SUSTAINABILITY

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AMA VICTORIA

SUMMER 2023

ON SUSTAINABILITY IN HEALTHCARE

Reflections from thought leaders

Why vaping is the new smoking

Mental health leadership

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VICDOC

Magazine of the Australian Medical Association (Victoria) LIMITED
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VICDOC is published by:
AUSTRALIAN MEDICAL ASSOCIATION (VICTORIA) LIMITED
ISSN 1440-8945 ACN 064 447 678
Closing date for next issue:
Advertorial: 03/05/2023
Ad material: 17/05/2023
Published: 08/06/2023

IN REVIEW: READ | WATCH | LISTEN

ULTRAWILD

Creative non-fiction by Steven Mushin (2023)

Mind-bendingly original, Ultrawild is the outcome of seven years' creative tinkering by industrial designer, artist and 'maverick inventor' Steve Mushin, who embarks on an audacious plan to rewild every city on Earth with whacky yet oddly plausible super-high-tech ideas – like designing extreme mountain bikes for jumping and flying between jungle buildings, farming the air, and transforming every lamppost in the world into armoured luxury hotels for native animals. Marketed for children and young adults, Ultrawild is worthy of a read by proper adults too. With invention starter ideas, an engaging tone of voice that speaks directly to the reader, and comic book style graphics that break up the text into bite-sized pieces, it's as inspirational as it is aspirational. Crazy? Yes. Brilliant? Yes. Just the kind of outside-the-box thinking we need? Yes. One for the Christmas list.

THE FIRST INVENTORS

SBS OnDemand series, directed by Larissa Behrendt (2023)

In this stunning documentary series, charismatic Tiwi Island man Rob Collins and a team of passionate First Nations investigators delve into 65,000+ years of continuous Aboriginal and Torres Strait Islander invention and innovation. Across four 45-minute-long episodes we explore the likes of how the first inventors transformed landscapes, harnessed fire, recorded events, created and used navigation tools, and organised socially. From the ancient lines of eel traps furrowed into lava beds (most likely the world's first aquaculture system) to the boomerang technology that pre-dates the Wright Brothers' aerial invention by millennia, The First Inventors is a real eye-opener. The final episode, Navigating the Future, looks at the collaboration between Indigenous knowledge and advanced science and how it's driving the development of life-saving medications. Free on SBS OnDemand, it's well worth a watch.

THE IMPERFECTS

Podcast by The Resilience Project (2023)

We're all imperfect. On this Australian-made podcast, founder of The Resilience Project Hugh van Cuylenburg and comedians Ryan Shelton and Josh van Cuylenburg (yes, Hugh's brother), unpack how perfectly imperfect we all are. The podcast's underlying message is that constantly comparing ourselves to others can be exhausting and extremely harmful, but when we share our struggles, we start to realise that everyone, no matter how successful, has something they are battling with. The Imperfects has three different formats: an interview, the Vulnerabilitea House and the Academy of Perfection, in which the hosts and their guests – often well-known types like Tim Minchin, Taryn Brumfitt and Chrissie Swan – share about their imperfections. In-house psychologist Dr Emily helps to navigate towards valuable takeaways... the feelgood outcome being that everyone feels a little bit less imperfect, and a lot less alone.

RESEARCH

SLEEP LENGTH AND SHIFT WORK SEND BLOOD PRESSURE RISING

Short sleep lengths, daytime napping and even long sleep lengths have been linked to an increased risk of elevated blood pressure and cardiovascular disease, a new study out of the Baker Heart and Diabetes Institute has found. Using data from the UK Biobank, the study, published in *Nature Communications*, is the first study to demonstrate that independent of other factors including age, sex and BMI, circadian rhythm-disrupting behaviours, including shift work, have an adverse effect on blood pressure regulation.

"We found that compromised sleep health or nightshift work are associated with elevated blood pressure in both males and females and across all age groups," study lead and Baker Institute Cardiovascular Endocrinology lab Head Associate Professor Morag Young said.

"What we've found is that having circadian rhythms out of sync even slightly has an adverse impact on blood pressure."

The study found that permanent night shift workers who slept less than five or six hours were most at risk, but those working mixed shifts also showed elevated blood pressure. Interestingly, sleeping for too long a period also had a disruptive effect on circadian rhythms, A/Prof Young said.

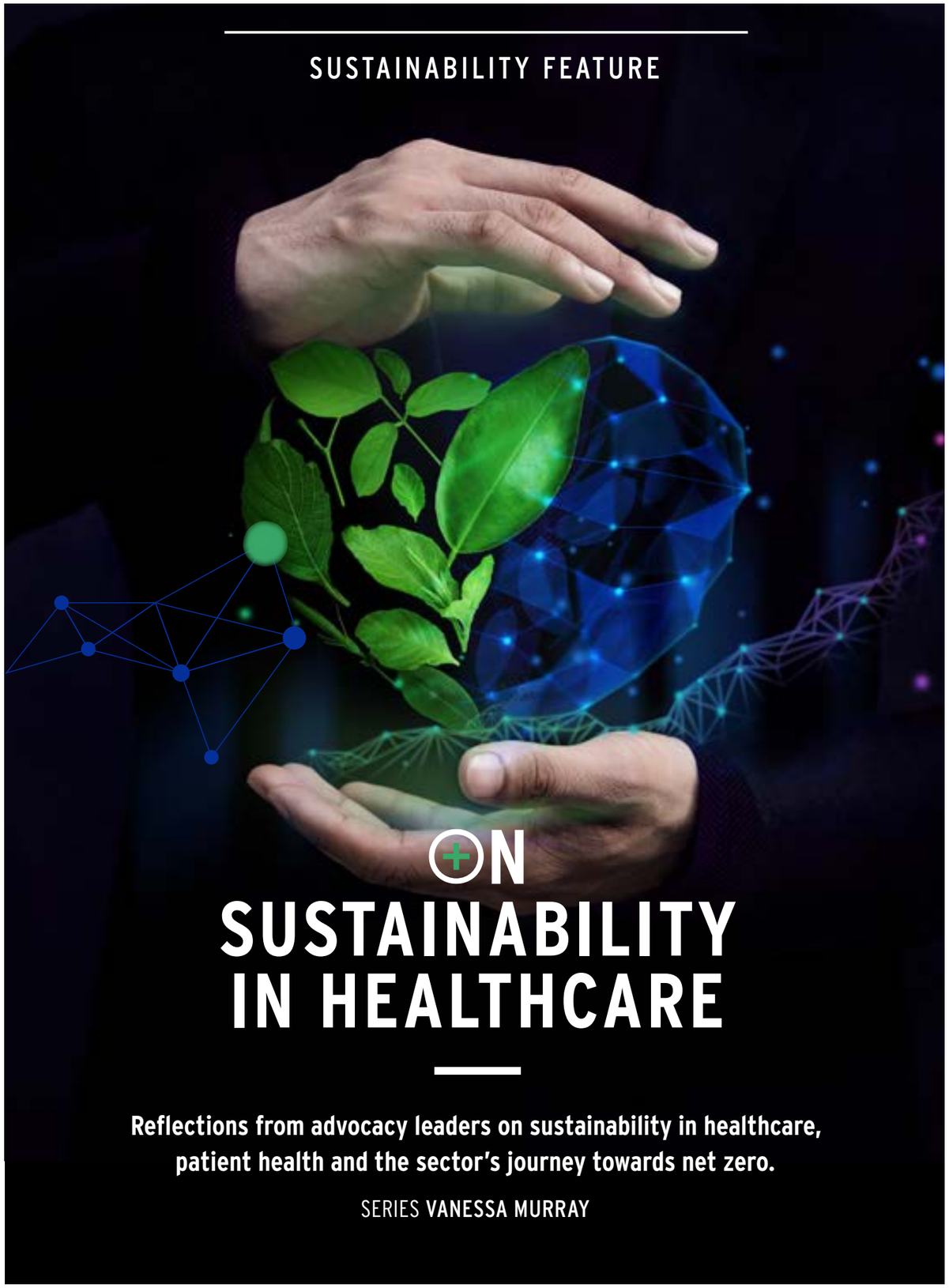
"Seven hours of sleep was found to be the optimal length of sleep for maintaining healthy blood pressure," A/Prof Young said. "We found that too little sleep (less than six hours) and too much sleep (anything more than eight hours) for adults also had a negative impact.

"Permanent night shift workers showed the greatest elevation in blood pressure, but those people working rotating shifts also showed elevated levels, although not as significant as permanent night shift workers.

"This research shows that on top of those traditional lifestyle factors, including diet, exercise and alcohol consumption, shift work and inappropriate sleep length are factors that impact blood pressure.

"Maintaining appropriate sleep lengths and sleep behaviours could be an additional way to reduce the risk of developing hypertension, particularly in shift workers."

Click here to email Catherine Butterfield from the Baker Heart and Diabetes Institute



SUSTAINABILITY FEATURE

ON SUSTAINABILITY IN HEALTHCARE

Reflections from advocacy leaders on sustainability in healthcare, patient health and the sector's journey towards net zero.

SERIES **VANESSA MURRAY**

DR HAYDEN BURCH

BSC MPH MD

Hayden is a resident doctor at Austin Health and Victorian Chair of Doctors for the Environment Australia (DEA) Sustainable Healthcare Group. He is also an Honorary Clinical Lecturer with the Department of Critical Care and member, of the Sustainability Planetary Health Action Network Committee at the University of Melbourne.

During his MD, Hayden researched renewable energy use in Australian public hospitals and found hospitals were less than 2.3% renewable in their energy choices. After graduating in 2020, Hayden completed his internship at the Northern Hospital, then joined Austin Health where in 2023 he accepted a position as a Critical Care HMO. He is currently specialising in anaesthetics.

HEALTHCARE SUSTAINABILITY IS ABOUT PROVIDING CARE THAT CONSIDERS ENVIRONMENTAL, SOCIAL AND FINANCIAL LONGEVITY.

In simple terms, it's about looking after people in a way that doesn't cost the planet or our community wellbeing. We've developed societies and healthcare systems with high carbon, high resource intensity, and they're not sustainable. Several high-level issues impact healthcare that all converge towards needing to make our system more sustainable. Climate change is the most prominent issue for me, but an ageing population, increasing morbidity and the costliness of the ongoing provision of a social healthcare system are also factors we need to consider.

THERE'S A VERY REAL ETHICAL PARADOX AT PLAY HERE.

By virtue of practicing high carbon healthcare, we're inadvertently contributing towards climate change and therefore to the very diseases that we're seeking to manage and treat. I think this ethical challenge drives why we, as health professionals, need to address this issue.

PRIMARY RESEARCH UNDERPINS MY UNDERSTANDING OF AND COMMITMENT SUSTAINABLE HEALTHCARE.

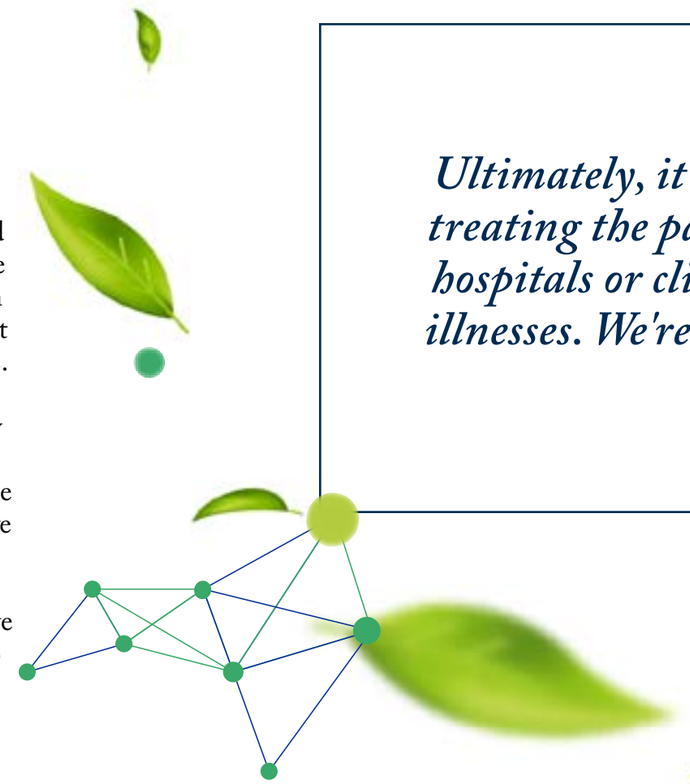
As a medical student, I quantified the amount of renewable energy that our hospitals use across the country. Then I focused on mapping the pathophysiological implications of climate change on the organ systems of the body. Most recently, at a national level my research has been focused on auditing our nitrous oxide procurement. I've then focused on translating that research into advocacy to support decision makers to consider environmental sustainability.

IN 2022 THE FEDERAL GOVERNMENT ANNOUNCED A NATIONAL SUSTAINABLE HEALTHCARE UNIT FOR AUSTRALIA.

It has been rewarding being involved in advocacy for a national sustainable healthcare unit to coordinate and lead efforts by our sector. Given healthcare is a large proportion of the Australian economy, decarbonisation of our market share can even influence other sectors. We also need state-based sustainable healthcare units, and I'm happy to say that the Victorian Government is in the process of developing a sustainable healthcare unit. It's so important to have a state-level unit to coordinate and support hospitals' implementation of the changes that will be required as we become more sustainable, and then to liaise at a federal level.

THERE IS PLENTY OF LOW HANGING FRUIT – THINGS WE CAN EASILY CHANGE WITHOUT FUNDAMENTALLY CHANGING OUR CLINICAL PRACTICE.

The Australia-wide audit of nitrous oxide purchasing indicated that between 70-90% of what's being purchased is being leaked to the atmosphere from hospital pipes, which indicates a need for infrastructure improvement. The propellants in our asthma puffers are another everyday example – there are dry powder alternatives that are about 3,000 times less harmful. And then of course unplugging our electricity supply from the fossil fuel coal plants and plugging in to renewables doesn't cost clinicians any long-term extra thought or change to their practice. Making these kinds of changes would knock potentially half of our current emissions.



> *Ultimately, it's us that will be at the frontline, treating the patients that are walking into our hospitals or clinics with climate change related illnesses. We're ethically obliged to step forward and speak up.*

Learn more about Doctors for the Environment Australia

MANY CLINICIANS HAVEN'T RECONCILED THE IMPACTS OF THE WAY WE DELIVER HEALTHCARE ON CLIMATE CHANGE, AND THE IMPACTS OF CLIMATE CHANGE ON PATIENTS.

In many clinical workplaces, everyone is focused on business as usual. But when you ask people about environmental sustainability, they're extremely passionate. Sustainability in healthcare still sits as a separate issue for many of us – we're not uniformly recognising that sustainable healthcare is ultimately about high-quality patient care and protecting that. That's a huge part of why I've led DEA's work on mapping the pathophysiological implications of climate change on the organ systems of the body. And in turn, how climate change relates to and is impacting the different medical specialties

THERE'S ALWAYS A ROLE FOR PUBLIC AND PRIVATE CLINICIANS TO STEP FORWARD AND ADVOCATE AND LEAD IN THIS SPACE.

Ultimately, it's us that will be at the frontline, treating the patients that are walking into our hospitals or clinics with climate change related illnesses. We're ethically obliged to step forward and speak up. And although it may be that classically medicine's core business is prescription and scalpels and not thinking about building energy or leakage of nitrous oxide from the hospital pipes, it really is our core business because it's impacting the patients in front of us. A huge part of environmentally sustainable healthcare is increasing our focus on primary and preventative healthcare, because the lowest carbon health system is ultimately one where you support people to remain healthy.

PROF EUGENIE KAYAK

FANZCA MBBS MSC MPH

Eugenie is the Enterprise Professor in Sustainable Healthcare at the Melbourne Medical School and a consultant anaesthetist in public and private practice. For over a decade Eugenie has worked with Doctors for the Environment Australia, her own specialty, the AMA, government and the wider medical profession to influence policy and address the health impacts of climate change and environmental degradation.

She is a member of the Australian Chief Medical Officer Advisory Group for the development of Australia's National Health and Climate Strategy, Deputy Director of The University of Melbourne Climate CATCH (Collaborative Action for Transformative Change in Health and Healthcare) Lab, Co-Convenor of National Sustainable Health Care for DEA, Deputy Chair of ANZCA's Environment Sustainability Network, and a member of the Federal AMA's Public Health Committee.

IF HEALTHCARE WAS A NATION, IT'S ESTIMATED TO BE THE FIFTH LARGEST NATIONAL CONTRIBUTOR TO GLOBAL GREENHOUSE GASES.

Healthcare is a resource intensive, wasteful system. A change in mindset is needed where we reimagine healthcare; sustainable healthcare is about providing better high-quality healthcare. The fundamental principles of sustainable healthcare include keeping patients healthy and out of the healthcare system through improving preventive and primary healthcare, empowering patients to be involved in their own care pathways and looking at how best to deliver efficient, effective evidence-based care pathways – value-based care – then of course decarbonisation of that high-quality care.

WE NEED TO DECARBONISE OUR ELECTRICITY GRID IF WE'RE EVER GOING TO SUCCESSFULLY DECARBONISE HEALTHCARE.

A decade ago, this was an important barrier that needed to be addressed. Now fortunately at both federal and state levels there's an understanding of the imperative and plans to do just that. The cost benefits are also becoming increasingly more advantageous.

IN 2011 I LED DOCTORS FOR THE ENVIRONMENT AUSTRALIA'S LEGAL CHALLENGE TO A PROPOSED NEW COAL-FIRED POWER STATION IN MORWELL, VICTORIA.

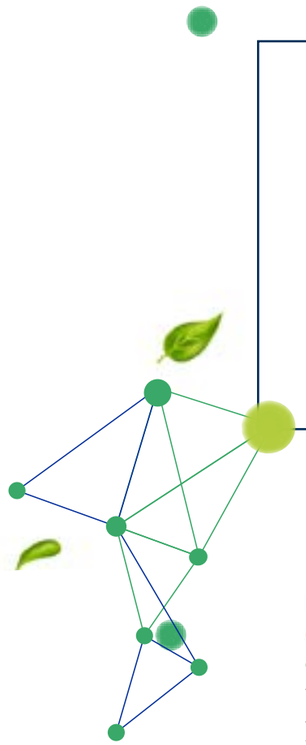
DEA made the challenge on climate change and local pollution health grounds with the pro bono assistance of Morris Blackburn and several barristers; Environment Victoria also challenged. I believe it was the first time that the approval of a coal-fired power plant was legally challenged on health grounds, and VCAT's largest case at that point.

OVER THE LAST 12 MONTHS I HAVE BEEN PART OF THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGED CARE'S CHIEF MEDICAL OFFICER ADVISORY GROUP FOR THE DEVELOPMENT OF THE NATIONAL HEALTH AND CLIMATE STRATEGY.

The Federal Government committed to the development of Australia's first National Health and Climate Strategy in late 2022 and formed a National Health, Sustainability and Climate Unit. The Strategy's two main themes will be mitigation – reducing emissions from the health system, and highlighting the health benefits of emission reductions, and adaptation – responding to the health impacts of climate change for the sector and population. I am hopeful that this initial three-year Strategy will lay the foundations for further ambitious sector mitigation and adaptation roadmaps.

I'VE BEEN FORTUNATE TO HAVE BEEN ABLE TO WORK WITH DEA AND AMA TO ADVOCATE FOR A NATIONAL SUSTAINABLE HEALTHCARE UNIT.

A national unit is important for coordination, but also to collaborate and facilitate state-level, industry, and health professional leadership and action in this area. Western Australia and New South Wales have forged ahead with sustainable development units that are leading the development of great initiatives. Pleasingly, a Victorian unit is now also in the process of being developed.



> *Climate change is a health issue, and doctors have a proud history of raising our collective voice and leading to protect public health.*

I STOPPED USING DESFLURANE AND NITROUS OXIDE IN MY PRACTICE OVER A DECADE AGO.

Neither are part of my anaesthetic practice. I think this is an important individual step as they're both potent greenhouse gases, and I don't believe they're necessary to provide safe, effective anesthesia. My practice is now predominantly total intravenous anaesthesia, using propofol which has a fourfold lower carbon footprint than any anaesthetic gas.

I AM AN OPTIMIST. WE KNOW WHAT NEEDS TO BE DONE AND WE HAVE THE TOOLS TO ENABLE THE NECESSARY CHANGES IN OUR RACE TO NET ZERO.

Climate change and its health impacts have been widely known for several decades. However, as we have failed to act decisively over the last decade to curb emissions, urgent action is now needed. My optimism stems from the present availability of the technology and means to make the necessary changes and the opportunity to transform healthcare to be high quality, low carbon and resilient. What we need now is the political, professional and public will to do that.

THE HEALTHCARE SECTOR IS CONTRIBUTING TO THE PROBLEM, BUT AS MEDICAL PROFESSIONALS WE ARE WELL PLACED TO BE PART OF THE SOLUTION.

We have agency. Climate change is a health issue, and doctors have a proud history of raising our collective voice and leading to protect public health. It is important that we communicate with and educate our patients, other healthcare workers, politicians, policy makers and the wider public on the urgent need to act to minimise the health impacts of climate change. The medical profession has an important role to play in advocacy.

Learn more about the National Health and Climate Strategy

A/PROF FORBES McGAIN

MBBS FANZCA FCICM PHD

Forbes is an anaesthetist and intensive care physician at Western Health. He is Associate Dean of Healthcare Sustainability in the School of Medicine, Dentistry and Health Sciences at the University of Melbourne (UoM), and Associate Professor at the School of Public Health, University of Sydney.

Forbes has been involved in advocating for greater sustainability in healthcare since 2007 and is an active member of Doctors for the Environment Australia. In 2016 he completed a PhD in the field of hospital environmental sustainability, focused upon the ICU and operating rooms. Forbes remains keenly involved in ICU research, particularly the intersection of patient care and environmental and financial sustainability.

MY IDEAL HEALTHCARE SYSTEM IS HIGH VALUE AND LOW CARBON, WITH THE BEST OF MEDICINE, CARE AND PATIENT OUTCOMES.

We are reaching a bottleneck in healthcare, in society, and in civilisation more broadly. We're feeling the effects of overpopulation and overconsumption, and the paradigm of eternal growth on a finite planet. We need to consider things like doughnut economics and how to get to a more sustainable system. I want us to flourish; I want us all to succeed. I don't want a societal system where it all just falls apart in 50 years because we can't cope.

ACTION IS THE ANTIDOTE TO ANXIETY.

My concern with sustainability in healthcare was a gradual dawning. You might worry about the state of our civilisation and how it's careering off to an unsustainable world that's not going to end well, but just thinking things like these isn't all that helpful; action is the antidote to anxiety. I can't change the big picture items like species mass extinction or biodiversity loss, climate change, over consumption, overpopulation. What I can change is what happens on a day-to-day basis in my sphere of influence, and within the healthcare system.

I LIKE TO THINK ABOUT CHANGE MAKING AT THE MICRO, MESO AND MACRO LEVELS.

Micro changes are the little ones we can all make in our hospital or practice, for example using less resources, or stopping unnecessary treatment. Things like these are effective when they're done by many people. Taking those individual actions further into the meso level is the next logical step. I've led changes to what an entire department might do in the intensive care or the operating theatre. We showed that for anaesthetic face masks and breathing circuits and the laryngoscope blades that we use for patients having anaesthesia, that having reusable equipment was not only environmentally equivalent, but financially beneficial. Gradually, through advocacy and communication, over time those incremental, micro level changes can reach the macro level too.

HEALTHCARE'S CARBON FOOTPRINT IS ABOUT 7% OF AUSTRALIA'S TOTAL FOOTPRINT, AND ABOUT 60% OF THAT IS FROM CLINICAL CARE.

This means that all the things we do on a day-to-day basis in our hospital and clinical environments matter. Around 30% is building energy use – heating, ventilation, and so on. The products and supply chain pathways and processes we use; they won't change unless medicine changes it. That's where the role of government and the sustainable development unit comes in. This new unit could really become involved in research on healthcare's carbon footprint, and in making net zero healthcare and planetary healthcare real priorities. I've been involved in that, through research on LCA (lifecycle assessment, or environmental footprinting) with LCA expert Scott McAllister, for some time now. That's been our lifeblood.

> *I can't change the big picture items like species mass extinction or biodiversity loss, climate change, over consumption, overpopulation. What I can change is what happens on a day-to-day basis in my sphere of influence, and within the healthcare system.*

Learn more about net zero healthcare

Learn more about planetary healthcare

WE NEED AN EVIDENCE BASE FOR THE COST EFFECTIVENESS BUT ALSO THE SUSTAINABILITY OF MORE NECESSARY CHANGES.

There's been some good work done on this already – mostly by people on the ground. But what's the carbon footprint of surgeons undertaking one operation versus another equivalent approach? What's the carbon footprint for giving intravenous fluids to a patient? These are increasingly important questions for which there are currently no answers for most clinical scenarios. We require investment to study the carbon footprint of healthcare to develop a supply chain and carbon footprint inventory of all the stuff that we use. We've just written another NHMRC Centre of Research Excellence grant application for just that.

THE NEW MELTON HOSPITAL WILL BE THE FIRST ALL-ELECTRIC HOSPITAL IN VICTORIA, AND THE THIRD IN THE COUNTRY.

It was great to work with the Western Health Chief Executive Officer, Chief Operations Officer, senior medical and nursing staff, and the Board to achieve this. It took a lot of effort at very high levels to get this new all-electric, no gas hospital approved. Melton is due for completion by 2029, and the plan is also that it will be powered by 100 per cent renewable energy, because the government's promise is that in or by 2025 all public hospitals in Victoria will be 100% renewable electricity. And of course, renewable electricity swings the dial to reusables (equipment) even more. It's another really satisfying example of macro level change.

DR JESS DAVIES

MBBS (HONS) DIPTMH
MSC FANZCA

Jess is an anaesthetist at Austin Health, and an Honorary Lecturer in the Department of Critical Care. She is also a co-founder of the TRA²SH Research Network, which empowers doctors around the globe to make real-world changes and reduce healthcare's carbon footprint.

Jess is completing a PhD exploring how to implement environmental sustainability into operating theatres, which are one of a hospital's highest carbon areas. She gained her medical qualifications at UWA, and has worked and trained in London, Melbourne and Darwin. Jess is also an active member of the University of Melbourne Sustainability and Planetary Health Action Network, and Austin Health's Sustainability Committee.

THE PLANET IS IN A TERRIBLE STATE – IT'S IN INTENSIVE CARE AND IT HAS MULTI-ORGAN FAILURE.

Our actions matter. We have an ethical duty of care to ensure that we provide care to patients, but that we don't worsen everyone else's health through environmental pollution at the same time. Once you know about climate change and about the health impacts of climate change such as air pollution, the effects even before birth on fetuses all the way through to elderly people having heat stress, it's difficult to carry on knowing that without doing something. I want to look back, hopefully from a stabilised and healthy climate and say I knew what was going to happen and I did what I could to try and prevent it as much as possible.

SUSTAINABILITY REQUIRES TRANSFORMATIVE CHANGE.

There has already been some critical leadership from people who have stepped up at important points in time, but we need to keep following that up and maintain momentum over time. Transformative change doesn't happen overnight. It happens incrementally and we must maintain that over time. That's why it's so important that we keep having these conversations, and that anyone, at any stage of their career, feels they can step in and step up and work towards change.

AUSTIN HEALTH IS POSITIONING ITSELF AS A LEADER IN SUSTAINABLE HEALTHCARE, WHICH IS VERY EXCITING.

One of the priority goals in our strategic plan for 2023 to 2027 is to be a leader of sustainable healthcare. Part of that is a goal to be net zero emissions by 2040. This has come about because our staff feel strongly about sustainable healthcare. This led to the development of a new, multidisciplinary committee; we've been meeting regularly to strategise how are we going to achieve this ambitious target and what our roadmap's going to look like. It involves clinical care, waste, our infrastructure, our energy sources, the ways that we transport patients and staff. We're taking a comprehensive look at our services and how we can maintain the excellent care that we're known for yet demonstrate that we can do it in an environmentally sustainable way.

BALANCING INDIVIDUAL PATIENT CARE AGAINST A PUBLIC HEALTH PERSPECTIVE IS A CONTINUED TENSION AROUND SUSTAINABILITY IN HEALTHCARE.

We get very institutionalised. Once you work in one hospital, you forget that there are many other ways of doing things. And there are plenty of hospitals around Victoria and around the country and that use reusable theatre equipment, for example. And those hospitals don't have higher rates of complications. It mostly comes down to the decision-making process at a procurement level – there isn't much evidence to guide these decisions. My PhD looks at how we can convert the vast amounts of disposable equipment that we use in operating theatres with a reusable alternative through implementation science and behavioural change interventions to deliver that in a practical way.

> *Transformative change doesn't happen overnight. It happens incrementally and we must maintain that over time. That's why it's so important that we keep having these conversations.*

Learn more about the TRA²SH Research Network

I FEEL PASSIONATELY THAT CHANGE SHOULD BE PRACTICAL, FEASIBLE AND ACCEPTABLE TO A WIDE RANGE OF PEOPLE.

It takes a lot of effort to develop networks like TRA²SH and develop the necessary momentum, but they only work and only keep working if people like it and think it's practical and accessible to everyone. With TRA²SH, for example, I support a trainee-led steering committee that runs Operation Cleanup once a year. This is an annual day of engagement run by trainees in their local department using resources that we've developed. There are no barriers to participation in TRA²SH; you can be a medical student or a consultant, it doesn't matter. We just want people who are enthusiastic and interested in participating in some way.

MY ADVICE IS, BE CURIOUS. BE CURIOUS ABOUT YOUR WORKPLACE, YOUR WORK PRACTICES, YOUR CLINICAL CARE MODELS.

Once you start to peel back the layers, you'll find all sorts of information. There are some simple things that can be done, like replacing one drug with another is a simple swap that's easy for anaesthetist to do, but as soon as you're curious about the way you practice and you're asking questions like: is it high value care? Am I making the best choices with my resources? That's what creates momentum.

DR SONIA CHANCHLANI

MB BCH BAO MHM MPH
CHIA AFRACMA GAICD

Sonia is a Forensic Medical Officer at the Victorian Institute of Forensic Medicine and a Senior Fellow of Sustainability, Climate & Health at the University of Melbourne, where she facilitates curricula updates and workshops on planetary health and sustainability action leadership.

Sonia co-leads a research project implementing and evaluating a new sustainability toolkit across NT Health, is a Board Director of Doctors for the Environment Australia (DEA), a member of the DEA Sustainable Healthcare Special Interest Group and chair of the DEA Medical Education Committee, which supports hospitals and medical schools to update their curricula in line with the Australian Medical Council planetary health and sustainability education standards.

PLANETARY HEALTH IS AN ALL-ENCOMPASSING TERM FOR THE CHALLENGES AND THE INTERACTIONS BETWEEN THE HEALTH OF THE EARTH AND THE WAY WE LIVE.

This encompasses not just the climate, but the effects of climate change on health, such as heat waves and bushfires, which are negatively impacting patient health and increasing hospital admissions, complications and deaths. The more patients that are in hospital, the more the carbon footprint of health is increasing. Planetary health encompasses the effects of climate change, and considers our environment, our animals, our trees, our waterways, the way that we interact as humans with our environment, and then the way the environment is in turn impacting human health and the carbon footprint of healthcare.

BEFORE I GOT INVOLVED IN LEADERSHIP AND ADVOCACY, I FELT POWERLESS AND BURNT OUT AND CONSIDERED DROPPING OUT OF MEDICINE ALTOGETHER.

Then I saw a poster in my hospital empowering junior doctors to 'turn frustration into innovation'. I realised enough is enough, I was either part of the problem or part of the solution. In 2014 The Royal Perth Hospital was one of the few involved in a program that gave scholarship opportunities for junior doctors to get involved in systems improvement. This led me to realise that clinicians can be a part of the bigger change movement. I switched training programs and joined the Royal Australasian College of Medical Administrators, solidified my governance, change management and improvement science theory through a Master of Health Management & Master of Public Health.

MY MINDSET EVOLVED FROM APPLYING A DIAGNOSIS AND TREATMENT FRAMEWORK FROM INDIVIDUAL PATIENTS TO THE HEALTHCARE SYSTEM AS A WHOLE.

It's expanded even further to consider the planet as our patient as our multidisciplinary teams collectively manage the concerning prognosis delivered in multiple international and national climate reports. I have led, and mentored, quality improvement, research, and transformational change projects in health organisations across Western Australia, New South Wales, Queensland and Victoria, as well as working on national strategic projects with the AMA and DEA.

IN MY WORK HELPING MEDICAL SCHOOLS AND TEACHING HOSPITALS UPDATE THEIR CURRICULA, I'M FINDING SOME ARE READY TO GO, OTHERS ARE LAGGING.

The medical education units that are ready to go are aware of the need for change. We have developed some easy-to-use curriculum integration tools that educators find helpful. The challenges come when there are competing priorities in health organisations. So, we're using our amazing early adopters as case studies to support others finding it more challenging. It's not just implementing education tools and walking away; we're doing some evaluation around our tools to assess what the barriers are and working with the units towards solutions.

SUSTAINABILITY IN HEALTHCARE IS ABOUT BEING A RESPECTFUL AND RESPONSIBLE DOCTOR AND CITIZEN.

It's high quality, timely and evidence-based care for our patients delivered in way that has minimal harm to our planet. As clinicians, we need to have greater consciousness of the finite resources we have and the consider the impact of our clinical decisions on our planet. There's plenty we can do; reflect on our duty of care and sphere of influence, upskill through action-focused education, and hold ourselves accountable to being part of the solution.

> *We have a role and ultimately a duty of care to minimise the harmful effects of climate change on our patients and to reduce the carbon footprint of the healthcare system.*

ACTION-FOCUSED EDUCATION IS KEY TO ENABLING THE CLINICAL WORKFORCE TO UNDERSTAND, MANAGE, AND MITIGATE THE HEALTH EFFECTS OF CLIMATE CHANGE AND APPLY THE PRINCIPLES OF ENVIRONMENTALLY SUSTAINABLE HEALTHCARE.

I'm really excited about our new project at the University of Melbourne, where we'll partner with the Centre for Sustainable Healthcare in the UK to become a Beacon site in Australia and bring over their evidence-based framework of sustainable healthcare quality improvement. Through embedding sustainability principles and techniques into established quality improvement and systems change education and practice, all healthcare workers can be empowered to build the skills necessary for system transformation at the speed and scale required.

CLINICIANS DON'T ALWAYS RECOGNISE THE INCREDIBLE POWER OF THEIR VOICE.

We have a role and ultimately a duty of care to minimise the harmful effects of climate change on our patients and to reduce the carbon footprint of the healthcare system. Recurrent data confirms that doctors are considered one of the most trustworthy professions. I truly believe in the power of frontline clinicians and students to drive systems change and be part of the solution.

Learn more about the the UK Centre for Sustainable Healthcare's framework for sustainable healthcare quality improvement

Learn more about the DEA's curriculum integration tools

DR BEN DUNNE

MB BCH BAO MRCS
MS FRACS AFRACMA GAICD

Ben is a thoracic surgeon at The Royal Melbourne Hospital (RMH). He co-chairs the Doctors for the Environment Australia (DEA) Sustainable Healthcare Special Interest Group, is the deputy chair for Victorian DEA, and represents DEA on the WHO Alliance for Transformative Action on Climate and Health (ATACH) Supply Chains working group.

He is the Clinical Sustainability Lead at Royal Melbourne Hospital, chairs the University of Melbourne Environmentally Sustainable Surgery Network, is a member of the Royal Australasian College of Surgeons (RACS) Environmental Sustainability in Surgical Practice Working Party and represents RACS on the International Green Surgery Report. He is also co-lead for a research project implementing and evaluating a new sustainability toolkit across NT Health.

CLIMATE CHANGE IS THE DEFINING HEALTH AND SOCIAL JUSTICE ISSUE OF OUR GENERATION.

The burning of fossil fuels is the major driver of climate change, and climate change has significant health impacts. It's a healthcare issue and we should feel that it's in our remit to speak up against ongoing fossil fuel use. The health community was vocal about taking on Big Tobacco on health grounds – we need to take the same approach with the fossil fuel industry. The World Organization of Family Doctors (WONCA) recently released a statement calling for a fossil fuel non-proliferation treaty. I'm very proud that the Royal Australasian College of Surgeons signed on and endorsed this.

SUSTAINABILITY IN HEALTH ISN'T ABOUT REDUCING QUALITY OF CARE, AND IT'S NOT ABOUT DELIVERING LESS HEALTHCARE.

It's not about going back to how things were done in the 1980s and accepting the standards and outcomes that we had then. It's about making sure that we deliver healthcare better, smarter, and with a keen eye on our resources, providing world-class care in the most environmentally conscious and responsible way possible.

I THINK THAT IN A DECADE, SUSTAINABILITY WILL BE A CORE CONSIDERATION IN ALL DECISION-MAKING.

We're already starting to see the structures that will drive this change. One major development that will really impact environmental sustainability at hospital level is the soon-to-be-released Australian Commission on Safety and Quality in Health Care sustainable healthcare module. That's going to force the change towards sustainability becoming business as usual, because then a hospital will have no choice but to engage with it meaningfully. We're already developing the tools to help hospitals meet these standards and are piloting them in the Northern Territory hospital system next year.

SOME PEOPLE SAY THAT THE PUSH FOR SUSTAINABILITY IS GOING TO STIFLE INNOVATION. I SAY THAT'S REALLY NOT THE CASE – THE OPPOSITE, IN FACT.

Innovation is the key to creating sustainable solutions. The challenge we currently face in healthcare is implementing and sustaining change without a proper evaluation process or framework. There are a whole range of innovations that don't necessarily have a very strong evidence base behind them and are driven by industry interest, cost savings or individual clinician preference rather than by clear benefit to patients. There's got to be a point where that's not acceptable anymore and I'm excited to see how healthcare innovation evolves to ensure we deliver sustainable, high-value care.

ONE IMMEDIATE, TANGIBLE CHANGE WE'RE WORKING ON IS REPLACING DISPOSABLE STERILE GOWNS AND DRAPES WITH REUSABLE ONES.

There is a significant environmental difference between reusable and disposable sterile surgical gowns. Every time a disposable gown is used, it's the equivalent of burning a litre of petrol. Not only that – reusable gowns use less water and produce less landfill waste. RACS have written a position paper recently endorsed by the Australasian College of Infection Prevention and Control, stating that reusable gowns are just as effective as single use gowns at preventing infections.

> *It's about making sure that we deliver healthcare better, smarter, and with a keen eye on our resources, providing world-class care in the most environmentally conscious and responsible way possible.*

Learn more about WONCA's call for a Fossil Fuel Non-Proliferation Treaty

IN THE LONGER TERM, WE NEED TO SHIFT THE FOCUS OF HEALTHCARE DELIVERY A WAY FROM HOSPITALS AND TOWARD PRIMARY AND PREVENTIVE CARE.

It's about keeping people healthy, about intervening early before their health starts to deteriorate, and then if they do get sick, having effective interventions that mean they're in the hospital for as brief a period as possible and then transitioning to care at home. We've become far too dependent on the hospital system, which is very expensive, very resource intensive, very environmentally damaging. Ultimately good healthcare is about keeping people healthy rather than waiting for them to become unwell.

IT'S EASY TO GET FRUSTRATED WHEN IT SEEMS SO DIFFICULT TO MAKE CHANGES – BUT WE HAVE MORE INFLUENCE THAN WE OFTEN BELIEVE.

You can start small and just change your own practice; you can influence how people in your department think. You can advocate for more sustainable approaches to everything from infection control policies to procurement, waste management and energy supply. That's actually very powerful. It's our duty to speak out against the fossil fuel industry and the devastating health impacts that fossil fuels will have on our health now, and our children's and grandchildren's health in the near future.

IN MY OPINION

MINDING THE GAP

Dr Simon Judkins on the gaps dividing regional and urban healthcare, GP shortages, virtual healthcare, locums and the problem with performance indicators.

About three years ago, I decided to make the move to rural – well, sub-regional – Victoria. This was after 20 years in a major urban ED, nine months into Covid, and after being in the Director role in that ED, with the amazing support and assistance of a great ED team, I was tired, burnt out and unhappy. I loved and respected that team – still do – but I needed a change for my own mental health. I needed a new space and challenge to reinvigorate my career and personal growth.

In 2020, after four years on the frontline at the Australasian College of Emergency Medicine (ACEM), two as President, where I quite a bit of my time advocating for more support for regional and rural healthcare, I decided to make the move. I drove 230km from Melbourne to a small sub-regional hospital in Echuca, did a few shifts and have been the Director of that ED for the three years since.

THE GAPS THAT DIVIDE REGIONAL AND URBAN HEALTHCARE

I still have a foot in the urban camp and am acutely aware of the gaps that divide regional and urban healthcare and what needs to be done to see better care delivered to those communities outside city boundaries. You don't have to go too far to see the gaps in care. Many of our larger regional centres, where you might expect to have a plastic surgical service, or ENT access fall short. And another 100km past those places, it's down to bare bones. Postcode matters when it comes to the delivery of health. Even within major cities, wealthy suburbs, with wealthy, connected residents, do better. No-one can argue with that.

The most glaring gap the further you go from a major urban centre is 'the people' – people with the expertise to get the jobs done. From doctors, nurses, mental health clinicians and allied health staff to the IT experts needed to keep systems running, hospitals outside of Melbourne have major challenges filling those roles with the right level of expertise and the right number of employees. The current levels of government assistance is not good enough. Regional and rural facilities should attract higher levels of support (money, accommodation, educational allowances, and relocation costs) to get the right staff, including support for accommodation packages for those willing to move, significant remuneration boosts for those who work in areas of need, and generous allowance for education and travel to conferences and seminars – most of which are in major centres.

The irony is that the budget for these facilities is tight and getting tighter, even as the needs of regional and rural communities grow. As hospitals get busier and ED presentations rise, those facilities who cope and excel and exceed the budgeted activity for the year are, through the National Weighted Activity Unit (NWAU) system of funding, essentially penalised for outperforming. So, if ED presentations jump (which they do, and are and can't be capped), other services must be cut to close that funding gap, which then contributes to a widening healthcare gap, which then probably leads to more people accessing ED for care. It's a cycle and it just doesn't make sense.

GP SERVICES ARE STRETCHED MORE THAN EVER

GP services are stretched more than ever and should be listed as endangered species in some areas. Many of my colleagues working in GP clinics in smaller towns are nearing the end of their careers. They chose rural medicine forty years ago and there is no-one to take over those practices. Those towns are now facing no practice, an occasional locum, or having to rely on virtual services, which seem to be the flavour of the month to fill chasms in healthcare delivery. Ironically, many clinicians in those roles are GPs who have been attracted to the salary structure provided, as opposed to the challenges of running a GP clinic and relying on the scraps provided by our failing Medicare funding structures. There's a thought: maybe we should be looking at guaranteeing an income for GPs who choose to work in struggling towns?

THE PROLIFERATION OF VIRTUAL CARE

The proliferation of virtual care, in all its forms, is the 'shiny new thing' that governments seem to be favouring to fill gaps in care but are also likely to be creating a 'build it, they will come' model. While there is significant value in providing remote advice to residents in aged care facilities whose only recourse after 5pm is a trip to the ED, most of the care needed in situations like these is low-acuity care for patients who are unable to access a GP for three or four weeks. Sure, they may be saving a trip to ED, but its often a trip that wouldn't happen if community care was accessible.

While there are many who tout that working in a virtual service is good for the clinicians, in that it provides an alternative to the high stress environment of a busy GP practice or an overcrowded, under resourced ED, and therefore improves the individual's wellbeing and mental health (something that I cannot disagree with), it leaves those who remain on the frontline in dire straits. Less clinicians working in EDs creates a worse environment, and more stressful workplace for those left behind. It's a downhill spiral. As more doctors and clinicians choose the relative comfort of this form of medical care, the number of clinicians available to assist in regional and rural areas further declines.

In no way can we pretend that a clinician on a computer screen can replace a clinician at the bedside. Most of the virtual care providers will agree to this sentiment . But some rural facilities have had to do just that; They have given up hope of recruiting and retaining staff and resorted to contracting virtual care providers to fill the gaps created.

> *In no way can we pretend that a clinician on a computer screen can replace a clinician at the bedside.* ***But some rural facilities have had to do just that.***

THE UNFORTUNATE BOOM IN CASUAL EMPLOYMENT

What about locums..or locum agencies? As hospitals moved away from committing to providing contracts to specialists, instead relying on casual workforces, we have seen a boom in casual employment, with many clinicians using a burgeoning locum industry to fill gaps. 'Fly in fly out' clinicians, who are earning a significant amount of money, burn through the budgets of struggling rural hospitals, providing episodic care, and not adding to efforts to improve the ongoing sustainability of that hospital. On the rare occasion when a clinician who is looking to stabilise their career would be prepared to make a commitment to a facility, the lucky facility comes up against two crippling barriers; firstly, a huge 'finder's fee' the hospital must pay, but can't afford and secondly, the potential that the hospital is restricted in being able to offer additional benefits for that clinician to entice them to stay. So, the ball remains in the court of the locum industries, with rural services having job adds unanswered for staffing positions they are trying to fill.

THE PROBLEM WITH PERFORMANCE INDICATORS

Lastly, lets discuss 'performance indicators' and what they mean. I'm ED focused, so there are a few of these indicators I keep an eye on which tell me how our health systems are going. Comparing regional and urban indicators is interesting. Recent data released and discussed in media pointed to the discrepancies between urban and metro EDs wait time data and the gap between the time of arrival to the time seen by a clinician. Questions were raised as to why there is a big difference. Any commentary on this needs to be contextualised with an understanding that the data is incredibly flawed. To think that the average wait time to see a clinician in an ED in Melbourne is accurate is a fallacy. This data does not account for the time it takes to get triaged (up to an hour). It then measures the time to a test (an EC, a CXR or a blood test) being ordered. This will stop the clock and clearly leads to over-ordering of tests and over-investigation of patients. The actual face to face with a clinician may be, and often is, many hours later; in many cases, well over four hours or more. Hiding this reality benefits no-one. In truth, data from rural areas may be more accurate, as 'strategic reporting tactics' like these are not always applied there.

It is also notable that the number of patients staying more than 24 hours in regional and rural EDs over the last 12 months has exploded. While AMA and ACEM advocate that this should be a 'never event', we are now seeing this happen literally hundreds of times every month in some facilities. These are signs of failing systems and will undoubtably be a surrogate indicator for increasing morbidity and mortality.

Our urban systems are under stress, however regional and rural areas are in dire straits. Fewer staff, fewer resources, and increasing demand in the face of limited budgets is a recipe for decline in healthcare outcomes for many communities. These communities are already socioeconomically disadvantaged, with larger healthcare burdens and less access to mental health care, dental care, drug and alcohol care, specialist care; all care.

But, despite all of that, my decision to move to a rural community and continue my career there has been the best thing I have done to recover from a significant time of burn out and stress. This community – my community – deserves better, and I am playing a small part in improving its access to care. I hope I can influence and support more of my colleagues to do the same – to step outside your comfort zone and make a bigger difference. What can be more rewarding than that?

DR SIMON JUDKINS

Dr Simon Judkins is the Director of Emergency Medicine at Echuca Regional Health and current Vice-President of AMA Victoria. Simon is especially interested in health equity, social justice, regional and rural health, and mental health.

> *My decision to move to a rural community and continue my career there has been the best thing* ***I have done to recover from a significant time of burn out and stress. This community – my community – deserves better, and I am playing a small part in improving its access to care.***

What is your hobby and how does it enrich your life?

Hobbies boost wellbeing, promoting relaxation, easing stress, and preventing burnout. Exercise hobbies yield physical and mental gains, while creative ones, like music, aid emotional wellbeing. Hobbies broaden our focus, reducing work-related stress. Social hobbies foster community ties, reducing isolation, and enhancing happiness.

▽
Kay Dunkley
(@M_Kay_Dunkley)
For me gardening is a great activity to be focused and mindful.
#MonthofMindfulness

▽
Ian McPhee
(@iGas2)
It's all about the birds.
#birding #twitcher
#MonthofMindfulness

◁
Dr Rebecca Taylor
#cricket
I took up the game as a complete novice in my mid 40's with a group of predominantly medical women colleagues. The opportunities to build relationships and take time out for self care have gone well beyond the game. A premiership in my first season of team sport in 25 years wasn't a bad way to start either.
#MonthofMindfulness
#alwayslookingfornewplayers

△
Jordan Walter
(@jordanwalter)
Baking the exam stress away
#MonthofMindfulness
@amavictoria

▽
Jake Elwood
Learning German. Because...
love a challenge, sense of achievement, links well with traveling (another hobby).
#MonthofMindfulness @youramavic

▷

Dr Vasu Iyengar
(@VSTMMJJ)
(@M_Kay_Dunkley)
my digital art. I post some per week to a medical friendship Twitter group. Who are art lovers. This is done on apps on my ifone between cases, at work during downtime & at play. I print some on canvas. This is 'sun in the bush'
#MonthofMindfulness
@amavictoria

▽

Dr Nisha Khot
@Nishaobgyn
Parkrun, every Saturday morning is my cup-filler
#MonthofMindfulness

△

Dr Emily Amos
I love to go walking,
I love to go camping
and I love to read
#MonthofMindfulness

◁

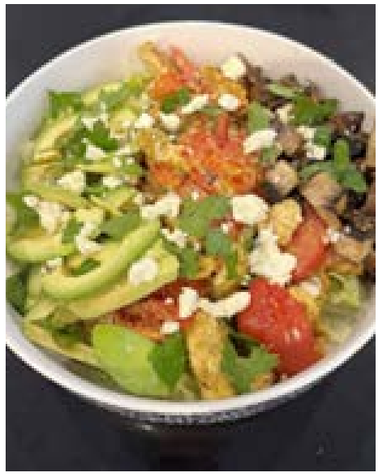
Dr Paula Leach
(@drPLeach)
My non-medical hobby is sewing/dressmaking. I spend lots of time, and many tiny stitches, making clothes that I'll probably never wear
#MonthofMindfulness

△

Kay Dunkley
(@M_Kay_Dunkley)
Gardening is a great way for me to be mindful and focus. Love being outdoors and active.
#MonthofMindfulness

◁

Dr Joe Garra
(@joegarra61)
My hobby is footy related. Love my Tigers, love going to games where I chat to people I've sat near and known for 30 years. It's a great escape and despite my yelling and screaming, relaxing. I also collect Richmond memorabilia incl footy cards.
#MonthofMindfulness
@amavictoria



▷

Dr Simon Judkins
(@simonjudkins)
I'm away from home a few nights a week... so when I'm home with family, I like to cook... vegetarian mainly... Here's a couple of favourites and a favourite recipe you can muck around with... I've added sweet potato, grilled red capsicum, raisins, haloumi... muck around with it...
#MonthofMindfulness
@amavictoria

◁ △ ▽

Professor Catherine Crock AM
(@catherinecrock)
Spending time making art and i zone out totally.
#MonthofMindfulness
@amavictoria

Who is someone who inspires you and why?

Inspirational people ignite our ambitions and drive through their qualities and resilience. Their kindness, empathy, and achievements provide a roadmap for success. They motivate us to overcome challenges, dream bigger, and become better versions of ourselves, boosting our motivation to strive for our goals.

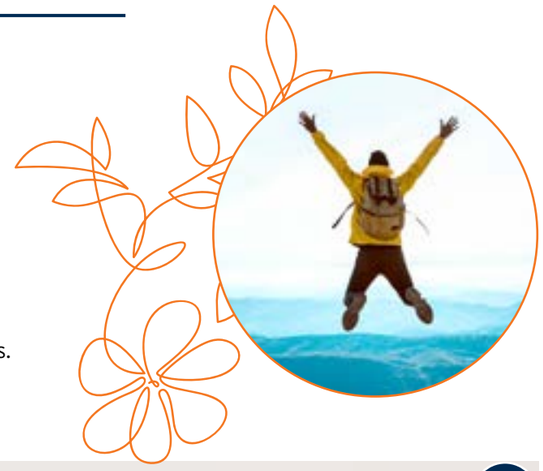
Dr Joe Garra
(@joegarra61)
Patients inspire me every day with their amazing stories, just give them time and permission to tell.
#MonthofMindfulness
@amavictoria

Kay Dunkley
(@M_Kay_Dunkley)
Dr Constance Stone inspires me as the first woman to be registered as a doctor with the Medical Board of Victoria who went on to found a hospital "run by women, for women" in Melbourne which was the Queen Victoria Hospital (now Monash Medical Centre after amalgamation with Prince Henry's Hospital).

#01

#02

Adj Prof Karen Price
(@brookmanknight)
Many patients generously give of their wisdom.
Those people who aspire to do and to be good
And who know how hard it is to determine that
They peacefully and curiously explore that process.
In all sorts of quietly noble ways.
I've learned so much from their strength.

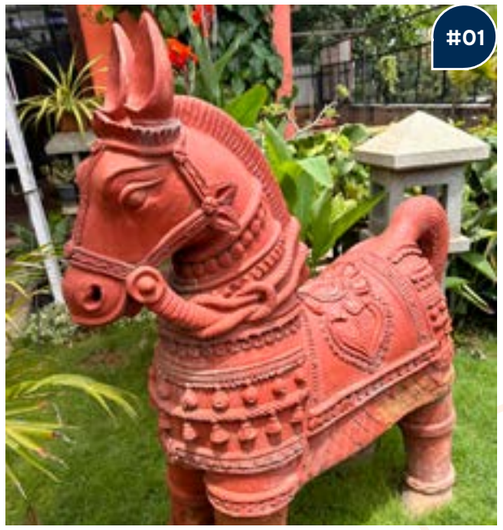


AMA VICTORIA
WINNER

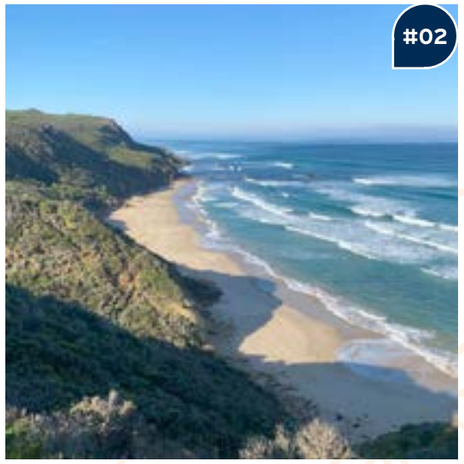
#03

What is your favourite holiday place and why?

Holidays provide essential respite, nurturing wellbeing through relaxation and social bonding. Travel broadens horizons, reducing stress-related health issues. Physical activities during holidays boost physical and mental health, leading to increased happiness and life satisfaction.



△
Dr Vasu Iyengar
(@VSTMMJJ)
Coimbatore, India



◁
Dr Rebecca Taylor Apollo bay and the great ocean road. We have spent summer holidays there for the last 16years and the kids have grown up knowing the simple pleasures of small town summer holidays. They now spend their summers patrolling the beach with the SLSC and giving back to the community that has given us so much.

▽
Professor Catherine Crock AM
(@catherinecrock)
Get outside at Cape Paterson whatever the weather.
#MonthofMindfulness
@amavictoria

◁
Jake Elwood jakeelwoodblues
My favourite holiday destination is Europe. So far from home, so much history and amazing scenery. It's a total disconnect from home and work so I can completely relax.
#MonthofMindfulness
@youramavic

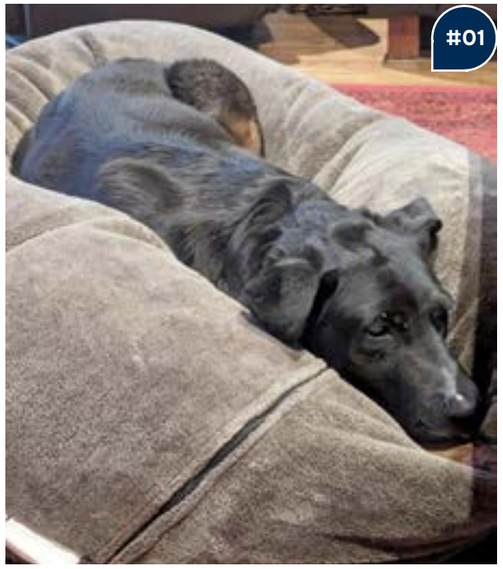
◁
Kay Dunkley
(@M_Kay_Dunkley)
Anywhere with a beach is my happy place for holidays. The sounds of waves whether lapping or crashing brings me peace of mind.
#MonthofMindfulness
@amavictoria

▽
Dr Nisha Khot
(@Nishaobgyn)
Great Ocean road has a special place for me: Love every spot along the Great Ocean Road. As soon as I hit the GOR, I am filled with a deep sense of peace, a light carefree state of mind.
#MonthofMindfulness
@amavictoria

▽
Dr Joe Garra
(@joegarra61)
Will be visiting Vizzini Sicily in December, where the Garras are from, and where Cavalleria Rusticana is set.

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 focused on pets and their benefits to our mental wellbeing and physical health.



▽

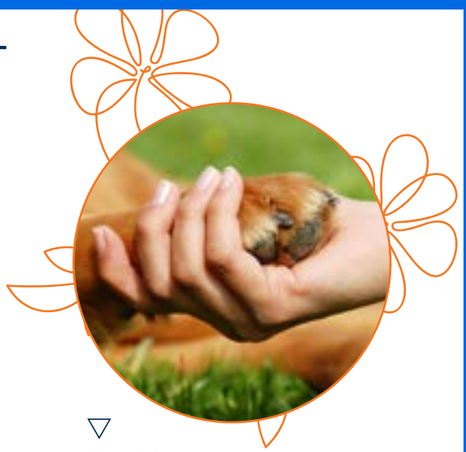
Kay Dunkley
(@M_Kay_Dunkley)
our cat reminds me to slow down and enjoy the moment and makes me laugh.
#MonthofMindfulness
@amavictoria

△

Dr Joe Garra
(@joegarra61)
My buddy Max, we just chat at times, sometimes I get the "what the hell are you crapping on about" look, other times he just wants a tummy rub! It's all good.
#MonthofMindfulness

◁

Dr Annette Webb
Our Pet cavoodle Dottie enhances my health and wellbeing and that of my family by being so emotionally aware and attentive to the moods of our family. The cuddles and kindness and unconditional love she gives us is priceless and a real antidote to the modern stressors we face on a day-to-day basis.
#MonthofMindfulness



▽

Dr Nisha Khot
(@Nishaobgyn)
@amavictoria Evenings with Charles and Darwin. Couch + dressing gown mode. Time to unwind at the end of each day and be thankful for the unconditional love of these two companions.
#MonthofMindfulness

▷

W
(@weiannt)
My dog Kaya enhances my life by providing a source of endless, unconditional joy and love whenever I spend time with her. She really is my best friend and biggest supporter.
#MonthofMindfulness
@amavictoria

▽

Dr Vasu Iyengar
(@VSTMMJJ)
My lovely fur bubs give me the oxytocin I need to stay connected to peace & squiggly cuddles.
#MonthofMindfulness

▽ ▷

Dr Rebecca Taylor
This is my gorgeous Astrid. During my recent leave with burnout she kept me grounded, helped me connect with nature on long daily walks and gave me unconditional love and support helping me remember the simple things are the best things.
#MonthofMindfulness

▽

Emma Greenfield
My beautiful boy Alby. He keeps me company when working unsociable hours and makes me laugh with his puppy antics.
#MonthofMindfulness

△

Taryn Sheehy
Leni, my 11 month old golden retriever, reminds me how to stay present and puts a smile on my face everyday.

▽

Dr Jasmina Kevric
(@DocJasmina)
My boerboel Zola keeps us young at heart and always laughing.

PRIZE WINNING CRAZY SOCK DOC

Victorian doctor + AMA board member, Dr Geoffrey Toogood, has won the Lived experience category in the 2023 Australian Mental Health Prize. Congratulations Geoff!

INTERVIEW **VANESSA MURRAY**

Awarded annually, the Australian Mental Health Prize recognises Australians who have made outstanding contributions to either the promotion of mental health, or the prevention and treatment of mental illness in areas such as advocacy, research or service provision.

The Lived experience category recognises and celebrate outstanding mental health leadership by someone with lived experience of mental health, either personally or as a supporter, at a national level.

Geoff meets both these criteria, and then some. A consultant cardiologist with a successful practice in Mornington Peninsula, Geoff is a highly regarded medical expert and a mental health awareness advocate who lives with anxiety and depression.

In 2018 Geoffrey established the Crazy Socks 4 Docs movement, which aims to normalise mental health conversations among healthcare practitioners. The movement's cornerstone, Crazysocks4docs Day, is observed on the first Friday of June and has ignited global recognition and participation.

ABOUT THE AUSTRALIAN MENTAL HEALTH PRIZE

The Australian Mental Health Prize was established in 2016 by the University of New South Wales Medicine and Health through its School of Psychiatry. The awards are made across four categories – Aboriginal or Torres Strait Islander, Lived experience, Professional and Community hero. AMA Victoria congratulates all 2023 winners. Megan Krakouer (Fremantle, WA) won the Aboriginal or Torres Strait Islander category. Professor Maree Toombs (Coogee, NSW) won the Professional category and Ali Faraj (Auburn NSW) won the Community hero category. And Dr Geoff Toogood won the Lived experience category. Congrats again, Geoff.

Click here to learn more about the Australian Mental Health prize

GEOFF IS ALSO AN AMBASSADOR FOR LEADING MENTAL HEALTH SUPPORT SERVICE, BEYOND BLUE.

"I set up Crazy Socks 4 Docs because I was getting annoyed about the way people with mental health issues who work in hospitals are treated, particularly doctors. I'd had bright coloured odd socks on, and people were talking about my mental health behind my back. I thought, this is just rubbish. So, I posted about my crazy socks online, and it just went viral," says Geoff.

"It was so well received, I decided I needed to keep doing this. Over time it's become an annual day, it has a global reach, and I've set up a foundation. Initially it was about tackling the stigma around mental health and seeking help in doctors, but now it's about being aware that it's okay to not be okay, and it's okay to ask for help, creating advocacy and pushing for tangible actions."

Geoff acknowledges that he himself took too long to seek help with his mental health. Looking back, he can see that he's probably lived with anxiety and depression all his life, but he didn't seek professional help until he was in his late twenties. Medication helped in the short term, but in the long term, he has utilised a combination of psychological techniques such as CBT (cognitive behavioural therapy) and EMDR (eye movement desensitisation and reprocessing).

"I don't read as much about it all as I did in early days; I think I've embedded those techniques in my behaviour, I've really worked at it. I still book occasional follow-ups with my psychiatrist and psychologist to talk about where I'm at, that's an important part of staying well. It's something I'll always have to manage, and I'm okay with that."

DR GEOFFREY TOOGOOD

CARDIOLOGIST, MENTAL HEALTH AWARENESS ADVOCATE + CRAZY SOCKS 4 DOCS FOUNDER

AWARD WINNING DR GEOFF TOOGOOD

HOW DOES HE FEEL ABOUT WINNING THE AWARD?

"It's humbling. It's huge; it's just amazing. It's rewarding for me personally, as it's for something that I've created and pushed for in my own time – it's not been part of my paid employment, but a real passion project. But it's also rewarding for me in terms of what I'm trying to achieve – destigmatising mental illness for doctors. We are regular people who experience regular health issues, just like the rest of the population. There's no shame in that."

We know that over two in five Australians (42.9%) experience a mental health condition at some point in life. Almost a third will experience an anxiety condition, and one in seven will experience depression. Historically, doctors have felt pressured to hide their illness, and often suffer alone. Sobering statistics indicate that female doctors suicide at 2.27 times the rate of the general population, and male doctors at 1.41 times the rate.

Geoff says that awareness and acceptance of mental health is an important issue for the medical profession to continue to embrace.

We know that over two in five Australians (42.9%) experience a mental health condition at some point in life. Almost a third will experience an anxiety condition, and one in seven will experience depression. Historically, doctors have felt pressured to hide their illness, and often suffer alone. Sobering statistics indicate that female doctors suicide at 2.27 times the rate of the general population, and male doctors at 1.41 times the rate.

WHAT TO DO IF YOU'RE CONCERNED ABOUT YOUR OWN MENTAL HEALTH

"You know what? Recovery does happen. I'm proof of that. It takes a while, but you've got to seek help. It's a sign of strength to say that you're unwell and take the next step. Seeking help is appropriate. You can recover and you can get back to feeling better."

WHAT TO DO IF YOU'RE CONCERNED ABOUT A COLLEAGUE'S MENTAL HEALTH

"The first step is to have a chat. Approach them as a colleague and friend, not as a doctor. Let them know you're there. Remember it's not your job to make them better. It's your job to just support them and help to get them the care they need."

AMA VICTORIA PEER SUPPORT SERVICE

Do you feel you need to talk but are not sure who to approach? Perhaps it is a sensitive or confidential matter. As doctors, we are under increasing pressure in the workplace. We help others every day yet are often the last to seek help for ourselves.

The AMA Victoria Peer Support Service provides you with a listening colleague who understands the pressures of medicine. We are here to listen and provide support on any issue that is of professional or personal concern to you, including your mental health.

Click here to learn about Crazy Socks for Docs

Click here to learn about Beyond Blue

Call 1300 853 338 for anonymous + confidential support from a peer

THE POLICY DESK

AMAV ADVOCACY

Click here if you have a policy issue you would like to discuss, or have some feedback about our priorities

"AMAV's Senior Policy Adviser, Lewis Horton, walks us through our main advocacy achievements of 2023, and what we'll be focusing on in 2024.

AMA Victoria's core advocacy priorities throughout 2023 centred on investing in public hospitals, general practice, and mental health. In addressing these three essential and interlinked components of our health system, the key focus of our advocacy was in ensuring a healthy, sustainable medical workforce. To this end, in our many meetings with the Victorian Government and Department of Health we explained that particular attention must be paid to workforce burnout, funding, and planning. Our advocacy priorities document noted that we can no longer act in a 'state of emergency'. Instead, we must turn our focus to building a sustainable workforce for the post-pandemic world.

1. PUBLIC HOSPITALS

In 2023 the Ministerial Review: Victorian Public Sector Medical Staff was launched. This landmark review is a commitment that AMA Victoria secured from Government in the last round of enterprise bargaining agreement negotiations. It provides an opportunity for our members to provide their views on systems of work and employment arrangements for public hospital medical staff, with submissions closing on 15 December 2023. The independent panel is scheduled to publish an interim report in March 2024, with the final report to be presented to the Minister for Health by 30 April 2024. Our extensive submission to the panel includes advocacy for:

1. Restructuring health system governance
2. Job security enhancement
3. Adequate staffing levels
4. Implement measures to improve gender equity at all levels of medicine
5. Improved implementation of employment terms and conditions
6. Fair remuneration for unsocial hours
7. Streamlined credentialing process
8. Rural and regional infrastructure investment
9. Carer support provisions
10. Support for International Medical Graduate doctors
11. Increased transparency in workforce planning
12. Oversight of specialist colleges
13. Doctor to patient ratio standards

AMA Victoria's expressed concerns regarding the **health and wellbeing of medical staff** working in Victorian public hospitals were validated by the November 2023 Victorian Auditor-General's Office (VAGO) Employee Health and Wellbeing in Victorian Public Hospitals report, which found that:

» Hospital employees' mental health and wellbeing has deteriorated since 2019
» The Victorian Department of Health and the audited hospitals "do not effectively support hospital workers' mental health and wellbeing"
» "There are gaps in hospitals' processes to identify and control psychosocial hazards"
» The "department does not effectively oversee hospitals to make sure they protect staff."

VAGO specifically cited AMA advocacy as catalyst for the audit – and our advocacy will intensify in the new year as we seek remedy for the profound issues identified by the audit.

We have expressed our concerns to the Victorian Government regarding the Workplace Injury Rehabilitation and Compensation Amendment (WorkCover Scheme Modernisation) Bill 2023. This legislation aims to reduce worker access to WorkCover supports. It is our view that these changes are incongruous with the purposes of the scheme and deleterious to the welfare of our members. As the legislation comes up for debate in March 2024, we will continue to exert pressure on the Government to retain important supports for members whose psychological health is adversely impacted by their work environment.

Our class actions against Victorian health services will continue in 2024 in partnership with ASMOF Victoria. These claims involve over 1,100 Victorian doctors in training who have filed claims for systemic underpayment, but their potential impact is much broader. In 2024 we will continue to urge the Government to focus on resolving the class actions at the negotiating table and fixing the health system rather than dragging public hospital doctors through the courts.

2024 will also witness the continued implementation of Health Service Information Sharing – an initiative for which we long advocated. This initiative will connect health information across our public health services and reduce the burden on patients of having to recall and advise doctors of their past medical history. Access to relevant treatment information will allow clinicians to start treatment sooner, will reduce unnecessary tests and investigations and will reduce the likelihood of medication errors – outcomes which have the potential to save lives.

2. GENERAL PRACTICE

In 2024, as in 2023, **General Practice** will be a key AMAV advocacy focus. General practice is in crisis, and the workforce and financial challenges it currently confronts are a significant threat to the sustainability of our healthcare system, and the health and welfare of Victorians. In2023 we wrote to the Victorian Government proposing a collaborative effort to develop a comprehensive General Practice Support and Recovery Strategy.

In contacting the Government, we expressed optimism regarding Premier Allan's public comments about the need to improve general practice accessibility, and the desire of all state Premiers to advocate at National Cabinet for further improvements to Medicare.

Despite the Victorian Government's recent laudable investments in various primary care initiatives, we hold concerns that some of these endeavours may fragment the delivery of primary care and general practice services in Victoria, and do not align with the Strengthening Medicare foundational reform direction of fostering coordinated team care. Further, in our experience, these various services are not well understood by Victorian consumers which has implications for access and appropriate use.

Victoria lags behind other states in its support for general practice, especially regarding the implementation of the Single Employer Model for General Practice Registrars and the potential imposition of retroactive payroll tax bills. The latter has sparked considerable concerns and anxiety – concerns which we have consistently relayed to Government.

There is a pressing need for a dedicated, Victoria-specific General Practice Support and Recovery strategy. AMAV envisages this strategy would include elements such as the future of GP registrar incentive payments, Single Employer Model trials for registrars, two-way data sharing, and ensuring that state-initiated pharmacy prescribing measures do not disrupt GP-led team-based care. It would also seek to address intersections with Priority Primary Care Centres and the Victorian Virtual Emergency Department, as well as improve GP/hospital transfer of care arrangements, reduce state-imposed administrative burdens on GPs, and address payroll tax concerns.

It is our view that development and implementation of such a strategy would prevent duplication and fragmentation, enhance coordination, team-based care and productivity, and, ultimately, improve the sustainability of Victorian General Practice, and, in turn, the health of all Victorians.

We are pleased to update members that, having proposed this strategy to the Department and Government, they have responded favourably and in 2024 we will collaborate with both on multiple fronts to strengthen state support for GPs and GP registrars.

3. MENTAL HEALTH

We remain committed to re-asserting the importance of the medical model in mental health reform and to advocacy to address Victoria's mental health system crisis. The overall trajectory of mental health reform warrants improvement, and implementation of the Royal Commission's recommendations has at times been characterised by substandard consultation and process, and lack of meaningful medical input.

We continue to advocate for the reform of structural and governance issues within the Department of Health's Mental Health and Wellbeing Division, particularly the absence of clinician executive authority. We also maintain and aim to draw the Government's attention to the fact that the 'lived experience' perspective from certain external advocacy groups can, at times, be overrepresented and unrepresentative of the sector. Nevertheless, we acknowledge the essential role of lived experience input in Victoria's mental health system reform.

Victoria lags behind the OECD in mental health beds per capita and significant resourcing issues exist despite recent expenditure increases. We firmly believe that better resourcing of the mental health system, including funding for early intervention and primary care, could have prevented the crisis we currently face.

While we recognise that the implementation and application of the Mental Health and Wellbeing Act 2022 is complex and evolving, we remain concerned about the rushed nature of the implementation processes to date. As we have consistently communicated to the Department and Government, without adequate resourcing and training, the mental health workforce will not be able to implement the intricacies of the Act, nor ensure its aspirations become reality. Indeed, without adequate resourcing and training there is a significant risk of increased occupational violence to healthcare workers.

As 31 March 2024 approaches and Act's application expands, AMA Victoria remains committed to working with relevant Government departments to provide further clarification on the Act, and to enhance communication surrounding the Act's detail and intent, as well as the related regulations and guidelines.

In the context of increasing occupational violence and the Government's aspiration to eliminate restrictive interventions (seclusion and restraint) by 2032, we will also be continuing to ensure that the Government has at the forefront of its mind the safety and wellbeing of the healthcare workforce. This requires acknowledging the inherent conflict between the elimination of seclusion/restraint (Mental Health and Wellbeing Act 2022) and the elimination of risks to the health, safety, and welfare of employees (Occupational Health and Safety Act 2014).

When coupled with the proposal to eliminate of restrictive interventions, continued inadequate resourcing and staffing compounds risks to the safety, wellbeing and morale of healthcare workers. A blind focus on eliminating seclusion and restraint will lead to healthcare worker resignations, and increased violence towards healthcare workers and those providing care to individuals with severe mental ill health. The Department must ensure that mental healthcare workers are supported and protected if we are to retain the existing workforce, let alone grow the workforce. Staff shortages remain the biggest stumbling block to fulfilling mental health reforms, and significant work is needed to address existing mental health workforce shortages.

> *AMA Victoria will continue its focus on strengthening public health.*

In addition to our continuing priorities of public hospitals, general practice, and mental health, with a medical workforce overlay, we will continue our 2023 focus on diversity, equity and inclusion, most immediately our campaign to change the policies of certain colleges excluding trainees who are on parental leave from applying to sit and sitting fellowship examinations. Policy change that allows all trainees who are on parental leave to apply to sit and to sit for fellowship examinations would promote a culture of inclusivity, diversity, and equal opportunity. The continuing unacceptable rates of discrimination, bullying and racism faced by medical practitioners in health services, particularly international medical graduates and particularly in regional Victoria, will also continue to be a focus area.

AMA Victoria will continue its focus on strengthening public health – advocating for appropriate vaping regulation and enforcement, a CBD safe injecting facility, e-scooter safety and the potential for cannabis decriminalisation – all of which remain on our agenda.

Lastly, our focus on the reform of the Australian Health Practitioner Regulation Agency (Ahpra) will continue. AMA Victoria has consistently taken a leading role in advocating for Ahpra reform, recognising the critical need for enhanced accountability and transparency. This commitment will carry into 2024.

In recognition of our consistent and longstanding efforts, in 2021 Ahpra and the National Boards commissioned an Expert Advisory Group to explore practitioner distress while involved in regulatory processes. The Expert Advisory Group made 15 recommendations and proposed 33 actions in its final report to Ahpra in 2023. Ahpra has accepted all recommendations and proposed actions – and we will remain vigilant in holding them accountable for implementation in 2024 and 2025.

This is aligned with our ongoing advocacy to limit medical registration fees increases. AMA Victoria, in collaboration with AMA Federal, has communicated with the Chair of the Health Ministers' Meeting and Victoria's Health Minister, expressing objections to exorbitant fee increases, particularly those driven by initiatives determined by health ministers. The difficulty of achieving change in Ahpra does not dissuade us from our sustained advocacy for fairer, more transparent and more efficient processes from Ahpra.

2023 has been a busy year and we anticipate an even busier 2024 as we continue to advocate for our members, the medical profession, and the health of all Victorians.

If you have a policy issue you would like to discuss, or have feedback about our advocacy priorities, please contact our Senior Policy Adviser, Lewis Horton at LewisH@amavic.com.au.

NEXT ISSUE – MARCH 2024

TRAILBLAZING WOMEN IN MEDICINE

As we prepare for International Women's Day 2024, we want to know about more 'Trailblazing Women in Medicine'. Who has inspired you with their achievements and service in medicine and why have they been important to you?

Click here to contribute to our AUTUMN 2024 edition of Vicdoc

NAVIGATING THE FUTURE OF PRIVATE HEALTHCARE: A CALL FOR COLLABORATION + REFORM

PROFESSOR STEVE ROBSON
AMA PRESIDENT

AUSTRALIA'S PUBLIC AND PRIVATE HEALTH SYSTEMS RELY ON EACH OTHER TO THRIVE

In recent years, we have witnessed distressing scenes at our public hospitals. These scenes are reflected in media report after media report showing ambulances spending hours ramped outside hospitals as emergency departments are overflowing. Hundreds of thousands of Australians are suffering in pain as they wait years for crucial surgeries, and there are extended wait times for outpatient appointments.

As we hear horror story after horror story, the need for reform becomes more and more evident and a 'do nothing' approach is unthinkable.

The private sector is indispensable in the healthcare system. It offers patients choice, access to specialists and timely treatments. This is why a significant number of Australians continue to invest in private health insurance. It's simple, we need the private health sector. The already struggling public system, which desperately needs better funding, would be in an even worse situation if private health became unsustainable.

But there are many issues threatening that sustainability, and they are going unresolved due to decades of little reform to keep up with the evolving needs of modern-day Australia.

Private health insurance membership is growing, but many members are older Australians who require more costly medical procedures. Striking a balance between affordability of insurance policies and the cost of delivering care remains a critical challenge.

In late October, the AMA convened a Private Health System Reform workshop with leaders from across the private health sector to help unearth solutions to these growing issues. The mere fact top representatives from some of the country's biggest private health providers,

> *Whatever the path forward may be, it must involve the government, clinicians and consumers working together in the sector.*

health associations and medical colleges all gathered at the AMA proves there is widespread hunger for meaningful change.

This notion was further cemented throughout the course of the workshop, which involved some robust but insightful conversations on various aspects of the private health system.

It was clear the whole room was committed to achieving reform to improve private health for doctors and patients alike.

How exactly will that reform be achieved? Well, there are still differing opinions about that. While reform is no doubt urgent, we know these issues aren't going to be fixed overnight. Sector-wide collaboration is the only way to spark change – and that is why we held this workshop.

Whatever the path forward may be, it must involve the government, clinicians and consumers working together in the sector.

The AMA will continue calling for an independent Private Health System Authority to streamline regulation and create a platform for reform. We believe a body like this would be the best vehicle for reform, which must be underpinned by quality data and research.

I am pleased to say this concept received some very welcome support at the workshop, and I am confident we can continue making headway in this area.

While there remains some disagreement on models of reform, there seemed to be general agreement at the workshop there needs to be a single mechanism – a capability within government – to create change, cohesion and foster reform.

We have heard about the many stresses in the system and the number of hospitals closing. This is on top of the looming cost impact of insurance premiums for consumers.

The urgency for change was made clear at the workshop, because the current piecemeal and fragmented approach to reform is inefficient and not addressing the many challenges faced by the system. This was highlighted in the AMA's recent research report on out-of-hospital models of care, which are not supported by the current complex regulations and legislation. This causes inconsistencies in product design, models of care and financial arrangements.

The workshop enabled us to continue these discussions, with a constructive exchange of ideas that revealed a shared passion for innovation and improvement.

Stakeholders discussed the many barriers to reform – complex regulation, a lack of quality data and research and silos.

The AMA Private Health System Reform workshop served as a pivotal platform for sector leaders to discuss their shared commitment to address the pressing issues facing Australia's private health system. The AMA will continue to harness this collective commitment to drive positive change and shape the future of private healthcare in Australia.

MONIQUE WISNEWSKI – MEDICAL STUDENT

STANDING AT THE PRECIPICE

As she prepares to transition from medical student to intern, Monique Wisnewski, Chair, Medical Student Council of Victoria, reflects on what inspired her to pursue medicine in the first place.

As the academic year draws to a close, hospitals nationwide are gearing up to welcome the incoming batch of interns, marking the commencement of their medical careers. The class of 2023 stand at the precipice of the exciting yet nerve wracking transition from medical student to doctor. Even though internship is a training wheels stage, the shift in responsibility, expectations, and workload feels more like a chasmic leap than a small step.

My journey into medicine was swift, yet all-consuming. Having commenced undergraduate medicine at 18 and powering through my five-year degree, balancing employment, research and extracurriculars, I now find myself at the culmination of a journey that had demanded every spare moment of my teens and early twenties.

Lately, I have found myself reflecting on the events that drove me to become a doctor in the first place. Sitting alone in a foreign hospital after a skiing accident at 17, where an emergency department doctor offered hope amid despair. Speaking with my sister as she lay in hospital in premature labour at 22 weeks, comforted by a nurse who brought kindness and empathy rather than detached pity. My mother, calling with relief after a cancer scare, thankful to the gynaecologist who gave her a preliminary 'all clear' to ease her anxiety. Before I began medical school, this is what being a doctor was all about; using one's unique knowledge and skills to bring patients whatever peace they could, through hope, remedy and empathy.

Alas, somewhere along the way this vision of the ideal doctor morphed into worry about taking notes fast enough, transitioning to an interstate and paper-based system, my efficiency in clinic, perfect prescribing and most of all, whether my supervisors will think I'm capable. I'm struggling to merge this vision of the perfect intern with those earlier, more emotional iterations.

I've committed to be both, but if it comes down to it, I'll choose the latter.

Why? Because in the face of these anxieties, I remember the demoralised 17-year-old with a shattered joint far from family, the mother cradling her dying baby, and the terrified mother of two fearing the worst. In those moments, it wasn't the doctor's efficiency, research output or even specialised knowledge that left a lasting impression but their humanity.

As the doctor on my team with more basic tasks and time with patients, I hope to prioritise the role of a doctor from the patient's perspective. While I'll still be grappling with the demands of efficiency and aim to excel in the clinical skills domain, I am committed to preserving the core values that inspired my journey into medicine. And I believe I'm not alone in making this choice.

As we navigate those initial weeks, stumbling and struggling to find our footing, I implore patience from those around us. We are wrestling with a new professional identity while trying to master the intricacies of our roles and feed the passion that brought us here in the first place. In return, perhaps we can serve as a reminder of the resilience inherent in growth and learning, and above all, the enduring impact of our shared humanity.

JARROD MCCABE – WAKELIN

SUN, SAND ⊕ SALES:
THE SUMMER PROPERTY MARKET

Summer is traditionally seen as a period where the residential property market takes a break after the busy spring selling period, but it is not necessarily the case.

For more info: 03 9859 9595 wakelin.com.au

Click here to listen to Jarrod's podcast

Register for more insights into the property market

While auctions may wind down over the holiday period, unbeknownst to many, off-market transactions continue to offer opportunities for those 'in the know' – particularly this summer.

An off-market property does not go to auction and does not rely on an advertising campaign.

After limited supply throughout much of 2023, spring market activity has been running late into the year, with the auction period likely to extend well into the window before the festive season.

But there is still likely to be a significant overflow of properties that do not make it to auction before Christmas and are instead sold off-market this holiday period.

Off-market transactions offer fantastic opportunities for buyers and sellers alike but given the opaque nature, it pays to enter the arena armed with strong knowledge.

From a buyer's perspective, it is important to identify, then develop close contacts with agents and property advisors that deal in the target area and property type. Particular agents will have sizable market share and provide both quality and volume.

Buyers need to give agents a defined idea of the property type they are after and a ballpark idea on budget – obviously without giving anything away that could negatively impact future negotiations.

Once in the loop, buyers will be presented with prospects as they arise. Speed and agility are critical to ensure opportunities are capitalised on.

Being informed, agile, with the financial and legal particulars in order, will enable decisive decision making, especially when a vendor is looking for a quick sale.

As the off-market process can be less transparent, buyers must be prepared to scrutinise the agent to ensure they outline exactly how the process will play out.

A vital question to ask is: does an agent have the authority to sell the property? Do not get caught up in time-consuming negotiations, only to find out the owner was never fully committed to selling.

Another issue buyers must consider is whether there are enough comparable properties on sale at the time to bear out true market value. Buyers risk paying more than in a busier period. However, sufficient due diligence surrounding prior comparable sales and market movements should provide a strong indication of where true value lies.

From a vendor's perspective, choosing the right agent is key. There are those that specialise in off-market sales for particular areas and property types.

These agents have nuanced buyer networks and industry knowledge, to ensure a property receives strong exposure and interest, to optimise sales opportunities.

While vendors will not have access to the same market size selling off-market, this targeted approach provides buyers with a feeling of exclusivity, which can achieve fantastic prices.

Identifying the right agent is not always clear, as many overhype their contacts and expertise in this area. Word of mouth, or advice from property professionals will help secure a quality agent.

Whether you are buying or selling, it makes sense to stay connected to the market this holiday period – even if that is in between summer beach trips and BBQs.

MIDDLE LEADER PROGRAM

For any queries, please call us on 03 9280 8797 or email us at careersadvisor@amavic.com.au

Click here to enrol

AMA VICTORIA

AMA Victoria's flagship leadership development program for senior doctors in middle leader roles is back in 2024. Registrations are now open for our first intake, commencing Friday 10 May 2024. We'd love for you to join us.

Thought provoking and personalised. Interactive and brilliantly presented. Providing excellent coverage of the fundamental tenets of leadership in clinical practice.

Excellence in healthcare requires expert collaboration within and between diverse teams of highly specialised healthcare professionals. Middle Leaders play a significant role in developing a culture of collaboration and performance through their influence on both senior and junior roles. Join this program to increase your knowledge of effective leadership and learn practical skills you can apply immediately in your current role.The program comprises four modules delivered in person at AMA House over two days (Friday, 10 May, and 14 June), complemented by an online launch and tutorial. Additionally, participants will engage in structured peer learning groups, fostering a collaborative environment. The program concludes with a personalised touch – a one-on-one, hour-long coaching session. The learning atmosphere is intentionally crafted: small group settings, highly interactive, inclusive, and safe.

The popularity of vaping among young people continues to surge while big tobacco companies rub their hands together with glee. These predatory companies have shown a complete disregard of public health interests by orchestrating an insidious campaign to make massive profits off a new generation of nicotine users.

Australia has been waging a protracted, but ultimately successful, battle to reduce the rates of cigarette smoking, but now vaping is threatening to undo some of that good work. Since the rise of vaping, we have seen – for the first time in 25 years – an increase in smoking rates, with a three-fold increase in smoking by 14-17-year-olds in just four years.

Thankfully, significant vaping reforms are moving quickly as a result of federal AMA advocacy and tireless stakeholder collaboration. Reliable evidence in this space continues to grow, finding that vapes cause harm and are not safe or effective smoking cessation tools.

Vaping is the new smoking. In early 2023, 8.9% of Australians aged 14 and over were current vapers and 11.8% were current smokers. While exclusive smoking was trending downwards in the year with a stable prevalence over time, exclusive vaping and the dual use of smoking and vaping was trending upwards, particularly in people aged under 35. These trends align with the evidence that vaping triples the likelihood of taking up conventional smoking, making it a gateway to smoking.

Known acute health effects of e-cigarettes include seizures, nicotine poisoning and associated brain development issues for younger people, E-cigarette or Vaping Associated Lung Injury, burns, cough, dizziness and nausea. As this is a relatively new product, long-term effects are not yet known.

The National Health and Medical Research Council reports there are more than 200 unique chemicals in vapes, some of which are also used in nail polish remover, weed killer and insecticide. Some are known carcinogens and can damage DNA. We are seeing an increase in vape-related calls to the Australian Poisons Information Centre, most of which were about kids.

Strong vaping regulation in Australia has been muddied by the tobacco and vaping industry, which spreads misinformation and intentionally markets products towards children and younger people. Vapes come in a wide variety of flavours, such as different fruits, lollies and desserts. Vape packaging is bright and colourful and can even resemble popular juice boxes or lollies. These companies claim their products are therapeutic and made to help people quit smoking. Yet none have registered their products on the Australian Register of Therapeutic Goods, which would allow proper evaluation of safety and efficacy, and would not have required the complicated reforms we are working through now.

These companies are still allowed to donate to political parties, clearly compromising government policy on public health matters. In October, I spoke about this issue and the Federal AMA's concerns about vaping advertisements and sales at the Senate Community Affairs References Committee hearing into the Public Health (Tobacco and Other Products) Bill 2023. This Bill includes important tobacco control reforms and prohibits vaping advertisements in line with cigarette restrictions. However, it is disappointing to see the Bill does not prohibit political donations.

Vapes come in a wide variety of flavours, such as different fruits, lollies and desserts. Vape packaging is bright and colourful and can even resemble popular juice boxes or lollies.

> *We cannot make the same mistakes we made with conventional cigarettes. We need a unified strategy across all jurisdictions to tackle the rise in nicotine addiction from vapes.*

FEDERAL AMA + A UNIFIED STRATEGY

Currently, vaping regulation is complicated and not well enforced, making it easy for people (particularly younger people) to access them. Nicotine-containing vapes are only legally available via prescription, but because people can personally import them with a prescription from overseas, it is incredibly hard to ensure they meet the standards of the Therapeutic Goods Administration (TGA). This personal importation scheme also makes enforcement much more complicated at the borders, facilitating black market supply.

Meanwhile, vapes labelled as non-nicotine are legally sold over the counter or online to those over the age of 18. However, most vapes include nicotine, even when they are labelled otherwise. When Border Force and the TGA seized 35 tons (yes, tons) of vapes in a joint operation, 85% were found to be falsely labeled as nicotine free. This labelling deliberately misleads consumers, potentially causing new nicotine addiction. Sales regulation is the responsibility of the states and territories, but it is not well enforced. Some States, such as NSW, have ramped up their enforcement measures, while others are not doing enough.

Online, vapes are marketed and purchased via social media platforms. This year, the AMA and the Australian Council on Smoking and Health awarded British American Tobacco the Dirty Ashtray Award for initiating and financing a pro-vaping astroturf campaign. The inaugural Exploding Vape Award was presented to Meta — the owners of Facebook, Instagram, Threads and WhatsApp — for failing to enforce its own policy, which is supposed to ban the promotion of tobacco or nicotine products on its platforms.

Thankfully, in May, Health Minister Mark Butler announced a suite of vaping reforms, including a retail ban on all vapes, an importation ban and a ban on single-use vapes. For prescription vapes, the TGA will be tightening the minimum quality standards, including implementing pharmaceutical-like packaging, restricting flavours, ingredients and colours, and reducing nicotine concentrations and volumes. These announcements align well with Federal AMA advocacy, and we eagerly await their implementation. Also, in October, I met with the head of the TGA to support their actions on vaping and be briefed on new developments.

We cannot make the same mistakes we made with conventional cigarettes. We need a unified strategy across all jurisdictions to tackle the rise in nicotine addiction from vapes. This includes urgently implementing the vaping reforms, particularly ensuring the prescription-only model is consistent in all jurisdictions. We must also remain vigilant against the threat of smoking. The AMA Public Health Committee will continue monitoring this issue and advocate to prevent future generations becoming addicted to nicotine.

DOCTORS VISITING DOCTORS

PEER VISITOR PROGRAM

Click here for more info about the AMA Victoria Peer Visitor Program

CONNECTION TO REDUCE ISOLATION AND LONELINESS THROUGH THE PEER VISITOR PROGRAM

The AMA Victoria Peer Visitor Program is based on the principle of doctors supporting doctors. Many older doctors miss the companionship of their peers and colleagues when they retire, especially as they become frail or move into a residential aged care facility. Our Peer Visitor Program offers companionship by linking older doctors or doctors who have become incapacitated with a volunteer who is a doctor or medical student for regular visits.

One of the key aims of the program is to address loneliness. Loneliness is a function of our need for companionship and belonging. As social beings, we rely on safe, secure social surroundings to survive and thrive. When we begin to feel lonely, we feel vulnerable and often experience a loss of self-worth, which can take a toll on both our physical and mental health.

While the program addresses isolation and loneliness for the older doctors or doctors who have become incapacitated, the volunteer visitors also benefit from their involvement. For medical students, the opportunity to meet regularly with an older doctor leads to refined communication skills and increased confidence when talking with older people. Some medical students and early career doctors miss older relatives who live in distant locations. The program can provide them with someone to connect with outside their university-based peer group and work colleagues.

The doctor volunteers involved in the program also report enjoying the regular companionship of the older or incapacitated doctor they are visiting. In contrast to the practice of medicine with respect to patient relationships, in this role they can form personal bonds with the person they are visiting. Our volunteer visitors enjoy hearing about how medicine was practised in the past and sharing details of current medical practice. Medicine is a small world and often the matched pairs find commonalities in people they know or places of work.

While we have many doctors and medical students willing to volunteer, we find it hard to identify older or incapacitated doctors as many are no longer in contact with AMA Victoria. We welcome referrals from colleagues, family and friends.

If you are aware of any former doctors who may benefit from a visitor please contact Kay Dunkley.

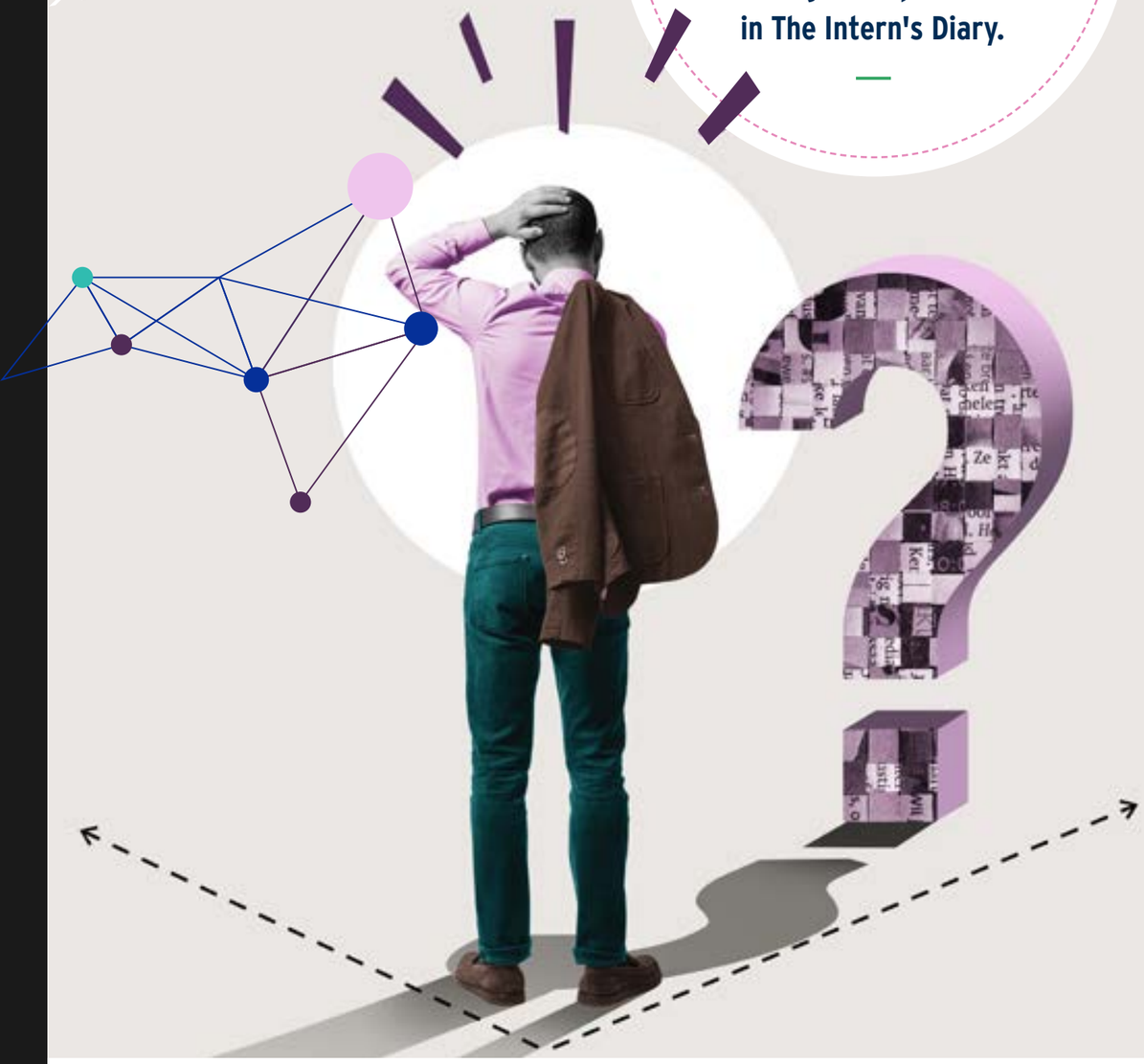
THE PEER VISITOR PROGRAM IS PROUDLY SPONSORED BY VMIAL, THE NAME BEHIND PSA INSURANCE.

PSA Insurance *We are unique*

DR YINGTONG LI – INTERN

THE INTERN'S DIARY

Yingtong is a medical intern. This year, he is bringing us along on his internship journey, and sharing his experiences in The Intern's Diary.



> *As a new intern, it was very straight forward to differentiate 'known unknowns' and 'unknown unknowns.' I knew I had little experience, and so everything was a 'known unknown.'*

"There are known knowns; there are things we know we know. We also know there are known unknowns; that is to say, we know there are some things we do not know. But there are also unknown unknowns – the ones we do not know we do not know."

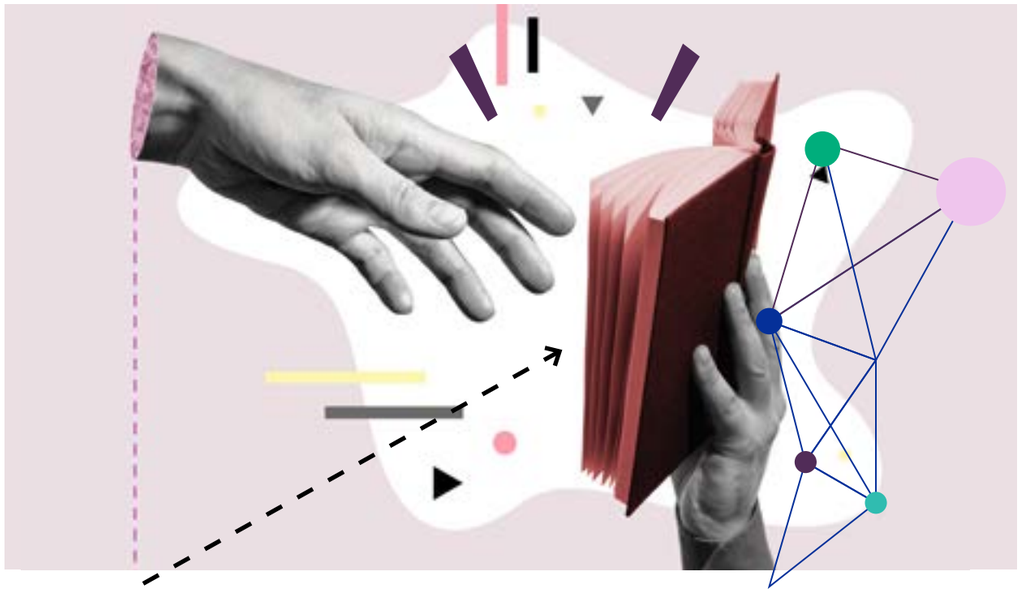
That is how former United States Secretary of Defence Donald Rumsfeld infamously put it in a 2002 news briefing, but the formalisation of 'known unknowns' and 'unknown unknowns' can in fact be traced back more than 100 years, to the general practitioner and cardiologist James Mackenzie in 1919.

When I started my internship, the goal of my year was to learn those things I knew I did not know. Yes, as I wrote in my first article of this series, medical school taught me the different classes of antihypertensives, but it did not teach me how to dose them or when to start them in my hospital inpatients. That I have now learned. As a graduating medical student, I also worried about my lack of experience managing seriously unwell, deteriorating patients as a first responder – this, too, I am slowly learning about. But I have also come to appreciate the equal if not greater importance of learning that which I did not know I did not know.

As a new intern, it was very straightforward to differentiate 'known unknowns' and 'unknown unknowns.' I knew I had little experience, and so everything was a 'known unknown.' The very first time I set pen to a medication chart on my own initiative (bowels opening, refusing regular aperients, change to PRN) – you bet I ran that by my registrar afterwards! Now, of course, I make countless such small decisions every day while rounding, admitting, discharging, and reviewing

As my experience and scope of practice expand, however, and as I am required to apply increased knowledge, the task of distinguishing the 'unknown unknowns' grows more difficult, and the consequence of misjudgement is to err. The consequences of an error as a student were limited to embarrassing yourself or losing marks on an assessment; as a doctor, the potential consequences weigh more heavily. On one occasion, while completing an admission, I prescribed a medication for a patient in whom I failed to identify it was absolutely contraindicated. Thankfully, the error was quickly identified by another doctor and remedied; had it been administered the consequences may have been catastrophic.

DR YINGTONG LI – INTERN



When Donald Rumsfeld referred to ‘unknown unknowns’ in 2002, it was to deflect difficult questions, but as junior doctors our duty is embrace support, learn and move forward, and I am grateful to have had the continuing and strong support of my junior doctor colleagues and senior medical staff in this. For my part, I have worked to avoid making the same error twice, reading up on and developing mental models of safe prescribing for all high-risk medications. This paid off when, a few weeks later, I noticed another doctor making the same error I had and remedied the mistake. This experience has demonstrated my growth over the course of internship. Before I was the one at considerable risk of making the errors; now I have been the one able to catch and avert them, paying forward the support that I received.

At the same time, while the pitfalls of increasing responsibility have been at times challenging, the fruits have also been rewarding. As a medical student, I expected that there must be at least one or two intern rotations I would not enjoy. I am happy to have been proven wrong, having found fulfilment and enjoyment in every rotation, even those I have do not intend to pursue as a specialty. There are the little victories, like succeeding at a difficult cannula after a string of misses, memorable moments like the first time closing in theatre, and the patients I have come to know and whose care I have coordinated. While, as a rotational trainee, it is testing to be dropped into a new environment and learn a whole new set of skills and processes every 10 weeks, I am also grateful to have had such a breadth of experiences this year, many of which I may never have again in my career.

As the end of the intern year rapidly draws near, I extend my thanks to all my residents, registrars and consultants, and my congratulations to the graduating medical students and 2024 interns. I hope to be able to support you as a resident, as my residents supported me. And looking to my future and the specialty training path in coming years, I will aim to take what I have learned with me to be a better, safer, and more effective doctor for my patients and my colleagues.

JOIN THE CONVERSATION

AMAV SOCIALS

Click here if you would like to contact our digital comms specialist

Dr Nisha Khot (@Nishaobgyn)
@amavictoria Thank you for this campaign. It did make me & others stop and think about ourselves #MonthOfMindfulness

Adj Prof Karen Price (@brookmanknight)
A/Prof Magda Simonis receiving @amapresident medal for leadership. Wonderful night celebrating great achievements. Talking tonight about all the structural issues women have to hurdle in the medical workplace. We are 50 years behind Scandinavia.

Adj Prof Karen Price (@brookmanknight)
[On winning the Month of Mindfulness ‘inspiration’ category]: Thank you so much @amavictoria That was such a surprise.

Dr Linny Kimly Phuong (@DrLinnyKP)
[On congratulating the Water Well Project’s recent win for ‘excellence in culturally diverse health’]: Awwww thank you @amavictoria. I believe one of the original discussions of @thewaterwellau was in an AMA DiT meeting!! Thank you for your support. :)

A/Prof Magdalena Simonis AM (@drmsimonis)
[On the 2023 Spring VICDOC article ‘facilitating women’s involvement in digital health’]: Thx @amavictoria for interviewing me. Gr8 working with @TheInstituteDH @DeSouzaRN @wendywchapman @JanineCox20 @BoyleEimer @nrcollard @telstrahealth.

JOIN THE CONVERSATION

Dr Mukesh Haikerwal (@DrMukeshH)
[On AMAV Doctor Wellbeing Coordinator Kay Dunkley winning The Society of Hospital Pharmacists of Australia's prestigious 2023 Fred J Boyd award]: Wow! Congratulations Kay! You are legend! Endeared to you and your calm and thoughtful support and perseverance! @amavictoria

AMA Victoria (@amavictoria)
Great to see so many new and familiar faces at the sold-out event: '#BeyondTheStethoscope: A Life-Career Balancing Act'. A highlight of the night's agenda is a panel discussion on how to best juggle the demands of your medical career with family life.

A/Professor Magdalena Simonis AM
[On receiving the 2023 AMA President's Award]: Thank you Australian Medical Association and Prof Steve Robson for the honour. Am truly humbled.

Women's Health Victoria
[On Dr Desiree Yap receiving the 2023 AMA Women's Health Award]: Congratulations, what a remarkable accomplishment!

Dr Jasmina Kevric
[On 'Beyond the Stethoscope']: What a night this will be!! Honoured to have had the opportunity to organise this much needed event along with my awesome AMAV #womeninmedicine Committee.

Wakelin Property Advisory
Great to be featured in the [Spring] edition of the Australian Medical Association (Victoria)'s VICDOC magazine. Jarrod McCabe explains to readers how to succeed in expression of interest (EOI) property sales. #melbourneproperty #propertyinvestment #VICDOC

Dr Evelyn Konstantopoulos
Such an honour to work alongside these incredible doctors with the Australian Medical Association (Victoria) Women in Medicine Committee. I am so inspired by the events our committee runs and the women who make it happen!

Bongiorno Group
Bongiorno team members attended the Australian Medical Association (Victoria) Women in Medicine 'Beyond the Stethoscope' event at the Lyceum Club on Monday night. The evening included a terrific panel of talented medical professionals. discussing the trials and tribulations of balancing their careers and life goals. #bongiornogroup #womeninmedicine #financialfreedom #medicalprofessionals

A/Prof Magdalena Simonis AM
Humbled to have received the Australian Medical Association President's award from AMA President Prof Steve Robson Fantastic panel presenters, great company and great food. Here are some happy snaps – as you can see, I'm beaming with joy.

PARTNER – KENNEDYS

THINKING ABOUT LETBY AND THE ROLE OF WHISTLEBLOWERS IN THE HEALTH INDUSTRY

Click here to listen to ABC podcast series "Whistleblowers" by Background Briefing

AUTHORS CHRIS MOLNAR (PARTNER), ROD FELMINGHAM (SENIOR ASSOCIATE) AND CARA CROSS (PARALEGAL)

Kennedys

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In August 2023, Lucy Letby was sentenced to life imprisonment for the murder of seven infants and the attempted murder of six others whilst working as a neonatal nurse at the Countess of Chester Hospital in Chester, England between June 2015 and June 2016. It emerged that it was not due a lack of suspicion raised by medical staff that Letby's crimes went undetected for years, but the inadequate management by the hospital's administration of concerns raised by staff.

A small group of consultant whistleblowers, who worked with Letby in the neonatal unit, played a central role. When they initially raised their concerns, they were not treated well by hospital administration. Their requests for urgent meetings were ignored, their concerns were dismissed, and two consultants were instructed to enter into a mediation process with Letby. They were warned that Letby's father had threatened to refer them to the General Medical Council unless they withdrew their allegations, and they were asked to write a letter of apology to her, which one consultant did. Hospital administration did not request the police to investigate until two years after the last murder.

The Letby circumstances raise an issue as to whether public hospital administrators should be subject to external review by a statutory authority for their decisions, which indirectly affect clinical outcomes, in the same way that health practitioners are.

It is reasonable to ask why the consultants did not escalate their suspicions to the police when their concerns were frustrated by the hospital.

However, it would have been reasonable for an employee to be fearful that their employment would be at risk by reporting the matter externally, particularly in circumstances where the suspicions would require thorough investigation before a criminal accusation could be substantiated, and where your employer has disciplined you for raising your concerns internally, and a 'gag' clause in your contract obliges you to keep confidential all of the business affairs of the hospital.

If adverse matters appear to be happening in the workplace, hospital medical staff ought to be aware that there are several avenues that may be available to raise issues externally, depending on the nature of the concerns.

THE COMMON LAW

First, the courts have held that contractual confidentiality obligations may be subject to a common law 'public interest exception' if there are actual or threatened breaches of the law, threats to public safety, civil wrongs, or misdeeds of a similar gravity. In such cases confidentiality cannot be relied on to prevent disclosure to a third party with a real and direct interest in redressing such crime, wrong or misdeed. In circumstances similar to the Letby case, if hospital administration declined to ask the police to investigate, contractual confidentiality obligations are unlikely to prevent concerned medical staff from reporting directly to the police.

MANDATORY REPORTING TO A REGULATOR

Secondly, medical practitioners in Australia are subject to statutory mandatory reporting obligations under the Health Practitioner Regulation National Law.

If a registered health practitioner, in the course of practicing their profession, 'forms a reasonable belief' that another registered health practitioner has behaved in a way that constitutes notifiable conduct, including by placing the public at risk of harm by practising in a way that constitutes a significant departure from accepted professional standards, they must, as soon as practicable after forming the reasonable belief, notify Ahpra.

Under such circumstances the statutory mandatory reporting obligation overrides any contractual confidentiality obligations.

Other mandatory reporting obligations include reporting deaths in prescribed circumstances under the Coroners Act 2008 (Vic) and reporting a reasonable belief of child physical or sexual abuse under the Children's Service Act 1996 (Vic).

VOLUNTARY REPORTING TO A REGULATOR

A voluntary report may be made to Ahpra about a registered health practitioner if:

- The practitioner's professional conduct is, or may be, of a lesser standard than that which might reasonably be expected of the practitioner by the public or the practitioner's professional peers.
- The knowledge, skill or judgment possessed, or care exercised by, the practitioner in the practice of their profession is, or may be, below the standard reasonably expected.
- The practitioner is not, or may not be, a suitable person to hold registration in the health profession, including, for example, that the practitioner is not a fit and proper person to be registered in the profession.

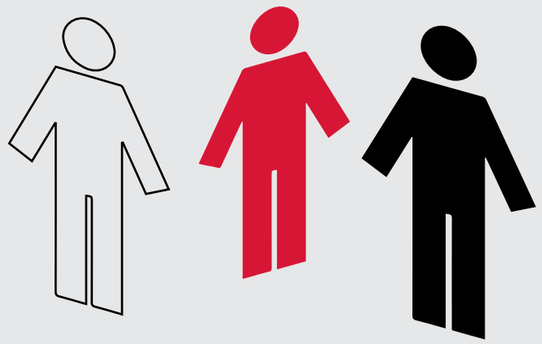
It is not apparent whether making a voluntary notification will override contractual confidentiality obligations, but where a practitioner has genuine public interest concerns about the conduct of another registered health practitioner, it is highly unlikely that a court would hold that they should be prevented from notifying the regulator by their contractual confidentiality obligations.

REPORTING TO THE VICTORIAN OMBUDSMAN

A person may make a public interest disclosure to the Victorian Ombudsman or to the Independent Broad-based Anti-corruption Commission of information that the person reasonably believes shows or tends to show that a person, public officer, or public body has engaged, is engaging or proposes to engage in corrupt or improper conduct. Corrupt or improper conduct engaged in by a person employed in any capacity or holding any office in the Victorian public sector can include:

- Committing a criminal offence
- Serious professional misconduct
- Dishonest performance of public functions
- An intentional or reckless breach of public trust
- A substantial mismanagement of public resources
- A substantial risk to the health or safety of one or more persons.

People who report improper conduct are protected from retaliation under the Public Interest Disclosures Act 2012 (Vic).



VICTORIAN HEALTH INCIDENT MANAGEMENT SYSTEM

The Victorian Health Incident Management System (VHIMS) is a dataset for the collection and classification of clinical, occupational health and safety incidents, near misses and hazards. Within the VHIMS function, subscribed health services have access to a web-based platform where all staff can report and manage complaints, compliments, suggestions, OHS incidents and hazards and action tasks. (It is not a requirement for all public health services to use VHIMS. Some healthcare organisations may opt to use a local incident management system).

Every incident uploaded into the system is reviewed. The review identifies the most appropriate level of investigation. Depending on the nature of the concern, VHIMS may be an appropriate means of formally documenting it.

SEEKING ADVICE

Public hospital doctors in Victoria who raise serious issues of concern but find hospital administration to be unresponsive have a range of options for taking matters further.

Because of the possible implications and consequences, the first step should always be to seek expert advice from AMA Victoria, a lawyer with expertise in the area, or your medical indemnity insurer.

BEYOND THE STETHOSCOPE

DR SARAH ARACHCHI
PAEDIATRICIAN
AMAV WIM COMMITTEE

Time is always ticking. Tick tock. Tick tock.

MONDAY 20 NOVEMBER 2023
THE LYCEUM CLUB, MELBOURNE

Time is always ticking. Tick tock. Tick tock. Sometimes, you can hear it echoing through the halls of the hospital as feet pitter patter on the cold linoleum floor, heels, trolleys clambering past, all rushing to get somewhere. In the corridor, there are patients in beds, waiting for the medical team to arrive as they desperately try to avoid the morning sun, covering their faces with the white sheets of the hospital linen, crisp but creased at the edges where previously the registrar sat, chatting to them about the plans for the day.

We always have plans. Plans are carefully constructed in the medical notes, while the different members of the team discuss the observation chart, the history, the presenting complaint, the investigations, and the management of the patient in front of us. Plans are important as they help us to navigate the journey for our patients. But plans do not always follow through and sometimes, the path, the navigation can be lost along the way until we dig deeper, consult with other specialties, and find one that works best to create the best outcomes for our patients.

As a medical student, we are thrown into the disarray of medicine, textbooks, exams, clinical rotations, grasping at every opportunity to become a doctor and hoping to pursue a particular pathway to fulfill our clinical dreams. We quickly learn to follow the footsteps in front of us, as we hurry to keep up with the team in front of us, who are making their way through the maze of the hospital, desperately hoping not to get lost in the madness, trying to make a great impression, reading notes late at night and keeping up appearances.

Very soon, as an intern, we are standing in line, at the hospital coffee shop, ordering not one, but two coffees, as the day wears us down, the pager beeping incessantly as if calling us back to where we belong, beckoning us back to the wards, where the patients lie waiting, the nurses are calling, the consultant is coming, the medical students are following. Going home, at the end of the day, we reminisce over the patients we helped, the elderly man who held our hand and squeezed it in gratitude for relieving the crushing chest pain he had suffered, the young woman who could finally breathe after the pleural effusion had been drained and succeeding in the difficult cannulation during the MET call earlier that day.

Yet, as we drive home later that day, thankful that the pager has stopped beeping, our ears still ringing from the noises, as if listening to a soundtrack on repeat, the sun fading into the distance as darkness approaches, it dawns on us that time is still ticking and the journey ahead seems so long. Will I get into my training program? How many years will it be? Will I ever find a partner? When will I have children? The questions are there, and yet, we shut it out, focusing, again, on the goal that has been there from the beginning. To get into the chosen specialty program that we had dreamed of. And, so, as the rain starts pattering down, the wipers start moving fast, trying to clear the screen in front, as if trying to make sense of it all and clearing the way forward, the path, the destination that we are trying to get to.

BEYOND THE STETHOSCOPE – 20/11/2023

On Monday 20 November, on stage at the Lyceum Club in Melbourne, sat a panel comprising: A/Prof Kate Stern, gynaecologist and fertility specialist; Dr Jasmina Kevric, Breast ANZ Fellow, Dr Cecilia Xiao, GP Fellow, Adj Prof Karen Price accomplished GP and immediate past president RACGP; and Ms Sue Jackel, AMA Victoria Workplace Relations consultant. It was moderated by Dr Linda Schachter, respiratory and sleep physician and myself, a paediatrician. We also celebrated achievements in medicine, A/Prof Magdalena Simonis AM and Dr Desiree Yap AM receiving prestigious AMA awards as well as Dr John Gorman, as they were presented by special guest AMA Federal President Professor Steve Robson, as well as Dr Kate Duncan, renowned obstetrician, and advocate for women.

The room was full, with over 100 guests, including medical students, interns, doctors in training and specialists and the concept of time was discussed. When is the right time to have a family? How do you make time to fit in work and life? How do you make time to make it all work? How do you balance the time commitments involved in juggling work, family, and your career?

The conversations began as the panel shared their own stories of the joys and struggles of being a doctor and having a family. Around the room, a sense of togetherness, understanding, appreciation, wafted through as we listened to the stories, humble, down to earth, and personal. It is through sharing, our time; the corridor conversations we have when things are difficult, carrying a child while shielding them from the black and white photographs of chest x rays as we run to the bathroom to avoid them being exposed, experiencing the challenge of disruption as we are forced to upheave our lives to different rotations, in order to complete training, that we can grow. By listening, by sharing, by moving forward together and discussing the options we have, for time.

In medicine, we are taught to make plans for our patients. Take a history, do an examination, write down the differentials and come up with a plan. As we pull the car into the driveway, the wheels, stop, exhausted from the day and we turn off the wipers, the rain, leaving faint drops of water spattered on the windscreen, as nightfall creeps in, the moonlight shining brightly above, as if reminding us that there is still time.

Next to us, on the bare passenger seat, is the blue stethoscope we had placed, nestled amongst the keys, the hospital badge and the mostly empty lunch box, a reminder, of the heart beats we had listened to earlier that day, “lub dub, lub dub”. Right now, in the darkness, the only heartbeat that can be heard, is the one inside us, beating, ever so gently, “lub dub, lub dub”.

Take a moment to breathe, and listen to your heart, beating, through the chaos of medicine, and create a plan, a life, for yourself, that is, beyond the stethoscope. A plan for self-care, a check-up if needed, at your GP, a plan to catch up with friends or family, or exercise after work, a plan to have a baby.

Time is always ticking.

Listen to your heart.

Take a moment to breathe, and listen to your heart, beating, through the chaos of medicine, and create a plan, a life, for yourself, that is, beyond the stethoscope.

Click here to listen to recording of the panel session

THE ULTIMATE SACRIFICE

DR GERALD SEGAL

Honouring the heroic Victorian medics

MONDAY 13 NOVEMBER 2023
AMA VICTORIA HOUSE

On Monday 13 November 2023, the BMA (British Medical Association) Victorian Branch and AMA Victoria war memorial statue was rededicated – 100 years to the day since it was first unveiled.

The statue, A Medic Attending to a Wounded Infantryman, is the work of war artist and sculptor Charles Web Gilbert (1867-1925). It is made of bronze, and was struck in Paris, France.

"The statue commemorates 75 Victorian military doctors who lost their lives in service during World Wars One and Two," says Chair of the AMA Victoria Heritage and Archives Committee, Dr Gerald Segal.

"The statue has its own very interesting history. First dedicated on 13 November 1923 in the then new Anatomy Building at the University of Melbourne, it was moved to AMA Headquarters in East Melbourne in 1924, and then to Royal Parade Parkville in 1969."

The 75 names include 43 Victorian doctors who died in World War One, that were inscribed on the statue itself for the original dedication. In 1947, the names of a further 32 who bravely gave their lives in World War Two, were added.

And then, while researching the statue, AMA Victoria Heritage and Archives Committee Member, Jean Douglas, uncovered the names of four further Victorian doctors – two who gave their lives while serving in World War One, and two in World War Two – who met the criteria for inclusion on the statue.

"A plaque bearing the names of the four doctors who hadn't previously been recognised was placed on the plinth during the rededication ceremony," says Gerald. "Some of their family members were present, and it was very special for them – and for us! – to finally see this happen."

ALBERT COATES FORECOURT – 13/11/2023

FOUR MEDICS WHOSE NAMES WERE UNCOVERED DURING RESEARCH AND ADDED TO THE STATUE IN 2023:

Owen Herbert Peters (WWI)
Miles Charles Cariston Seton (WWI)
Ian Thomas Cameron (WWII)
Francis Michael Blackall (WWII)

The restoration work involved cleaning, treatment for bronze verdigris and waterproofing. The work took place in 2019 but had to be postponed when the Covid-19 pandemic took place.

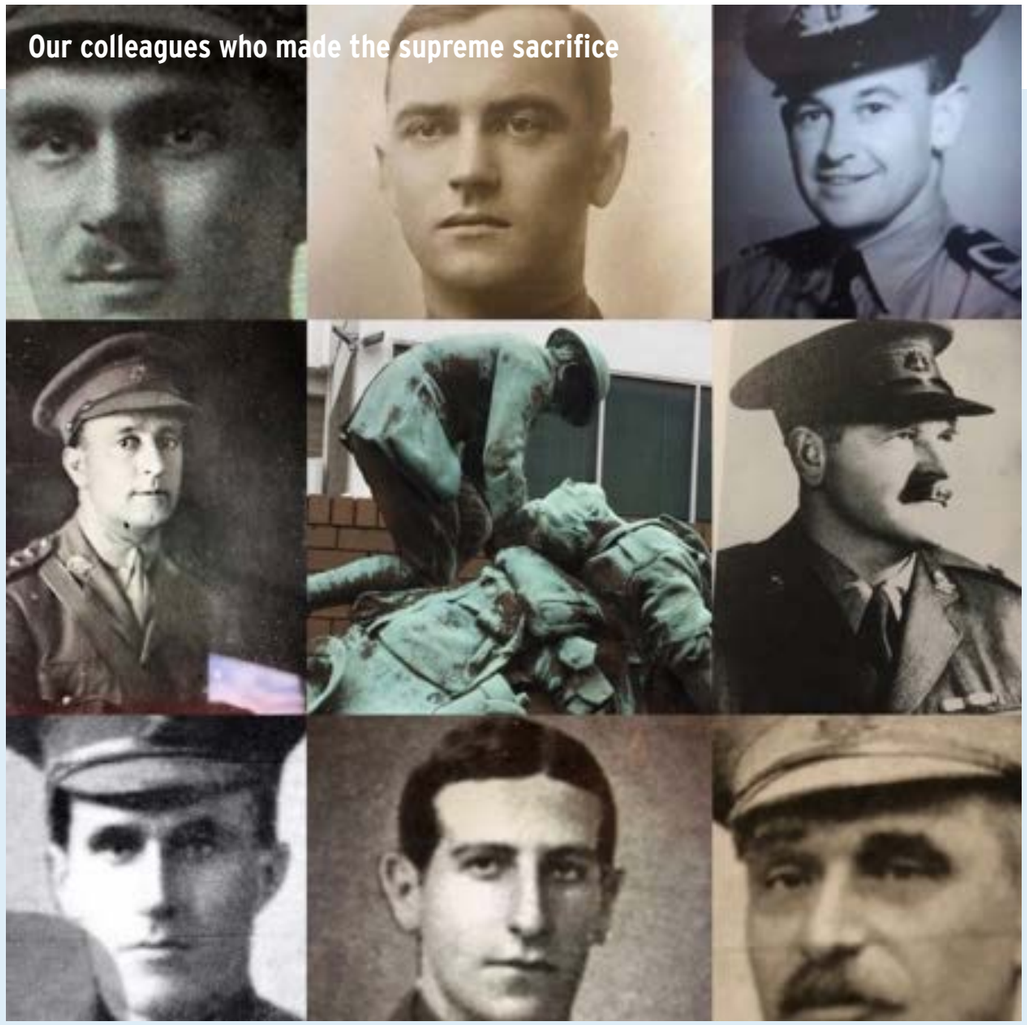
This turned out to be a blessing in disguise, with the Committee able to reschedule the rededication for Monday 13 November 2023 – exactly one hundred years since it was first dedicated.

The centenary rededication ceremony took place in the Albert Coates Forecourt at AMA Victoria House. More than one hundred people attended the rededication to hear guest speakers, the Ode and the Last Post. Several travelled from overseas, including one person who came from New York for the occasion.

AMA Vice President, Dr Simon Judkins, welcomed more than 100 guests to the ceremony. Guest speakers were Major General Jeffrey Rosenfeld, who gave the keynote address, Dr Hugh Roberton from Legacy, Antony Walker speaking on behalf of World War One relatives, John Hasker representing World War Two families and Dr Jean Douglas speaking about the history of the statue and its sculptor. Heritage and Archives Committee chair Gerald Segal was the Master of Ceremonies. Two other committee members also played roles; Dr Walter Heale laying a wreath on behalf of AMA Victoria and Dr Alan Mawdsley reciting the Ode.

"It was a real privilege to see relatives and friends of some of those named on the statue assemble to honour these men, and very moving to have them present. I believe an organisation that knows its origins and history and stories is able to flourish into the future, so this was a very important project for AMA Victoria," says Gerald.

"We know that when World War One broke out, many of the men who were doctors in Victoria volunteered to go to war and care for their fellow countrymen. This shows their huge dedication to the cause, and to their profession, and it's wonderful to be able to keep their stories alive in this way."



World War One

1 George Grantham Anderson
2 Francis Spencer Bond
3 Norman John Bullen
4 Sydney James Campbell
5 Archibald Gladstone Corbett
6 Edward Wilkinson Deane
7 Arthur Francis Deravin
8 George Stephenson Elliot
9 James Fairburn Fairley
10 Alfred Raymond Fox
11 Wade Shenton Garnett
12 Richard Horace Gibbs
13 Harry Franklyn Green
14 Edward E Harkness
15 William Weston Hearne
16 Andrew Victor Honman
17 Geoffrey Howitt
18 Melville Rule Hughes
19 Johnson Hughston
20 Douglas Dunbar Jamieson
21 Frederick Miller Johnson
22 Eric John Kerr
23 Arthur Wellesley Homan Langley
24 Keith Maurice Levi
25 Charles Roy Lister
26 John Gladstone Mackenzie
27 Gordon Clunes McKay Mathison
28 George Pinnock Merz
29 Albert Guy Miller
30 James Joachim Nicholas
31 Charles Joseph Oliver
32 Leonard Edmund Wadsworth Roberts
33 William Rogerson
34 Arthur Cecil Hamel Rothera
35 Phillip Beauchamp Sewell
36 Harold South
37 Cedric Alwyn Stewart
38 Harold Arthur Oscar Teague
39 Edward Ronald Welch
40 Maldwyn Leslie Williams
41 Arthur Holroyd O'Hara Wood
42 Leonard Alexander Wright
43 Robert Percy Young

World War Two

1 Eric Bailhache
2 Warren Robert Brodrick
3 John Ferguson Chambers
4 Eric Leonard Cooper
5 William George Cuscaden
6 John Forrest Davies
7 Charles Stewart Donald
8 Rupert Major Downes
9 John Malcolm Gaskell
10 Francis Harrison Genge
11 John Reid Hasker
12 John Colin Ramsay Joyce
13 George Leonard Lindon
14 Frank Haighton Lord
15 Hew Fancourt Graham McDonald
16 Douglas Roy McFarlane
17 Noel Vernon Mc Kenna
18 Derek Napier McKenzie
19 William John McLaren-Robinson
20 Clement Polson Manson
21 Arthur David Mawson
22 John Fairfield Park
23 Douglas Clelland Pigdon
24 Keith Chisholm Ross
25 Zelman Schwartz
26 Donald James Shale
27 Herbert Nathan Silverman
28 Warwick McLean Smithers
29 Stuart Thomson
30 Eric Mortimer Tymms
31 Charles Eric Watson
32 Stewart Irvine Weir

" ...It was a lesson about ordinary people- and the lesson was that they were not ordinary."

The Hon Paul Keating MP
Prime Minister of Australia
Remembrance Day 1993

DOCTORS SUPPORTING DOCTORS

PEER SUPPORT SERVICE

Click here for more info about the AMA Victoria Peer Support Service

In the demanding and often isolating world of medicine, having the mental and emotional support as and when you need it is important. Recognising this need, in 2008 we established the Peer Support Service, a valuable initiative designed to provide all doctors and medical students with a safe space to seek support from colleagues who are compassionate experienced doctors. The AMA Victoria Peer Support Service is a crucial component of the broader effort to promote the wellbeing of the medical profession.

KEY FEATURES AND BENEFITS

Confidentiality: One of the primary concerns for doctors seeking support is maintaining confidentiality. The AMA Victoria Peer Support Service ensures that conversations remain entirely confidential, allowing doctors and medical students to speak openly without fear of repercussions. All callers remain anonymous unless at immediate risk of harm.

Experienced peers: The service connects doctors trained as peer supporters who have a deep understanding of the medical profession's challenges. These supporters have firsthand experience in navigating the complexities of a medical career, making them uniquely qualified to offer relevant guidance and empathy.

Non-judgmental environment: Medical professionals often hesitate to seek help due to fears of being judged or stigmatised. The Peer Support Service offers a non-judgmental space where individuals can openly discuss their concerns, fears, and stressors without the fear of criticism.

Diverse range of issues: The challenges doctors face can span a wide spectrum, including burnout, stress, work-life balance, ethical dilemmas, and personal crises. The AMA Victoria Peer Support Service is equipped to address any issues, ensuring that doctors receive the assistance they need.

Accessibility: Recognising that challenges can arise at any time, the service is accessible every day of the year from 8am to 10pm via telephone on 1300 853 338. This availability ensures that doctors have a support system to turn to which is available for extended hours every day.

The medical profession, with its demanding schedules, high stakes and emotional toll, can inadvertently foster an environment where the wellbeing of medical professionals takes a back seat. The Peer Support Service challenges this status quo by placing the mental and emotional health of doctors at the forefront. Remember, seeking support is not a sign of weakness but rather a sign of strength and self-awareness.

AMA Victoria will close from 5pm on Friday 22 December 2023 and will reopen on Tuesday 2 January 2024.

AMA Victoria would like to wish you a safe and happy holiday.

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