Report to consider how much they should be paid.



CRAZYSOCKS4DOCS

LESS TALK MORE ACTION IN 2022

Dr Geoff Toogood founded Crazy Socks 4 Docs Day to bring attention to the impact of stigma on healthcare workers who need to seek help for their mental health.

Please note: this article mentions suicide.

GEOFF'S STORY

“It all started when I wore odd socks to work one day in 2016. I was sniggered at behind my back... going ‘crazy’ again, was the conversation. No one reached out; there was just the back chat. It was pretty poor thinking to suggest that my mental health had become worse, purely based on sock choice. A simple chat or question would have cleared that up.

The actual reason I was wearing odd socks was because I had bought a puppy and it had eaten all my socks; the bright colours were to cheer me up. But sadly, in health, there’s a lack of genuine chat and more background chatter.”

**THIS YEAR ON FRIDAY 3 JUNE 2022, THE
CRAZYSOCKS4DOCS THEMES WERE:
AWARENESS, ADVOCACY, TURNING TALK
INTO TANGIBLE ACTION**

In 2022, the pressure on healthcare workers is higher than ever with ongoing staff shortages and continued increased demand for healthcare.

Burnout in the health professions is very real and combined with high rates of COVID-19 and influenza, many healthcare workers need to take leave.

At the same time, there are increased presentations in all healthcare settings as the community catch up on healthcare that was put on hold during the COVID-19 lockdowns, present with their own mental health conditions which have been exacerbated by the pandemic and catch up on urgent surgery which has been delayed during the pandemic.

Every healthcare worker needs to prioritise their own mental health and wellbeing at this time in a way that best meets their needs. Having a balance in life and support from colleagues, family and friends is essential. Peer support through organisations such as Hand-n-Hand Peer Support is a great way to seek support from like-minded colleagues.

While Crazy Socks 4 Docs Day has traditionally been lighthearted, recent suicides in the medical profession saw some doctors wearing black socks to honour a colleague. Sadly, health professionals, including doctors, have a higher suicide rate than the general population. We need to hold those who have lost their lives to suicide in mind. We must also use this as an impetus to change the culture which makes help-seeking an accepted practice among doctors and healthcare professionals.

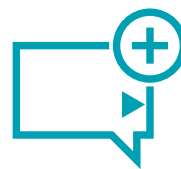
While one day of wearing colourful socks does not change anything, everyone in healthcare needs to use Crazy Socks 4 Docs Day to plan tangible action to change the culture, reduce stigma and look out for the wellbeing of our colleagues as well as focus on our own wellbeing. The day is not just about having a breakfast or a grand round and taking photos for social media. Those in leadership and managerial roles need to be open to listening to healthcare workers to find out what is needed. There are reports that some doctors could not attend the breakfast or morning tea that was provided in their workplace on Crazy Socks 4 Docs Day due to their workload. Systems change and practical solutions must be implemented to ensure the health and wellbeing of those working in healthcare. Doctors and other healthcare workers are essential for services that are needed by the community - they are the main instrument of care and their knowledge and expertise is too valuable to lose.

If any aspect of this article causes distress or if you are prompted to reach out for support, these services are available and targeted to the medical profession, including medical students.

**THIS YEAR, AMA VICTORIA AND
THE VICTORIAN DOCTOR'S HEALTH
SERVICE, COLLABORATED WITH
WERRIBEE MERCY HOSPITAL TO
HOLD A GRAND ROUND EVENT
ON CRAZY SOCKS 4 DOCS DAY.**

The panel, including a medical student and doctors at various career stages, identified that a supportive culture is essential for doctor wellbeing. They spoke about looking out for your colleagues, reducing stigma in relation to help seeking behaviour and the importance of compassionate and supportive hospital management who value staff.

AMA Victoria has made its own pledge for tangible action this year for Crazy Socks 4 Docs Day: To continue to lobby government for a safer, fairer workplace for doctors



*Click here for
VDHP*



*Click here for
AMAV Peer Support*



*Click here for
DRS4DRS*



*Click here for
Hand-n-Hand
Peer Support*



*Click here for
Dr Geoffrey Toogood*



It goes without saying that much of what happens in our inner and outer lives is out of our control. But we can learn to respond to it with kindness, both to ourselves and to others.

REPORT AMANDA GILBERT
TEN PERCENT HAPPIER

*“Ah, anxiety, fear,
meanness,
self-deprecation
—
here you are again,
my dear old friends.”*



**MAY I
MEET
THIS,
TOO,
WITH
KINDNESS**



AMAV Members receive an initial free 6-month subscription, [click here](#) to find out more about the Ten Percent Happier Mindfulness app



Particularly if you meditate, you may have noticed the surprising imprints of things that happen every day: the residue that those nagging emails from your boss leave in your mind; the restlessness stemming from the laundry list of items you need to do; the anxiety over the number in your bank account; or a general discontent from all the things that maybe aren't going exactly how you want them to.

As meditators, we can see directly that these imprints aren't necessarily the problem. In meditation, we get to know the rotating guests of emotions quite well. But we also see that we can decide what to do with them. Habitually, of course, when we encounter an unpleasant feeling, we try to make it go away, or avoid it, or simply wish it weren't there.

But it is possible instead to make peace with these undesired guests by meeting them with kindness. Doing so can be an internal truce that lets the incredible alchemy of the heart unfold in our daily lives.

For instance, suppose your inner critic is judging you for something you said or did. By developing the capacity to meet your thoughts with kindness, what once led to shame and that pit of tightness in your chest might now be met with a kinder, warmer nod of acknowledgment as you become aware of your self-talk's tone. You might reply, "Ah, anxiety, fear, meanness, self-deprecation — here you are again, my dear old friends."

This kind, well-meaning approach toward our hearts and minds helps us move in the life directions we want to be going in while being more accepting and compassionate about our setbacks, failures, and habits of self-sabotage. The moment I began to welcome my unwanted guests with kindness—sending lovingkindness toward each thought, feeling, and corner of sadness in my heart—is when I felt the first taste of real healing in my life.

How might this work in practice? One method I learned from my teacher, Diana Winston, is elegantly simple. In your usual meditation, simply add a few words to each time you notice your attention wandering: May I meet this too with kindness.

Whatever comes up, repeat this phrase of loving-kindness toward your thoughts, feelings, or sensations. Do it as many times as you need to, then guide your attention back to the anchor of the breath once again.

Try this practice for the duration of your meditation. See if you can notice how it feels to meet yourself with kindness instead of judgment or reaction. Perhaps, after you meditate, continue this reflection in a journal. How does it feel when I meet myself with kindness instead of judgment or reaction? Let any answers flow onto the page.

And then, as you move through the day, try repeating the same phrase — "may I meet this, too, with kindness" — whenever you notice you are being hard on yourself, judgmental toward yourself, or unkind in any way. Often, learning to meet yourself with kindness can feel like the medicine your heart and inner life yearns for, especially if you're used to meeting yourself with all kinds of judgment and past conditioning.

Finally, see if you can extend this intention toward anything that happens in your day, or to anyone you encounter, especially when things aren't going the way you would like them to. Lean into the intention to meet all that is here with kindness.

Meeting what is present with kindness teaches us the profound lesson of letting go into our human experience, even into the unwanted stuff. It is ultimately a practice of radical inclusion toward ourselves, toward other people, and toward the challenging experiences of life. It keeps us from fighting our unwanted thoughts, memories, idiosyncrasies, and experiences, and gives them the room to be here. This simple spaciousness is the doorway into the heart.

—
Amanda Gilbert is a Trained Mindfulness Facilitator with UCLA's Mindful Awareness Research Center and InsightLA, and a Certified Meditation Instructor with The Chopra Center for Wellbeing. She is a Qualified Mindful Eating Mindfulness-based Eating Awareness Instructor and trained in Mindfulness-based Stress Reduction.

FRIDAY 29 APRIL 2022

AMA VICTORIA AWARDS 2022



Thanks go to Martin Foley MP, Minister for Health, Minister for Ambulance Services who joined us to discuss ongoing challenges and opportunities in the medical profession and answered questions from doctors in a live Q&A. We also thank the AMAV Award judges and our generous sponsors.

THE PURSUIT OF
EXCELLENCE IN
HEALTHCARE

2022 AMAV AWARD NIGHT CELEBRATIONS /

The AMA Victoria Awards were celebrated on Friday 29 April at the Park Hyatt Melbourne with a number of achievements recognised in the pursuit of outstanding healthcare in Victoria.



The Sir Richard Stawell Memorial Prize is awarded to the authors of a research essay published in the Research Sections of MJA, which through original and evidence-based research, works to advance knowledge, influence clinical practice and improve the health of Australians. Lead author Sunil Gupta accepted the award for winning article "A prospective multicentre study of per-oral endoscopic myotomy (POEM) for achalasia in Australia". Well done to all involved!



For twenty years with the Victorian Doctors Health Program (VDHP), senior psychologist Cheryl Wile was recognised with an **AMA Victoria Service Award**. Thank you, Cheryl, for the compassion, support, hope and optimism you've given to doctors in distress during your time at VDHP.



Junior Doctor of the Year Award is awarded to a doctor-in-training who has made an admirable contribution to the medical profession and the community. Congratulations to Dr Jasmina Kevric!



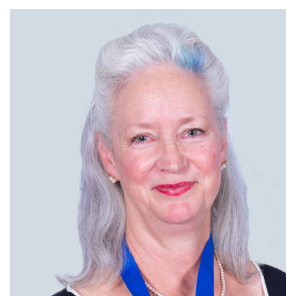
CONGRATULATIONS TO THE WINNERS /



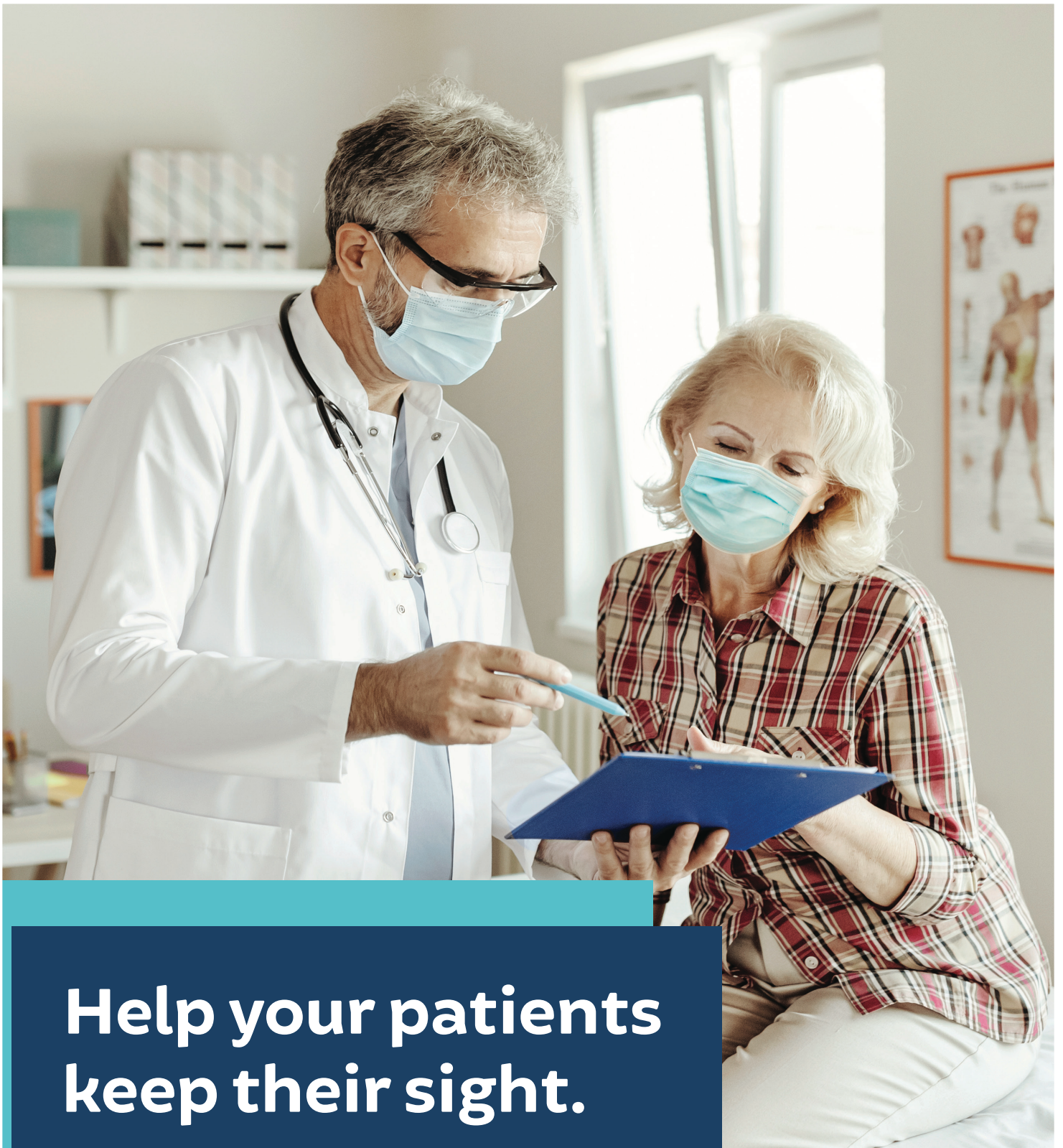
AMAV's Patrick Pritzwald-Steggman Award celebrates a doctor who has made an exceptional contribution to the wellbeing of their colleagues and the broader community. Congratulations to Associate Professor Magdalena Simonis.



Named after the world-renowned nephrologist and trailblazer for women in Medicine, **AMAV's Priscilla Kincaid-Smith Award** celebrates a senior doctor who has undertaken pioneering work in medical practice. Congratulations to the winner, Professor Marie Bismark.



The **AMAV President's Award** is awarded to a person who has demonstrated outstanding advocacy efforts. AMA Victoria President Dr Roderick McRae proudly to present this year's award to Marita Murphy.



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TERM WRAP-UP



DR RICHARD KIDD

*Chair of the AMA Council
of General Practice*

It has been my absolute privilege to serve as the Nominee for the Practice Group of General Practice on Federal Council and the Chair of the AMA Council of General Practice over the last six years. During that time AMA advocacy has very much focused on highlighting the enormous value of general practice and putting forward practical solutions to the challenges being faced by GPs around the country.

There have been some bruising fights with Government along the way, as well as some notable wins. The work is never over and whoever takes my place will continue to face a challenging environment.

When I came to the position of Chair, the MBS Review was underway, Medicare rebates were still frozen, the now defunct Health Care Homes trial was underway, difficult changes to the PIP (Practice Incentive Program) Digital Health Incentive were being implemented, and the AMA was calling for GP funding to better support quality care and the incorporation of non-dispensing pharmacists into general practice.

Over my time the AMA has successfully advocated for retention of key components of the Practice Incentive Program. These include the Indigenous Health, Teaching, GP Procedural and the Aged Care Access (ACAI) incentives, which Government wanted to sacrifice to fund the Quality Improvement Incentive (QII). Not only did our advocacy see these incentives retained but we also secured additional funding for the QII and more recently a doubling of the payments available under the ACAI.

The most progressive step forward has without a doubt been the funding of telehealth (video and phone) services under the MBS. It is a shame that it required a pandemic for Government to realise the role that appropriate telehealth services contributes to timely and accessible patient care. Continued AMA advocacy for the reduction in red tape contributed to the cessation of the Vocational Register and the introduction of streamlined access to Medicare for GPs via their registration status with Ahpra.

On the GP workforce front the AMA secured the expansion of prevocational training places

in general practices with a focus on rural areas, and successfully lobbied for the introduction of the Rural Generalist Pathway. Funding for non-dispensing pharmacists is now accessible through the Workforce Incentive Program. We have also supported a return to college led training arrangements and we continue to work to achieve more equitable conditions for the next generation of GPs, backed by improved support for supervisors.

COVID-19 threatened the viability of general practices around the country and in the first six months of the pandemic around \$600m in additional financial support for general practice that the AMA secured helped save many practices from financial extinction. We fought strongly for better access to PPE (Personal Protective Equipment) and a fair rebate for COVID-19 vaccination services. We secured a no-fault indemnity scheme and general practice can be very proud that it formed the backbone of the vaccine roll out.

The Council of General Practice has led the way in the quest for primary health reform and put words to the vision of many GPs around the country in our Delivering Better Care for Patients: The AMA 10-Year Framework for Primary Care Reform while GP policy features strongly in the AMA's broader Vision for Australia's Health.

These strongly influenced the recommendations of the Primary Health Reform Steering Committee and our ideas were taken up in the Government's Primary Health Care 10 Year Plan. Unfortunately, the Government is yet to fund this plan and the AMA will need to work hard to ensure that it does not become another document that gathers dust on a shelf in the Department of Health.

Our recently launched Modernise Medicare campaign is designed to highlight the issues facing general practice and to keep the pressure on the major parties to do more to support general practice and build a health system that can meet our future needs.

While I will be taking a step back now, I know that the AMA has the right policies in place to ensure patient-centred, collaborative and connected care and to guide a better future for GPs, general practice and the community we care for.

FED+FACTS



Email:
vicdoc@amavic.com.au

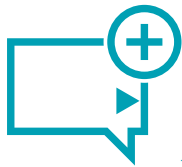
As I write, Labor has gained enough seats in the parliament to form a majority government. We have a new Minister for Health, the Hon Mark Butler MP and a new Prime Minister who has accepted the need to sit down with state and territory governments to resolve our public hospital crisis and has committed to reform and better funding of General Practice.

There is much to do in health for the new government and this means a significant opportunity for the AMA to help shape the approach to health reform – to represent the interests of our profession, but just as importantly, to advocate for our patients.

During the election campaign, the AMA ran two strong campaigns aimed at influencing the policies of the major parties and elevating health as an election issue. We also advocated on a broader platform including the five pillars of our Vision for Australia's Health.

The Clear the hospital logjam campaign ran for months prior to the election, pointing out the crisis of access to public hospital care right around Australia, evidenced by record ambulance ramping figures and elective surgical waiting lists. We focused on the pandemic's ongoing impact on healthcare worker burnout and staffing levels and the very real impact on the health of Australians seeking hospital care. Most importantly, we continued our push for an increase in Commonwealth funding of public hospitals, removal of the artificial 6.5% cap on hospital spending growth and reform of the funding formula as the longer-term solutions for the underlying problems in public hospitals.

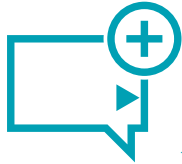
We received strong support from state and territory governments and many other commentators, meaning that the 50/50 funding of hospitals, along with the removal of the cap, has become the starting point for upcoming negotiations between states and the Commonwealth. The foundation of this campaign was our Public hospitals: Cycle of crisis report, prepared by our Research and Reform Unit, that includes an experienced health economist.



*Click here for
AMAs Federal
Election Statement*



*Click here for
Clear the Hospital
Log Jam*



*Click here for
AMAs Vision
for Australia's Health*



*Click here for
Public Hospital
Cycle of Crisis*



DR OMAR KHORSHID

Federal AMA President

Of course, any health reform conversation has to start with primary care reform and our Modernise Medicare campaign was launched once it became clear the previous government was not going to fund it's own 10 Year Primary Health Care Plan. This campaign also resonated strongly in the community and it resulted in a commitment of almost \$1 billion in the late stages of the election campaign from Labor to General Practice grants and primary care reform. This is, of course, only the starting point, but should enable the implementation of Voluntary Patient Enrolment (a key platform for further investment and reform in General Practice) along with improved Medicare funding for after hours care and a greater investment in multidisciplinary care through the Workforce Incentive Payment. The AMA worked closely with the new Minister on the announcement and will be involved in the implementation taskforce.

As we look forward, there are many challenges on the horizon. COVID-19 continues to impact our community, our workplaces and our profession. Short term measures to reduce demand on hospitals and to increase workforce and capacity are desperately needed and we need to look at ways to make our health system more resilient to not just this pandemic, but other respiratory viruses.

In addition to the public hospital crisis and the need for investment in General Practice we also need to look closely at our private health system. Private Health Insurance (PHI) coverage rates have increased during the pandemic, breaking a five-year downward trend of Australians dropping their cover. But the lack of value experienced by Australians (due to a reduced ability to claim for hospital care), as well as cost of living pressures and increasing premiums means that, as

welcome as the increase is, it is unlikely to continue. Insurers are well aware of this and are increasingly looking to contract doctors and hospitals into gap-free arrangements – but this risks the independence of the profession, undermines the doctor patient relationship and will ultimately backfire. Whilst all PHI players claim they are not interested in managed care, they certainly seem to be moving in that direction.

The AMA will shortly be holding a private health industry summit, aimed at bringing our industry together – working together towards common goals. We will launch our paper advocating for a Private Health System Authority at that summit, and we hope to be able to take a consensus opinion on private system reform to the new government.

The election result also means we are likely to see progress on other issues consistent with AMA policy, in areas like climate change, refugee health, the Uluru Statement from the Heart and of course the creation of a Centre for Disease Control.

The AMA has a strong working relationship with both sides of politics and we look forward to working with the new government, opposition and cross benchers on all the above issues, as well as other critical areas like rural health and aged care. We will make sure that the acknowledged crises are not used as excuses to reduce the quality of medical care or to disadvantage doctors, and that the voice of the medical profession is heard loud and clear on all issues around health.

Yours sincerely

Dr Omar Khorshid
Federal AMA President

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NAVIGATING BURNOUT

REPORT KAY DUNKLEY
AMA VICTORIA COORDINATOR
OF DOCTOR WELLBEING

*What tips do you have
about being a doctor
and living well?*

*Email:
vicdoc@amavic.com.au*

TEN – The Essential Network for health professionals has been designed by health professionals for health professionals as part of the work undertaken by the Black Dog Institute. TEN have recently launched a new program addressing burnout.

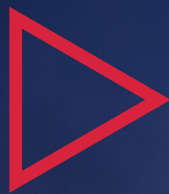
The online TEN Navigating Burnout program has been developed specifically for health professionals to reduce the impact of burnout in a way that is sensitive to the unique challenges they face. Available 24/7, through the online program health professionals can access step-by-step guides and advice from peers who have lived through burnout. It includes practical, evidence-based strategies and CBT-based activities to help prevent and minimise the impact of burnout on health professionals.

For leaders who are looking for strategies to create mentally healthy workplaces, there is a section that includes strategies on how to support teams and improve the workplace culture.



*Click here for
The Black
Dog Institute
TEN Program*

Hand N Hand Peer Support run a peer support service that links doctors (and other health professionals) with individual or group-based peer discussions. This can be a great way to connect with other people who are likely feeling the same way.



Here are some tips



- » One tip to reduce your chances of developing burnout is to connect with others for peer support
- » Organising a regular 'stress check-in' group
- » Working as a health professional can be rewarding, but also exhausting and stressful. If you have colleagues who you're comfortable talking to about the stresses of your work, consider setting up a regular 'stress check-in' (if you're not doing this already!).
- » Make the purpose of the group clear. This allows people to feel comfortable about raising the topic of stress or burnout.
- » Start with a problem and finish with a solution. In the first half, let people voice their stresses. In the second half, turn the discussion to ways of reducing stress and improving things.
- » Try to keep the group small so that everyone gets a chance to speak.
- » Respect that different people will come to the group for different reasons.
- » Be mindful of confidentiality and privacy when deciding when and where to meet.
- » If someone comes to the group in crisis, be willing to help them on the spot and point them towards additional support services.



CHARM ABOUNDS

On 27th of April 2022
a diverse group of retired
Doctors gathered at
Southern Cross Station
to take the Regional V line
Train to Castlemaine.

REPORT CATHY AND MICHAEL MORAN

Awaiting them at Castlemaine, was a train with all the characteristic huff and puff of a bygone era. The historic steam train has been magnificently restored by the volunteers of the Victorian Goldfields Railway.

The charming and well informed guides explained the significance of the line and the carriages, which have had long varied careers.

Our carriage in particular, had been used on the Chicago to New York line, then bought by an over enthusiastic public servant to join the Adelaide - Melbourne line. However, it was soon discovered that the extremely heavy Pullman carriage was almost impossible to pull up through the Adelaide Hills. It was decommissioned, and came into the hands of the dedicated volunteers at Castlemaine and refurbished in an Art Deco style.

A brief stop was welcome at the tiny siding of Muckleford for those male passengers who had not yet had their TURP!

On arrival at Maldon we could observe much activity tending and turning the engine in preparation for the return.

A leisurely stroll along the Beehive Mine diggings trail brought us to the well preserved mid-19th century town, which has been designated "Australia's first notable town", where we had lunch at the Pub.

There was time to wander up and down the quaint streets, before heading to the pretty and restored Maldon Station to choof and whistle our way back to Castlemaine.

Our AMA co-ordinators who accompanied us, Frances and Amanda ensured everything went smoothly, and everyone was looked after.

A highly recommended day out. Thank you Frances and Amanda.

With some fantastic events on over winter including the "Ales on Rails 2022" day, you are encouraged to experience the charm of the Victorian Goldfields Railway for yourself!

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Cathy Moran is a children's author! You can find her beautiful book "What Came Through The Window" for the little people in your life here.



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