

V I C D + C

AMA VICTORIA

WINTER 2025



Farewelling
Dr Jill Tomlinson
as outgoing
President

Welcoming
Dr Simon Judkins
as incoming
President

Celebrating
commitment
Member stories

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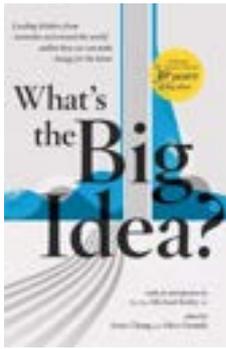
The Australian Doctor magazine highlighted AMA Victoria's campaign to end 'stupid stuff' with a petition calling on the State Government to implement the global Get Rid of Stupid Stuff (GROSS) program.



AMA Victoria President demanded urgent intervention from the Victorian Government to fix the dysfunction crippling regional health services after The Age revealed that hundreds of patients at Mildura Hospital have been languishing in the emergency department for more than 24 hours, with scores waiting 48 hours and one 85-year-old woman dying.

AMA Victoria called for an evaluation of the Victorian pharmacy pilot program before expansion on ABC radio, citing unclear cost effectiveness and clinical efficiency.

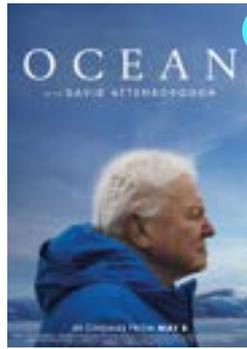
IN REVIEW: WINTER READS



WHAT'S THE BIG IDEA

*Essay collection by
The Australia Institute
(2024)*

Marking 30 years of independent public policy think tank, The Australia Institute, this collection of 32 essays is broad-ranging, optimistic and timely. In the mix are health-focused contributors like Nobel laureate Prof Peter Doherty, epidemiologist Prof Fiona Stanley and Prof Patrick McGorry, who offer insights into Australia's health and social challenges, and propose commonsense and transformative solutions. Prof Doherty critiques the unconscious intellectual narrowing of an increasingly digital environment and explores ways to remain salient. Prof Stanley addresses the importance of early childhood interventions and the social determinants of health. Prof McGorry makes a strong case for bringing mental healthcare up to the same standard as the rest of the healthcare system.



OCEAN WITH DAVID ATTENBOROUGH

*Documentary
film (2025)*

Ocean with David Attenborough highlights the beauty and vulnerability of the world's oceans. Sir David focuses on the critical role oceans play in Earth's climate and biodiversity and calls for a global ban on the destructive practice of bottom trawling - which has been likened to bulldozing rainforests - in marine protected areas. Alongside celebrating the richness and wonder of marine life with breathtaking footage, Attenborough hopes to influence environmental policy and raise public awareness on ocean conservation. Released in cinemas on May 8 (Attenborough's 99th birthday), and streaming globally on Disney+ and National Geographic from June 8, it's one of the iconic Attenborough's most urgent and political works to date.



HOPE IS A VERB

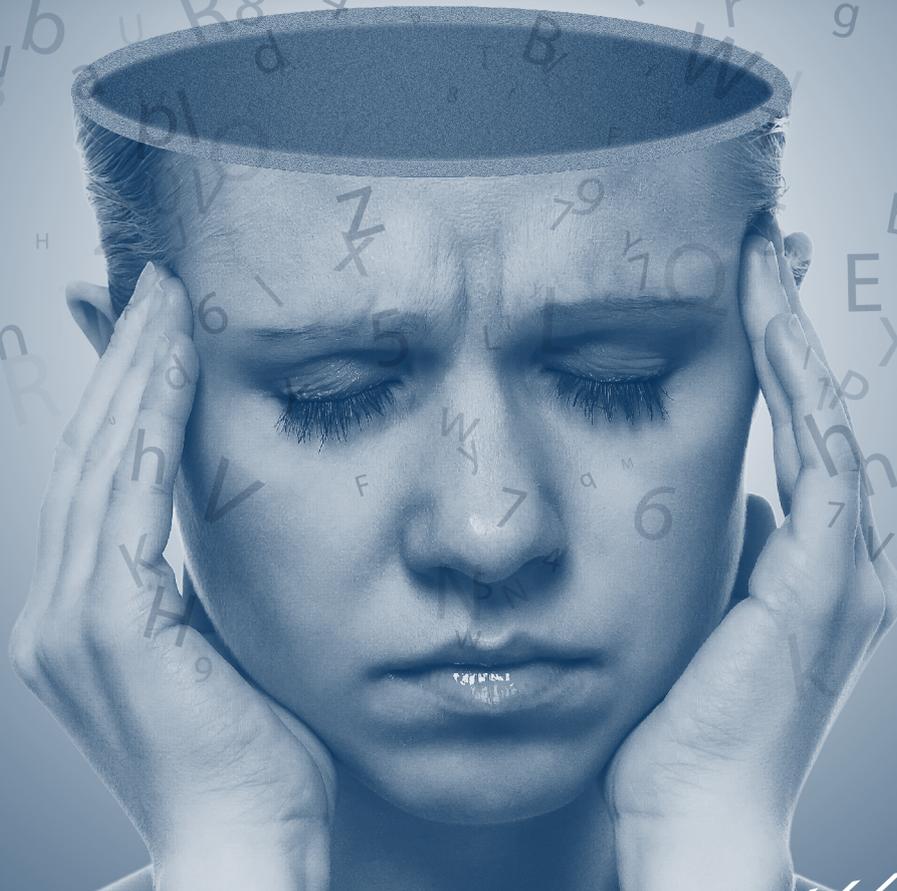
*Podcast by
Fix The News (2023-)*

Escape the doom and gloom of the news cycle with uplifting stories of hope, progress and resilience via conversations with people from around the world who are working to address global challenges. Hosted by Angus Hervey and Amy Davoren-Rose and produced by Australia's own Fix The News, Hope Is A Verb is all about people doing good things. It includes several episodes with a medical or healthcare bent, including emergency physician Dr Tarek Loubani discussing his work creating open-source, 3D-printed medical supplies to address critical shortages in conflict zones like Gaza and Ukraine, and lawyer turned scientist Sonia Vallabh, who is working on a cure for the rare and fatal genetic illness she herself has been diagnosed with: prion disease. Worth a listen.

MONASH UNIVERSITY RESEARCH INSIGHT

NEW STUDY REVEALS
WHY YOUR MIND
SOMETIMES
GOES BLANK

Have you ever lost all attention to what's going on around you, been lost for thoughts or grasping at memories? These are all symptoms of 'mind blanking', a common experience with a wide variety of definitions ranging from feeling drowsy to a complete absence of conscious awareness.





Moreover, when our attention lapses, we can experience a variety of mental states, such as daydreaming and freely moving thoughts, or even no thoughts at all, as in mind blanking.

DR JENNIFER WINDT



*View the
research paper*



Now, a team of neuroscientists and philosophers from Europe and Monash University have published a paper in the journal [Trends in Cognitive Sciences](#) compiling of what we know about mind blanking, including insights from their own work observing people's brain activity.

“During wakefulness, our thoughts transition between different contents. However, there are moments that are seemingly devoid of reportable content, referred to as mind blanking,” the team says.

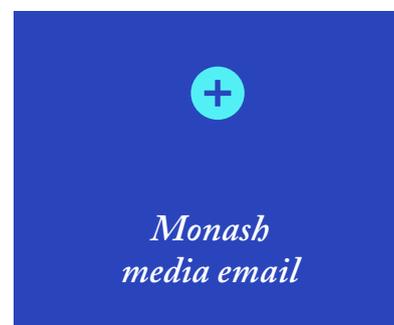
While they say it remains unclear what these blanks represent, author Dr Jennifer Windt of Monash University's Centre for Consciousness and Contemplative Studies says a mind blank is more likely to occur when the brain is in a high- or low-arousal state.

KEY FINDINGS FROM THE RESEARCH INCLUDE:

- > Mind blank frequency varies greatly between different people, but a person experiences the phenomenon about 5-20 per cent of the time on average.
- > Common experiences defined as 'mind blanking' include lapses of attention, memory issues and a cessation of inner speech, among others.
- > Mind blanks tend to happen toward the end of long, sustained attention tasks like exams and after sleep deprivation or intense physical exercise but are also a typical waking state.

- > Children with attention deficit hyperactivity disorder (ADHD) report mind blanking more frequently than neurotypical people.
- > During mind blanks after sustained attention tasks, people's heart rates and pupil sizes decreased and their brains showed lower signal complexity — a state typically observed in unconscious people. During the blank, they observed disruptions in sensory processing and slow, sleep-like EEG waves. The authors describe these states in which parts of a person's brain appear asleep as “local sleep episodes”.

The researchers speculate that the common factor between different forms of blanking may be related to changes in arousal levels, leading to a malfunction of key cognitive mechanisms such as memory, language or attention. The researchers propose a framework that describes mind blanking as a dynamic group of physiologically driven experiences mediated by arousal states, or a person's state of physiological “vigilance”.



FAREWELLING JILL TOMLINSON

In May 2025, Dr Jillian (Jill) Tomlinson's two-year term as President of AMA Victoria came to a close. Thank you, Jill, for a tenure of unwavering dedication, advocacy, progress and achievement. Here we chart and reflect on Jill's key achievements, her vision for AMA Victoria and Australian healthcare going forward, and where Jill plans to turn her professional focus.





FAREWELLING DR JILL TOMLINSON

A plastic, reconstructive and hand surgeon in private practice, Dr Jill Tomlinson (MBBS (Hons), PG Dip Surg Anat, FRACP(Plast), GAICD, EGCOB) brought over 20 years of clinical, research and leadership experience to the presidential role.

Jill has been actively involved with the AMA Victoria Board since 2017. She has served as Vice-President (2022-23), Chair of the Audit, Risk and Compliance Committee (2019-22), and Area Representative on Federal Council (2016-21).

Jill was AMA Victoria's fourth woman president. She followed Dr Roderick McRae as President and made history as the first pregnant sitting president, and the first president to breastfeed during meetings. Jill and her family welcomed their third child five months into her tenure – she credits the growing use of online meetings for enabling her to juggle the presidential role with her other duties.

Jill has been a considered and inclusive leader during her presidency. Her tendency towards servant leadership has seen Jill actively engaged with our membership and the wider medical profession, and act with member and patient interests at the fore. Jill has encouraged members from different fields to deepen their engagement in advocacy about issues that matter to them, championed a united medical community, and done much to advance a healthcare system that empowers doctors and enriches patient care for Victoria.



WHAT AMA VICTORIA HAS ACHIEVED UNDER JILL'S LEADERSHIP

Over the course of her presidency Jill has made great progress across eight priority areas: sustaining general practice, improving public hospitals, advancing digital health, supporting mental health, advocating for progressive public health measures, prioritising rural and regional health, lessening the administrative burdens placed on all medical practitioners, and addressing equity and diversity issues.

There are many achievements Jill is especially pleased with.

“I am proud that we were able to secure \$1.5 billion for state health services, successful resolution of the junior doctor unpaid overtime class actions, nationwide GP registrar incentive payments, a Single Employer Model trial for GP registrars, removal of the threat of retrospective payroll tax bills for general practice, and movement from Ahpra on equitable registration fees for healthcare workers, including for practitioners who take parental leave.”



She is also proud of having elevated conversations about gender equity in healthcare with Government, the Department and in national media, and of AMA Victoria's growing membership.

"I am exceptionally proud of AMA Victoria growing its membership at a time when other state AMAs are seeing membership decline. This speaks volumes about the value our organisation provides, the commitment of our staff and the leadership of the Board of AMA Victoria."

Jill will be keeping a close eye on the progress of all AMA Victoria advocacy initiatives, especially enterprise bargaining for public hospital doctors, the impact of the GROSS initiative, and the pursuit of consistent oversight when it comes to healthcare associated paediatric deaths in Victoria's current sentinel event framework – all of which are still underway.

JILL'S VISION FOR THE FUTURE OF AMA VICTORIA

Jill's vision for the future of AMA Victoria is a strong, vibrant organisation that leads with purpose, builds capacity and delivers meaningful outcomes.

"I'd like to see AMA Victoria continue to achieve significant membership growth and to deepen engagement across all practitioner groups. For our policy councils to flourish, ensuring member engagement, organisational responsiveness and improved policy outcomes in Victorian healthcare. For our ongoing close and productive relationship with ASMOF Victoria to remain watertight as we work together to deliver outcomes for the profession."

"We will continue to be a leading voice for gender equity and a champion for improved public health outcomes. We will invest in enhanced membership services, build a vibrant community through professional networking opportunities, and embrace digital tools as we better connect and support our members. Working together, we will strengthen AMA Victoria's place as a dynamic, influential, collaborative and future-ready organisation."



We will continue to be a leading voice for gender equity and a champion for improved public health outcomes. We will invest in enhanced membership services, build a vibrant community through professional networking opportunities, and embrace digital tools as we better connect with and support our members.



DR JILL TOMLIMSON'S LEADERSHIP

JILL'S VISION FOR THE FUTURE OF VICTORIAN AND AUSTRALIAN HEALTHCARE

Jill's vision for the future of Victorian and Australian healthcare takes in administrative and planning improvements, a modernised Medicare, and a redistribution of resources that will end the postcode lottery once and for all.

“My vision is for a system where clinicians are empowered to focus on patient care without being weighed down by unnecessary administrative burdens. Technology will work seamlessly to support clinical care, allowing patients to receive more personalised attention and enabling doctors to experience greater professional satisfaction,” says Jill.

“Quality workforce planning will address workforce shortages and maldistribution, ensuring that rural and regional Australians have the same healthcare access and outcomes as those in metropolitan areas.”

“I envision a system with a modernised Medicare, built on the strong foundation of general practice, where doctors are respected, supported, and enabled to work to the top of their scope. Where healthcare is accessible to all, health inequities are actively addressed, and our workforce reflects the rich diversity of our communities. A future where health is not used as a political football but is a shared responsibility that receives sustained commitment and respect across the entire political spectrum.”

WHERE JILL WILL BE TURNING HER FOCUS NOW

Going forward, Jill plans to catch up on aspects of personal and professional life that have been on hold during her presidency. This is likely to include gardening, personal exercise, website redesign and more time with family.

Jill's time post presidency will also involve continued medico-political advocacy. From May 2025, Jill will be taking on the role of Chair of Private Specialist Practice Subdivision and is looking forward to spearheading policy development through the Private Specialist Practice Policy Council that AMA Victoria is establishing later this year.

Thank you again, Jill, for a stellar presidency. We look forward to continuing to work together to secure a better healthcare and experience system for all.

AMA Victoria's new President is Dr Simon Judkins. Read an interview with Simon and learn about his plans for his presidency on page 18.

OVERVIEW OF PROGRESS AND ACHIEVEMENT

ACROSS EIGHT PRIORITY AREAS UNDER JILL'S LEADERSHIP

SUSTAINING GENERAL PRACTICE

- › Secured full retrospective payroll tax amnesty and ongoing pay roll tax exemption for fully government-funded services for general practices from July 2025, protecting hundreds of clinics across Victoria.
- › Expanded and sustained GP Registrar Incentive Payments program (\$30-40K), helping drive national adoption and funding.
- › Supported rollout of the Single Employer Model for GP registrars, improving access to paid leave, job stability, and rural placements.
- › Advocated for inclusion of emergency contraception and MS-2 Step in PBS prescribers' bag; Federal consultation underway.
- › Initiated advocacy to improve hospital-GP integration, with a focus on discharge summary reform and better named referral policies.
- › Actively resisted scope creep in primary care: challenged pharmacist prescribing pilots, the paramedic practitioner position, urgent care centre models, and role dilution in general practice.

IMPROVING PUBLIC HOSPITALS

- › Secured \$1.5b in additional public hospital funding (2024) after leading advocacy against widespread cost-containment measures. Protected frontline services and prevented further job losses.
- › Pushed for meaningful clinician consultation in the Victorian Health Services Plan, with emphasis on rural and regional health workforce input.
- › Drove advocacy on reforming Victoria's sentinel event framework. Highlighted national deviation of Category 11 and helped secure Ministerial and SCV agreement on clearer definition.
- › Positioned AMA Victoria as a leading voice on compassionate, transparent reporting following paediatric deaths and the prevention of clinician scapegoating.
- › Clarified WorkSafe's role in hospital incidents, advocating for legislative change and improved inspector training to prevent regulatory overreach.

- › Achieved public release of the Ministerial Review into Public Sector Medical Staff, with 19 of 20 recommendations accepted and now influencing 2025 EBA bargaining.

ADVANCING DIGITAL HEALTH

- › Following the Health Legislation Amendment (Information Sharing) Act 2023, led working with the Department of Health to progress CareSync exchange, a point-to-point sharing system of selected health service patient information.

SUPPORTING MENTAL HEALTH

- › Elevated the voice of psychiatrists within the reform of the Victorian mental health system.
- › Established a positive working relationship with the Minister including quarterly face to face meetings and the Minister's attendance at a Section of Psychiatry meeting - ensuring meaningful AMA Victoria input into reform processes.



ADVOCATING FOR PROGRESSIVE PUBLIC HEALTH MEASURES

- › Helped secured RSV vaccine (monoclonal antibody) access for infants from 2025, which is expected to reduce hospitalisations and protect vulnerable children.
- › Pressured for reform to remove caps on GP flu vaccine orders and improve supply chain responsiveness.
- › Supported the rollout of Victoria's pill-testing trial; advocated for related harm-reduction initiatives.
- › Submitted to the Victorian cannabis law inquiry, supporting decriminalisation with robust public health safeguards; consulted on cannabis and driving reform.
- › Advocated for stronger vaping and tobacco controls, and e-scooter safety regulations.



PRIORITISING RURAL AND REGIONAL HEALTH

- › Single Employer Model Trial began across three rural health sites in Feb 25, aiming to ease economic barriers and enhance training for GP registrars on the path to Specialist General Practice fellowship.
- › AMA Victoria resolved to establish a rural doctors policy council in 2025.
- › Advocated for stronger onboarding and support for IMGs, especially in rural practice.
- › Highlighted rural workforce attrition and deskilling due to system changes like Victorian Virtual Emergency Department expansion, prompting Departmental response.

DR JILL TOMLINSON'S LEADERSHIP

LESSENING THE ADMINISTRATIVE BURDENS PLACED ON ALL MEDICAL PRACTITIONERS

- › Launched the GROSS (Getting Rid of Stupid Stuff) initiative; secured government, departmental and Safer Care Victoria backing to eliminate pointless administration/bureaucracy.
- › Achieved commitment to examine eliminating duplicative mandatory training requirements across health services.
- › Advocated for proper remuneration for time-intensive certification and medico-legal reporting (eg death certificates, VCAT forms).

ADDRESSING EQUITY AND DIVERSITY ISSUES

- › Advocated to ensure DiTs on fixed-term contracts receive full paid parental leave entitlements.
- › Enabled doctors on parental leave to sit for college fellowship exams, removing a key barrier to progression.
- › Secured Ahpra's 30% registration fee rebate for practitioners with protected attributes who take 6 months or more of leave and advocated for future pro-rata models.
- › Elevated gender equity in hospitals: pushed for stronger Gender Equality Action Plans, gender pay gap audits, and workforce data collection.



Quality workforce planning will address workforce shortages and maldistribution, ensuring that rural and regional Australians have the same healthcare access and outcomes as those in metropolitan areas.



WELCOMING DR SIMON JUDKINS

**WELCOMING
DR SIMON JUDKINS
AS INCOMING
AMA VICTORIA
PRESIDENT**

We're thrilled to announce Dr Simon Judkins (MBBS, FACEM) is the new President of AMA Victoria. Congratulations Simon! We spoke with Simon about his career, approach to leadership and how Australia can truly meet the healthcare needs of all people in its communities, going forward.

WELCOMING DR SIMON JUDKINS

Dr Simon Judkins has been the Director of Emergency Medicine at Echuca Regional Health since 2020. He previously spent more than 20 years as an emergency physician with Austin Health, including roles as Chair of the Senior Medical Staff Association, lead of the Choosing Wisely Program and ED Director at the start of the COVID-19 pandemic. A Past President of the Australasian College of Emergency Medicine (ACEM), he is Chair of ACEM's Sustainable Emergency Medicine and Climate and Health Advocacy Network and an executive member of the Advancing Women in Emergency Medicine Committee. Simon has been an AMAV Board Member since 2021 and was Vice President from June 2023-2025. Simon is a strong advocate for health equity and system reform, social justice, regional and rural health, mental health and sustainability in healthcare.

WHAT DOES GOOD LEADERSHIP LOOK LIKE TO YOU?

I've always had a desire to make a difference. Taking on leadership roles like this allows me to do just that; make a positive difference in our healthcare system. I've been Vice President of the Board for the past two years and I know that we've got a well-established and very cohesive team. We don't agree on everything of course, but we share the same purpose. At its core, AMA Victoria is about representing our doctors, DiTs, GPs and specialists and about working together to build a better healthcare system. Jill has been a fantastic President. She's incredibly passionate, intelligent and articulate, and many of the priorities and advocacy initiatives the Board drove during her tenure remain in progress. I'll continue to support Jill's work, along with some of my own ideas and priorities.

IT'S BEEN A WHILE SINCE WE'VE HAD A RURAL OR REGIONALLY BASED PRESIDENT. HOW WILL THIS SHAPE YOUR PRESIDENCY?

Improving rural and regional healthcare is already in focus as one of AMA Victoria's core priorities, but it will be a big focus for me personally too. My work in Echuca has brought about a very close relationship to the local GP community and the community itself. And then, I very much have a finger on the pulse of what's happening at urban and metro areas as well. I live and work in a regional rural area, but I also work at St Vincent's and the Austin ED. I have a broad understanding and a very good network of clinicians working across different parts of the health system.

WHAT KINDS OF POSITIVE CHANGES HAVE YOU BEEN ABLE TO MAKE IN ECHUCA?

I became very aware of disparities in access to healthcare and health outcomes as ACEM President. I made the decision that I couldn't just talk the talk; I had to walk the walk. Talking about inequalities in rural healthcare while working in a tertiary hospital in Melbourne wasn't exactly walking the walk, so I decided to get up and go – to go and make a difference. When I first arrived in Echuca, it was already a great hospital with fantastic staff, but they were under-resourced and struggling. There was no ED director. There was no director of anaesthetics or internal medicine. The hospital was struggling to attract and retain senior staff and overly reliant on locums. The junior staff were working incredibly hard but were stressed and worried about something going wrong. In the beginning, I spent quite a lot of time sleeping at the hospital so I could be there for them if they needed someone senior. The pressures of population growth meant we needed to build a stable team. We've done that – we've now got directors of all those units, very good senior staff and great junior doctors or DiTs who come up from the Austin and other places.

HAVE YOU ALWAYS WANTED TO BE A DOCTOR?

Yes, pretty much. My grandfather, Henry Judkins, was a GP. He worked out of the Box Hill area and had links with Box Hill Hospital. He was also an AMA Victoria President in 1960, though back then it was called the British Medical Association (Victorian Branch) and the Medical Society of Victoria. He was a person that I really looked up to. He looked after his community and worked very hard and had some amazing stories about trips doing missionary work in Papua New Guinea. What he did and the way he did it really inspired me to look at medicine. And then, I was very fortunate to fall into emergency medicine. I remember the first time I did an ED rotation, and thinking: this is my tribe. I really enjoy the team effort in an emergency care environment. I developed a real connection with that dynamic, so decided to pursue that as a career.



A bigger, stronger state and federal AMA is going to be better for clinicians, and it's also going to be better for our communities. It gives us a great platform for working with health ministers and health bureaucracy about improving our healthcare system. Doctors and clinicians' voices are incredibly important. We're here to lead, and we're here to listen.

WELCOMING DR SIMON JUDKINS

WHAT DO WE NEED TO GET RIGHT FOR THE FUTURE OF AUSTRALIAN HEALTHCARE?

We have a healthcare system that is accessible to many – almost all – Australians, but there are still people who are being left out and missing out on the care they need. We need to close the gap in access to healthcare. There is work to be done with and within government to identify opportunities for improvement in how people access GPs, in healthcare prevention, and in access to dental care. Keeping people well via their GPs and community health supports will prevent them from needing to come to hospital, and I believe government and policy makers should absolutely be prioritising that. We need to put more resources into general practice and community mental health and drug and alcohol services. We need to proactively address homelessness and housing. And, of course, we need to work alongside our Indigenous communities to see that care is delivered in a way that is accessible and culturally appropriate. We also need to prioritise better coordination and integration of electronic medical systems so we can share new information across regions and healthcare providers. That's an absolute must.

AMA VICTORIA'S MEMBERSHIP IS GROWING. WHY IS IT IMPORTANT WE KEEP THE MOMENTUM GOING?

It's hugely encouraging that AMA Victoria's membership has grown in the past two years – and we want to continue that growth by getting more doctors on board and involved in what we do. My leadership style and ethos has always been based on listening and engaging and taking on and supporting others' ideas. I have expertise in emergency medicine, and I have some expertise in rural health, but certainly I need to take advice and support from other people about their areas of expertise and what they think is important for AMA Victoria and healthcare. A bigger, stronger state and federal AMA is going to be better for clinicians, and it's also going to be better for our communities. It gives us a great platform for working with health ministers and health bureaucracy about improving our healthcare system. Doctors and clinicians' voices are incredibly important. We're here to lead, and we're here to listen.

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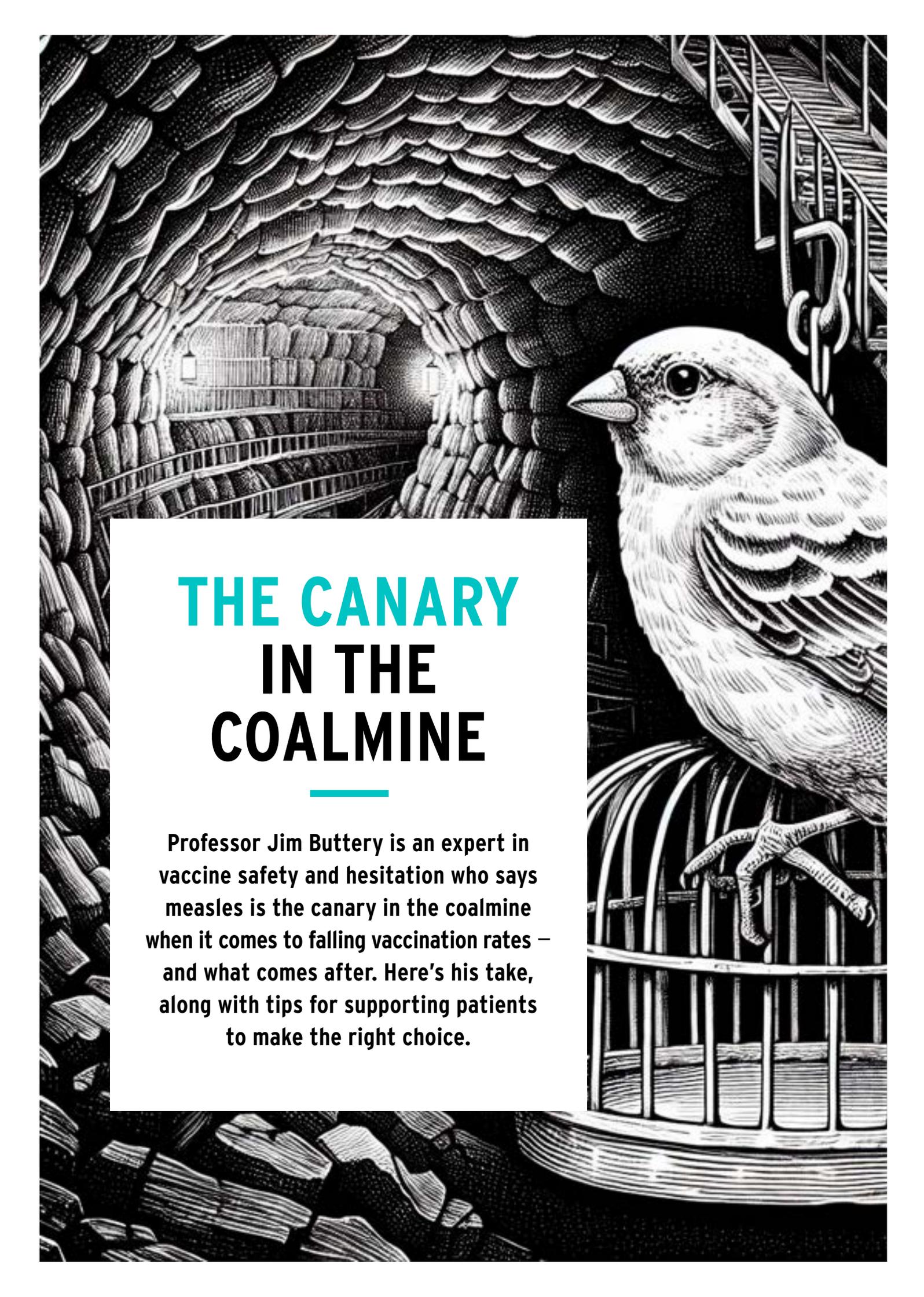
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THE CANARY IN THE COALMINE

Professor Jim Buttery is an expert in vaccine safety and hesitation who says measles is the canary in the coalmine when it comes to falling vaccination rates — and what comes after. Here's his take, along with tips for supporting patients to make the right choice.

PROF JIM BUTTERY

Prof Jim Buttery (MD, MSc, FRACP (Paediatric), MBBS) is a paediatric infectious disease physician who has seen firsthand how impactful a robust vaccination program can be. The first meningitis vaccines of *Haemophilus influenzae* type B vaccine were introduced as he underwent his specialist paediatric training, in the 1990s.

“When I started, the wards were full of babies with meningitis. But within two years the Australian Government introduced the Hib vaccine or *Haemophilus influenzae* type B and within another couple of years, Hib just disappeared from the wards,” says Jim.

“It was a great inspiration for the power of effective vaccine progress. *Haemophilus influenzae* type B meningitis is now rare. It was an incredible lesson in the power of vaccination to protect a population.”

Today Jim is a clinician, researcher, and Professor of Child Health Informatics at the University of Melbourne. He leads the Epidemiology Informatics Research Group and is Head, Signal Detection, SAEFVIC at Murdoch Children’s Research Institute (MCRI), and is co-director of the Global Vaccine Data Network, a network of over 34 countries collaborating on using data to better understand vaccine safety and effectiveness based at the University of Auckland in New Zealand.

HOW VICTORIA'S VACCINATION RATES COMPARE

Data from the Australian Immunisation Register shows that, as of September 2024, Australia’s average coverage rates for one-, two-, and five-year-old cohorts are all lower than the national target rate of 95%.

Victoria achieved 93.01% for one-year-olds, 91.42% for two-year-olds, and 94.76% for five-year-olds – not the lowest achieving state in the country, but not the highest either. Overall, the coverage for recommended immunisations in the schedule for Victoria in 2024 has continued to drop from 2021’s relatively high rates.

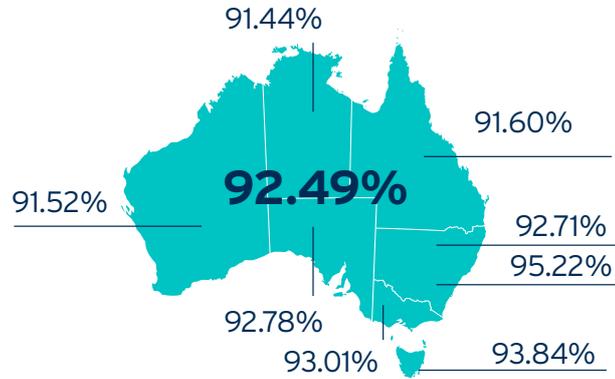
Jim says there are two components to under-immunisation: hesitancy or doubts that result in somebody not ever receiving a vaccine, and delays that increases a person’s window of vulnerability. The latter is particularly concerning for under-fives who are not being vaccinated on time – and often especially at risk if they do fall ill.

“Even though most of the kids who are at 91.3% at two have caught up by the time they’re five, their window of vulnerability is larger because they haven’t received the vaccines on time. That’s a real concern.”

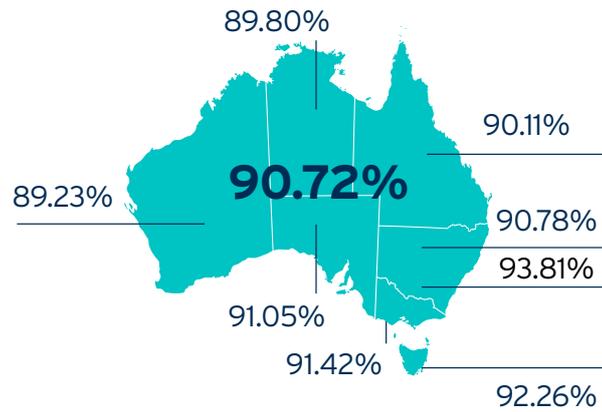
Jim is keeping a close eye on an increase in vaccine hesitancy in Australia and around the world – as reflected in lower immunisation rates – what causes it, and how it is starting to play out in poorer health outcomes, particularly in children.

STATE AND TERRITORY IMMUNISATION SCHEDULE COVERAGE RATES AT 30 SEPT 2024

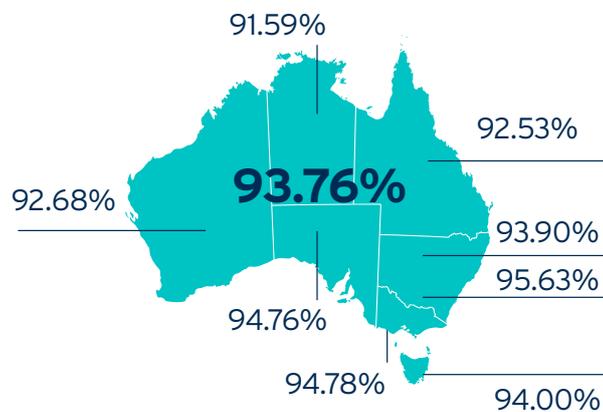
Australian coverage rates for 1 year olds



Australian coverage rates for 2 year olds



Australian coverage rates for 5 year olds



WHAT'S BEHIND VACCINE HESITANCY?

There are multiple factors contributing to being 'lax on the vax'. These range from mistrust of medical science and the constraints of general practice to the rise of misinformation on social media. "During COVID we initially saw a fantastic response to the COVID vaccination program from the Australian community. But as that program continued, the coverage of subsequent booster doses has dropped further and further," says Jim.

"There has been an increase in vaccine hesitancy during that time, and some of that has washed into attitudes towards the pre-existing vaccination schedule."

Jim points out that it's also challenging for GPs to have in-depth conversations with unsure patients, given the constraints around time in general practice. But social media is his major red flag.

"The major variable we have in the mix now is social media – a wonderful resource but also a source of some really concerning misinformation. Often people get into an echo chamber where everyone has the same worries or beliefs, and that increases the risk of misinformation grabbing hold. We know that misinformation lowers intent to get vaccinated, regardless of how much someone trusts their doctor."

Jim's team of vaccine and informatics experts lead the MCRI's participation in VaxPulse, a collaboration with partners in the Asia-Pacific, the WHO and Canada, which uses machine learning to analyse online content and identify and assess the risk of vaccine misinformation. It produces accurate vaccine infodemic risk assessments and is helping public health experts to buck misinformation trends. "We've got one project where we're looking at misinformation spread by both humans and bots and detecting trends in particular countries. We can then notify the authorities in those countries and support them with strategies to help overcome the negative impacts of that misinformation."

PROF JIM BUTTERY



Having a vaccine safety service that the community and vaccine providers can be confident will detect any possible problems rapidly to ensure our vaccine programs remain safe and effective is hugely important.

PROF JIM BUTTERY

MEASLES: THE CANARY IN THE COAL MINE

Because measles is so infectious, outbreaks of measles are often the first indicator that vaccine rates have dropped. Jim says it's the canary in the coalmine, and that Victoria's current vaccination rate is not good enough to prevent a measles outbreak.

"There was resurgence in Texas earlier in 2025, and in Samoa in 2018, where there were 83 deaths due to a measles outbreak which was caused by a drop in confidence around the measles vaccine. We know that to prevent measles outbreaks, we need to get immunisation rates up to 95%," says Jim.

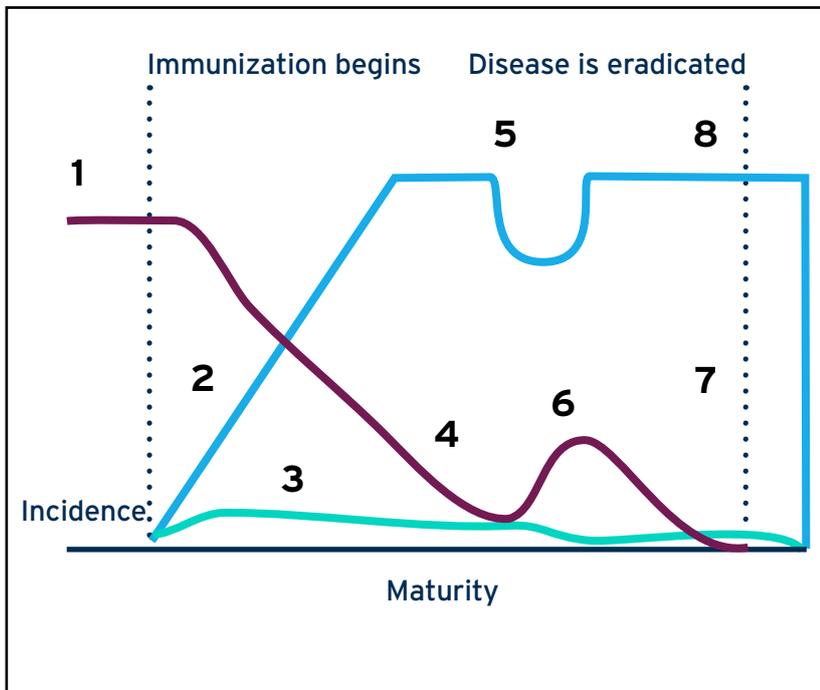
"Although Australia's immunisation rates for children are excellent, they're not where we want them to be, particularly for two-year-olds."

Jim points out that the WHO's original plan for measles eradication was the year 2000 and says Bob Chen et al's visualisation of a vaccine program lifecycle from 2015 is as salient as ever.

"When you first introduce a vaccine, historically everyone's familiar with how bad the disease can be and the motivation to prevent it is very high. After a while cases go down – that could be years or decades – but if the vaccine is effective people no longer see disease. But what they do see is people complaining about adverse events, and at some point, there may be a loss of confidence in the vaccine, or vaccinations generally," he says.

PROF JIM BUTTERY

CHEN ET AL'S DISEASE VACCINE LIFECYCLE



- 1** Pre vaccine - disease awareness high
- 2** Vaccine introduced - disease aware
- 3** Disease reducing - adverse events following immunisations (AEFI) established
- 4** Disease awareness lower - AEFI awareness relatively high
- 5** Loss of confidence and coverage
- 6** Disease returns - coverage
- 7** Program reestablished
- 8** Disease eradicated if possible



We know that misinformation lowers intent to get vaccinated, regardless of how much someone trusts their doctor.

PROF JIM BUTTERY

“Immunisation rates go down, which means disease rates go up. And often then people begin to see either in the media or in contact or personal experience, they actually see disease again and are reminded why the vaccine exists. And usually what we find is we get recovery of the vaccine program. And hopefully then it recovers.”

GETTING TO ERADICATION

So how do we get ourselves beyond the purgatory of points 5 and 6 in Chen at al’s model, and into the hallowed ground of points 7 and 8?

Education, education, education. Jim recommends the Melbourne Vaccine Education Centre (MVEC) as a first port of call for GPs and other healthcare providers looking for resources to support hesitant patients to decide if vaccines are right for them. Sharing Knowledge About Immunisation (SKAI) is another useful resource, with specific information about vaccination during pregnancy and for babies at birth.

A ROBUST VACCINE SAFETY SERVICE IS ANOTHER ESSENTIAL

“Having a vaccine safety service that the community and vaccine providers can be confident will detect any possible problems rapidly to ensure our vaccine programs remain safe and effective is hugely important,” says Jim. “Unfortunately, programs like SAEFVIC are at risk due to planned government funding cuts.”

“We founded the Victorian Immunisation Safety Service [now SAEFVIC – Surveillance of Adverse Events Following Vaccination in the Community] in 2007, and Victoria now has the highest reporting rates in Australia. It’s a very effective vaccine safety service, and an essential part of public health.”



*Visit the Melbourne
Vaccine Education
Centre (MVEC)
website*



*Visit the Sharing
Knowledge About
Immunisation (SKAI)
website*

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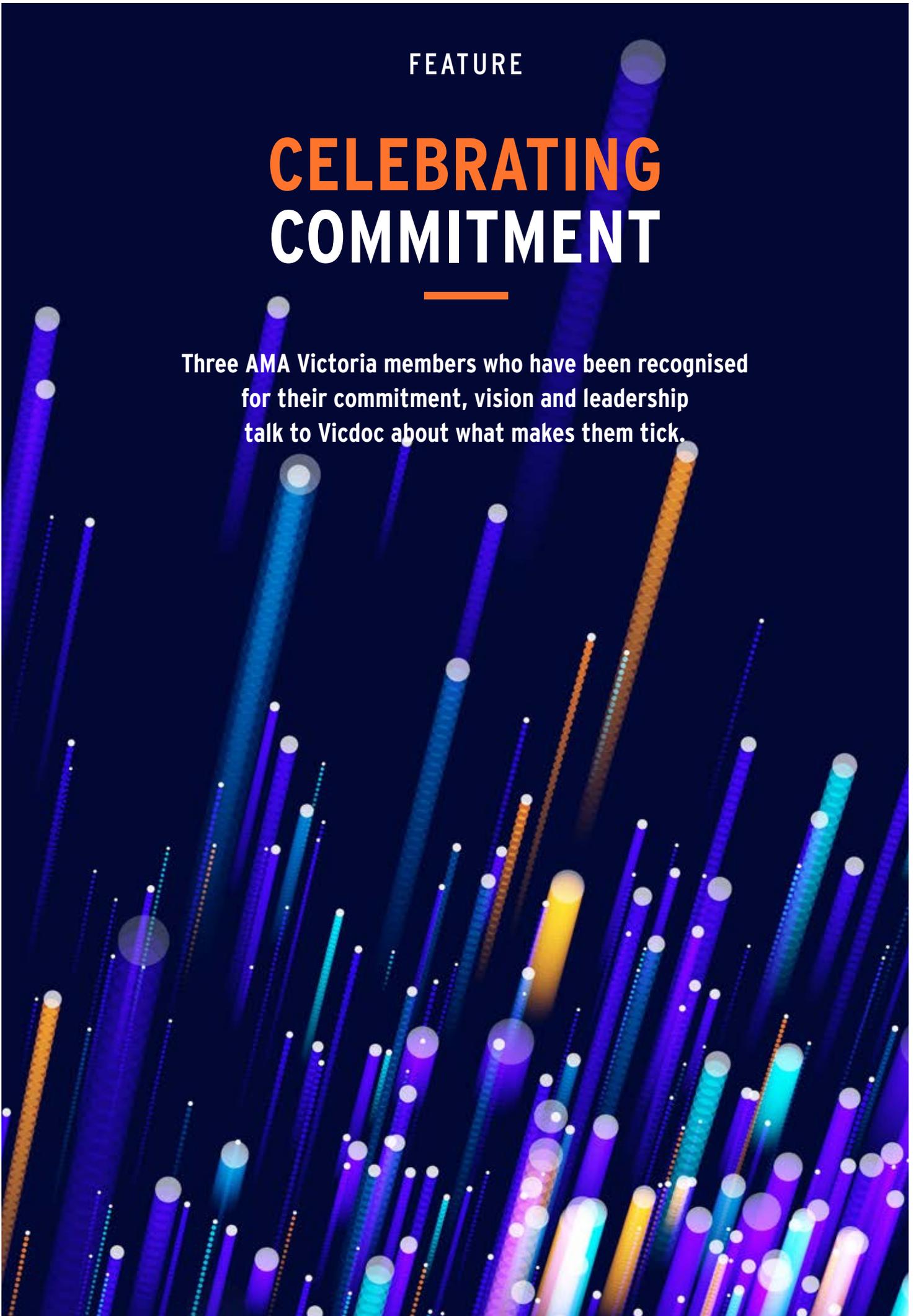
With super advice and super returns Aware Super is super helpful.

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FEATURE

CELEBRATING COMMITMENT

Three AMA Victoria members who have been recognised for their commitment, vision and leadership talk to Vicdoc about what makes them tick.

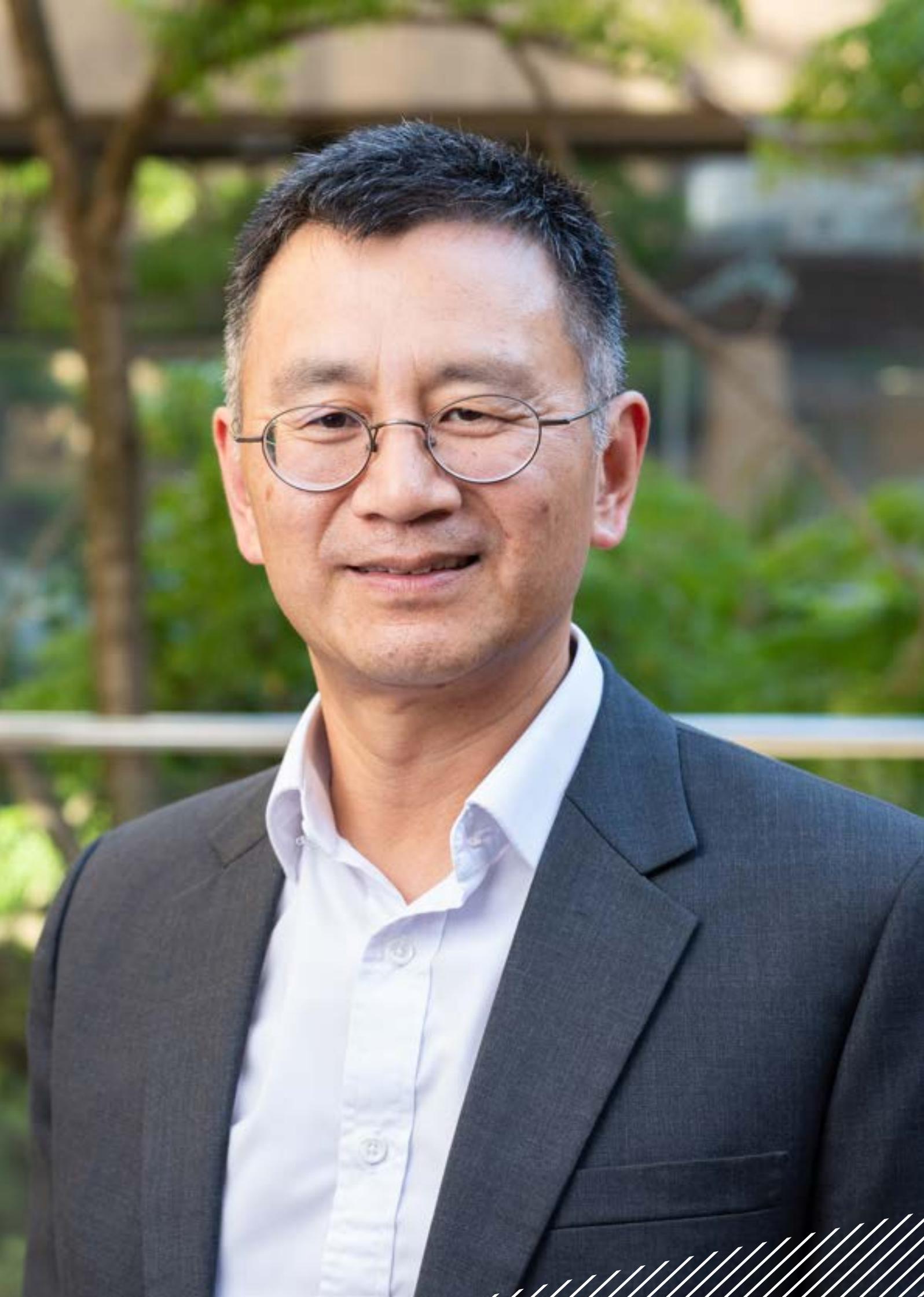


PROF ALLEN CHENG AC

Prof Allen Cheuk-Seng Cheng AC (MBBS, MPH, MBiostat, PhD, FRACP) is an infectious diseases physician and epidemiologist. He is Director of Infectious Diseases at Monash Health and Professor of Infectious Diseases Epidemiology at Monash University. During the COVID-19 pandemic he was a key advisor to the Federal Government and the Victorian State Government, including as Acting and Deputy Chief Victorian Chief Health Officer. In 2025 Allen was awarded a Companion of the Order of Australia (AC) for eminent service to medicine as an epidemiologist, to infectious and communicable disease research and education, and to national and international public health policy. He was also added to the COVID-19 Honour Roll.



Work is a lot more fun if you're open to constantly learning and extending your skills. I encourage students and early career doctors to put their hand up for jobs that are interesting or seem important to them; to take those opportunities that come along and learn from them.



PROF ALLEN CHEUK-SENG CHENG AC

WE OFTEN TALK ABOUT THE PUBLIC HEALTH PARADOX - WHERE PUBLIC HEALTH OUTCOMES ARE MEASURED ON THINGS THAT DON'T HAPPEN.

Unfortunately, the pandemic is the starkest example of what did happen in other countries, but what didn't happen in Australia. Public health experts have estimated that, if Australia had had the death rate of the UK or the US, which are countries that are not that different to us in many respects, we would've had 10 or 20,000 more deaths from COVID, even after the first year. By mostly holding off COVID until most people had been vaccinated, these differences have persisted over the subsequent years. Although control measures were a great burden on many people, what we went through in Australia with COVID was relatively light on compared to some other countries. I'm proud to have played a part in helping guide Australia through that.

STEPPING INTO GOVERNMENT AT A DIFFICULT TIME FOR VICTORIA - IN 2020, DURING THE PANDEMIC - WAS A MAJOR CHALLENGE.

I hadn't worked in state government before, so it was a crash course in how government works. It's a very different role to what I had been used to as an advisor - instead I was the decision

maker taking advice, making decisions and implementing policy. What we did hadn't been done for a century since the Spanish Flu - implementing and coming out of a lockdown and how to manage specific population groups, like children and essential workers. There were a lot of stakeholders and interested groups to consider as we tried to work out what the epidemiology was telling us. There were many other skills that were new to me. We certainly don't get taught how to give press conferences in medical school!

I BELIEVE THAT IN LIFE THERE ARE THINGS THAT ARE INTERESTING, THINGS THAT ARE IMPORTANT AND THEN THERE ARE THINGS WE GET PAID FOR.

Work is a lot more fun if you're open to constantly learning and extending your skills. I encourage students and early career doctors to put their hand up for jobs that are interesting or seem important to them; to take those opportunities that come along and learn from them. I really had no insight when I was a junior doctor that I would move into research then statistics and then public health. Nothing you learn is ever wasted and over time, just by having experience in those additional things, you accumulate knowledge and perspective that will lead to more new and interesting things.

I ENJOY WORKING ON THE INTERFACE BETWEEN CLINICAL MEDICINE AND PUBLIC HEALTH.

Infectious disease physicians are thinking about our patients in a wider context. You have a patient with infection, where did they get it and who might they have given it to? If you give an antibiotic to a patient, what's the potential impact of that antibiotic and any resistance going to be on other people and the community more broadly? Epidemiology is the basic science of public health. When I started out, my initial interest was in clinical epidemiology – treatments and clinical trials and thinking about epidemiology in the clinical sense. From there, it isn't a very big jump to thinking about epidemiology in a population sense. And so, I got into influenza vaccine effectiveness and influenza surveillance, and that was how I became interested in public health.

BOTH MY PARENTS ARE IMMIGRANTS WHO CAME TO AUSTRALIA FROM CHINA DURING THE 1950S AND 1960S.

This was the era of the White Australia policy, so to receive this recognition of being made a Companion of the Order of Australia feels like I'm repaying the faith the country showed my parents when it allowed them to make this country their home. Apparently, I'm only the fourth

Chinese-Australian ever to have received such an honour. Both my parents have passed away now, but I was able to share news of the award with my mother before she died, and she was very pleased.

THERE ARE THREE PARTS OF THE HEALTH SYSTEM: THE PUBLIC HEALTH SYSTEM, PRIMARY CARE AND SPECIALIST CARE.

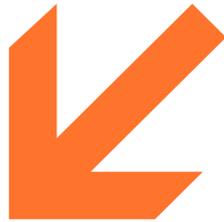
We need to get the balance right between these three parts – particularly between prevention, treatment in primary care, and treatment by specialists and hospitals. I think the establishment of the interim Australian CDC [Centre for Disease Control] is an important step in improving Australia's response to and preparedness for public health emergencies. Those of us that work in public health have talked about it for decades, so it's a very big step in the right direction. I hope it will consolidate a lot of public health effort and better coordinate what the states are doing.

In our federated system, hospitals and public health are the responsibility of state and territory governments. But while the systems and contexts are different, ideally, we'd want the policies and outcomes to be consistent across the country. And thinking even further ahead, we'd like to transition to a seamless system that includes public health, primary care, and specialist care all as one system rather than as fragmented silos.



**DR MARGARET GARDE
OAM**

Dr Margaret Garde OAM (MBBS), has been a GP in Portland since 1984 and Clinical Director of Active Health Portland since 2012. Over the years she has delivered emergency medicine, hospital care, family planning and sexual health, public health, indigenous health, adolescent health, chronic disease management. She has led regional training GP education endeavours in Portland and beyond, including running continuing education, teaching medical students and interns and supporting GP registrars. In 2025 Marg was awarded a Medal of the Order of Australia (OAM) in the General Division for service to medicine, particularly through education.



Good supervisors who supervise well represent an investment in quality health care provision.

When we make that investment, there will be multiple positive outcomes, including students and junior doctors giving quality care to their patients and communities.

DR MARGARET GARDE OAM

EVEN THOUGH PORTLAND ISN'T SMALL, IT HAS MOST OF THE HEALTH CHALLENGES THAT MOST RURAL AND REMOTE POPULATIONS HAVE.

We've 10,000 people living here and some major industries. We have an aluminium smelter and the third largest port in Victoria. But in the majority, we've got middle to lower socioeconomic populations in our community. We've got a lot of public housing, and we have a big burden of chronic disease. My interest is in the less visible populations. I spent seven years working in the Aboriginal Health Service, and I have an interest in people with a major psychiatric illness, adolescents and people that are marginalised for one reason or another. As I've got older, my patients have gotten older, so now I'm naturally focusing on aged care and palliative care, which I love.

IT CAN BE CHALLENGING WORKING IN A RURAL SETTING, SO HAVING A STRONG CULTURE OF LEARNING IS IMPORTANT.

One of the reasons I became quite committed to doing education-focused work is because when I came here just over 40 years ago, I was by far the youngest person in the practice I joined, and the only female. It was professionally and personally isolating, and I didn't want anyone to feel like that when they were working or learning in a rural environment. I also want medical students and junior

doctors to experience the rewards of living and working in a rural community, because it is hugely rewarding. Before I became heavily involved in and employed by an educational organisation, we'd host medical students at home. This was through the Rural Workforce Agency Victoria's John Flynn Placement Program, and universities. We'd give the students a sense of how healthcare is delivered in a rural community, and an insight into the working and personal life of a rural GP.

COMMUNITY CONNECTION AND PHYSICAL ACTIVITY ARE IMPORTANT FOR OUR MENTAL HEALTH.

I'm proud of the way our practice, Active Health, has engaged the community in a range of wellness activities. Alongside our management of chronic disease, we have a big focus on illness prevention – healthy lifestyle stuff and building community connection. In the last few years, we've started exercise groups that have quickly become popular. We initially got people involved in short-term groups where they'd attend six sessions, but they told us they want them to keep going, so now we try to keep the groups running long-term. Participants enjoy connecting with other group members while doing something they know is good for them; they're supporting each other mentally, emotionally and physically and they're sharing that that experience with others. I think that's a great public health outcome.

IN OUR CURRENT HEALTHCARE SYSTEM, SUPERVISORS ARE UNDER-RECOGNISED. BUT THEY'RE EXTREMELY IMPORTANT - NOW, AND FOR THE FUTURE OF AUSTRALIAN HEALTHCARE.

Good supervisors who supervise well represent an investment in quality health care provision. When we make that investment, that there will be multiple positive outcomes, including students and junior doctors giving quality care to their patients and communities. Good doctors think about the individual person they're treating and the context of their condition or concern and the complicated interplay of factors that inform health outcomes – not just what the blood test looks like or whatever the presenting medical issue is. There are people out there who are enthusiastic about supervising, but for various valid reasons can't or won't do it. We need to find ways to support those people to supervise.

TO BETTER SUPPORT WOMEN IN HEALTHCARE THERE NEEDS TO BE A GEAR SHIFT IN CULTURE AND PEOPLE.

Our healthcare system is enormously complex. Change is needed across all levels, including from the ground up. That's where I'm most active. I consider part of my job is to advocate for female students and junior doctors, because they might not feel that they have a voice.

And so, part of what I need to do is help them get what they need and support them in finding, honing and using their voices.

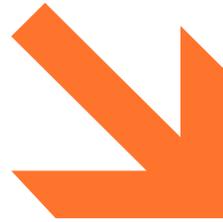
SEEING STUDENTS COME AND LEARN AND GROW AND THEN TURN INTO REALLY GOOD DOCTORS WHO THE PATIENTS LOVE? THAT'S HUGELY REWARDING.

We've got a few doctors here now who came as placement students. They've come through the Deakin University system, and they've adopted Portland as their home. They've decided this is where they want to live and practice so they've bought real estate here; they're making their families here. That's what I did, but I don't love it because it's what I did; I love it because they're sharing the same feeling of being able to make a positive impact in a rural community. I went into general practice because I didn't want to do anything else. I'd come out of the city where the culture of specialist training just drove me away, and I knew that I'd be educated in a safe environment in general practice. We're all here because we want to make a difference.

CELEBRATING COMMITMENT

DR KYM JENKINS AM

Dr Kym Jenkins AM (MBCChB, FRANZCP, MPM, MEd, GAICD) is a psychiatrist with long-term clinical and academic interests in doctors' health and medical/psychiatric education. She is also passionate about addressing the mental health care needs of asylum seekers and refugees. Kym chaired the Council of Presidents of Medical Colleges from 2019-21. During the pandemic she united the medical colleges in their response to COVID-19, led the Victorian Doctors Health Program revival and co-founded Hand-n-Hand, a national peer support service for healthcare workers. Kym is a past President of the Royal Australian and New Zealand College of Psychiatrists and is currently Board Chair of Hand-n-Hand Peer Support and Chair of the Migrant and Refugee Health Partnership. In 2025 Kym was awarded a Member of the Order of Australia (AM) for significant service to psychiatry as a clinician, an academic and in executive roles. She was also added to the COVID-19 Honour Roll.



Psychiatry is the perfect specialty to go into if you're fascinated by mental health and are as interested in the person who's got the illness as much as the illness itself.



DR KYM JENKINS AM

WE'VE SEEN A POSITIVE SHIFT IN THE DOCTOR'S HEALTH SPACE IN THE PAST DECADE OR SO.

When I originally started working with the Victorian Doctors Health Program in 2007 I almost had to apologise that I was working in the field. I spent a lot of time explaining that doctors get sick too and that we need to look after the carers so they can do the caring. One of the good things to come out of COVID is a huge shift in the increased acceptability of seeking help if you're a healthcare practitioner. There's still a stigma, but it's decreasing. It's getting to be okay, and it has got to be okay for a doctor to say, "Hey, this is tough. I'm not traveling too well in my career or my home life; I need a helping hand."

A LOT OF DOCTORS' MENTAL HEALTH PROBLEMS AREN'T RELATED TO THE WORKPLACE AT ALL, BECAUSE DOCTORS ARE PEOPLE TOO.

We have the same sort of problems as the public. We get sick, we have financial problems, relationship strain, kids to worry about. Some of us also come into this world with a biological loading – a genetic inheritance that predisposes us to mental illness. We all need to mitigate the effects of stresses that come our way, but I think if we blame all doctors' mental health struggles on the workplace, we're not doing ourselves justice or validating

ourselves as human beings. We do need to make sure that the workplace doesn't make problems worse or create mental health problems for people.

WE NEED TO CREATE A CULTURE IN HEALTHCARE WORKPLACES THAT ALLOWS PEOPLE TO GET THE HELP THEY NEED WHEN THEY NEED IT.

To support doctors' mental health, we need to take a whole systems approach, from the workplace and workplace culture to employment contracts, doctors' hours, to the relationships people have with their colleagues at work and the amount of work expected of them. As well as the chance to unwind between shifts, doctors need opportunities to debrief or offload and support each other at work – so many factors to address if we really care about the health of our doctors. Prevention is always better than cure; let's deal with issues and problems while they're still small before they escalate or tip over into burnout, depression or other mental health problems.

WHEN YOU WORK WITH ASYLUM SEEKERS AND REFUGEES YOU MUST HAVE A VERY TRAUMA-INFORMED APPROACH.

The health of asylum seekers and refugees is an extremely under-resourced area. It can be very valuable, much-needed work. Within our public mental health system, the specific resources and availability of clinics or teams who've got staff with specialised knowledge in this area needs a lot more development.

I believe that all clinicians would benefit from more grounding in cross-cultural mental health issues. Most of us could never imagine or grasp the extent of the horrors that many asylum seekers have experienced before fleeing their homeland, during their migration journeys and then in detention in Australia. One of the key elements of a trauma-informed approach is for us – doctors – to ensure we do no further harm.

ANOTHER OF MY PASSIONS IS HAND-N-HAND, WHICH HAS BEEN GOING FOR FIVE YEARS NOW.

Hand-n-Hand provides free, confidential and independent peer support for all health professionals, care staff and non-clinical staff in Australia and New Zealand. It was the brainwave of Dr Tahnee Bridson, who at that stage was a psychiatry registrar in Queensland. During COVID she recognised that it'd be lovely to have someone to talk

to. Today Hand-n-Hand is a national charity. Healthcare workers sign up with us and we create groups and match people in the same discipline or at the same level of their career with their peers. We've still got a couple of groups that have been going right since the beginning of COVID, and others that have formed as a need arose and just lasted for a few sessions.

PSYCHIATRISTS PROVIDE CARE ACROSS THE HUMAN LIFESPAN, FROM BIRTH THROUGH TO END OF LIFE CARE. THERE'S SUCH A NEED FOR MENTAL HEALTHCARE AND PSYCHIATRY.

Psychiatry is the perfect specialty to go into. If you're fascinated by mental health and are as interested in the person who's got the illness as much as the illness itself. Add in social determinants of health, the mixture of social, psychological and spiritual aspects as well as the biological and there's a huge smorgasbord of career options – anything from clinical care of individual patients and their families, research, academia, education, social policy, administration and service development. It's a very complex, worthwhile and rewarding specialty.





SCAM

DOUBLING DOWN ON DEEP FAKES

Professor Jonathan Shaw is one of the world's most highly cited researchers. In November 2024, his identity was misused in a deepfake ad advising people to stop taking their prescribed meds in favour of an unproven alternative.



In the ad, which had a video component and ran on Facebook, a fake Professor Jonathan Shaw (MD, MRCP (UK), FRACP, FAAHMS), was interviewed by broadcaster Karl Stefanovic (also fake), and said that the current first-line treatment for type 2 diabetes, metformin, was not enough to manage diabetes effectively.

Fake Prof Shaw then introduced and endorsed an unproven dietary supplement as a new and better treatment. Viewers who clicked on the ad were then taken to a transcript of an interview Jonathan, who is the Deputy Director (Clinical and Population Health) at the Baker Heart and Diabetes Institute in Melbourne, never did with ABC journalist Leigh Sales (also fake).

Jonathan was on leave when he started getting calls from staff at his clinic, asking after the new treatment patients had seen him promoting on Facebook. Within days, more than 20 patients had seen the ad, and called in.

Then his son, who is also a doctor, sent him a link to the ad, and the penny dropped. “They’d spliced a video of me talking about diabetes and COVID together with a video of Karl Stefanovic interviewing someone. If you know me, it’s clearly fake. But for members of the public, it was unfortunately very convincing,” says Jonathan, who has spent countless hours dealing with the fallout.

It’s unclear who was responsible for the video, which took Facebook’s parent company, Meta, several days to remove despite the Baker Institute’s prompt reporting.

DEEP FAKES

A GROWING PROBLEM WITH MULTIPLE POTENTIAL HARMS

According to the National Anti-Scam Centre, Australians have already been scammed (all scam types) more than 35,000 times in 2025 and lost more than \$65 million.

AI deepfakes are one of the latest cards in the cybercriminal playbook.

“Scammers use AI to create deep fake videos and/or voice impersonations of well-known individuals, to provide fake endorsements of products or services in advertisements or fake news items,” says a spokesperson for the National Anti-Scam Centre.

The ad Jonathan’s identity was misused for turned out to be just one of many convincingly sophisticated, yet ultimately fake ‘celeb-bait’ scams and testimonials developed to promote the dietary supplement. The campaign even linked to an article on ResearchGate, which also turned out to be fake.

It’s one of several medical scams that have occurred on Meta’s Facebook platform in the past 12 months. Scams like this one pose multiple risks: health risk to patients, financial risk to consumers and reputational risk to experts being misrepresented in this way. Worryingly, it also undermines public trust in medical research and the role of health professionals as a primary source of information and advice on how to manage medical conditions.

“The ad’s criticism of standard treatments, particularly metformin, quickly led to people stopping metformin completely and buying this product instead,” says Jonathan. “And while it’s unlikely anybody is going to die in the short-term because they’ve stopped taking their metformin, it certainly increases their longer-term risks of a range of complications of diabetes. So, it’s potentially quite dangerous, and hugely irresponsible.”

HOW TECH GIANTS AND REGULATORS ARE RESPONDING

Meta, which owns Facebook, Instagram and WhatsApp, is scrambling to stay on top of the issue.

Its leading strategy is founded in a facial recognition system that was developed some years back but shelved in 2021 due to privacy concerns around its short-lived facial recognition based photo-tagging feature. Meta has rejuvenated the technology in a bid to stay on top of deepfake scams. Its pivot is focused on improving identity security and includes trialling it to identity potentially fake ads.

Facial recognition technology works by flagging suspect ‘celeb-bait’ ads, then trying to match the face in the ad to a profile photo of the celebrity in question to determine if they are real. If the ad is judged to be a scam, the account posting the ads will be immediately blocked. Meta’s initial test was confined to

applying the technology to 50,000 celebrities worldwide in April and May 2024. It removed more than 8,000 AI-generated scams as a result. In March 2025, it announced it had obtained regulatory approval to expand the trial to the UK and EU.

In Australia, the Scams Prevention Framework Bill passed through parliament on 13 February 2024. A world-first legislation, it aims to enhance protections across the economy by setting out consistent and enforceable obligations for businesses in key sectors where scammers operate.

HOW TO PROTECT YOURSELF AND YOUR PATIENTS FROM BEING SCAMMED

Keeping up with malicious actors (cybercriminology speak for bad guys) is a major focus across the public and private sectors.

A spokesperson for the National Anti-Scam Centre says that reporting content to the platform it is shared on is the most effective way to stop scammers. It also encourages consumers to report scams using its online Scamwatch report form.

Prevention wise, patients can be reminded to always speak to their doctor before making changes to their medication. They can also be reminded to research and seek clarification and endorsement of new or alternative treatments away from social media.

Scamwatch's Stop. Check. Protect. campaign contains several resources, including a printable poster, and is a helpful education tool.

WHAT TO DO IF YOUR IDENTITY IS USED IN THIS WAY

Jonathan says that the Baker had greater success in getting the fake ad removed quickly when it changed the way it was reporting the problem.

“When you make a complaint to Facebook, you’ve got to specify what category of complaint you have. We didn’t have any success getting the video removed when we reported it as ‘Scam, fraud or false information’ – which is what we did initially, but when we changed tack and said it concerned ‘Intellectual property’, the post was taken down within three hours.”

Going forward, we can expect to see a greater awareness of and emphasis on content credentials – a kind of digital ‘nutrition label’ for content – soon. Created by The Adobe-led Content Authenticity Initiative, it works with the C2PA standards and open source C2PA tools to lift trust and transparency online.

Closer to home, under the new Scams Prevention Framework Bill, the Australian Competition & Consumer Commission (ACCC) will closely monitor regulated entities’ compliance with principles to prevent, detect, disrupt, respond to and report scams, including deepfakes.

The framework empowers the ACCC to investigate potential breaches and take enforcement action where entities do not take reasonable steps to fulfill their obligations under these principles.

Stop. Check. Protect.

STOP.



Don't give money or your information to anyone if unsure. Scammers will pretend to be from organisations you know and trust like businesses, the police, your bank or government services. They will offer to help you or ask you to verify your identity with them.

CHECK.



Ask yourself if the message or call is fake. Never click a link in a message. Only contact businesses or government using contact information that you find yourself from their official website or app. If you're not sure, say 'no', hang up or delete.

PROTECT.



Act quickly if something feels wrong. Contact your bank if you notice unusual activity or if a scammer gets your money or information. When you report scams, you help us stop the scam and warn others.



Access Scamwatch's Stop. Check. Protect. Campaign resources



Access the Digital Industry Group Inc. (DIGI)'s How to report scams on digital platforms guide



Seek help and report the scam to Scamwatch



Access Scamwatch's online Report a scam form



Learn more about the Content Authenticity Initiative's content credentials



Harper Bernays Charitable Trust

A better, sustainable way to make a difference.

Many Australians strive to make a positive impact by giving to causes that matter. However, the right vehicle can take your charitable giving far further, providing more benefits to recipients, and helping you leave a lasting legacy.

Giving through the Harper Bernays Charitable Trust (HBCT) ensures your contributions count. Even with a modest amount, you can establish an HBCT account that will direct funds to your chosen cause. Contributions to the HBCT are fully tax deductible up front. They are held in trust and managed by Harper Bernays in a tax-free environment. That allows the pool to appreciate over time and more money to reach the charities of your choice.

GIVING THROUGH THE HBCT

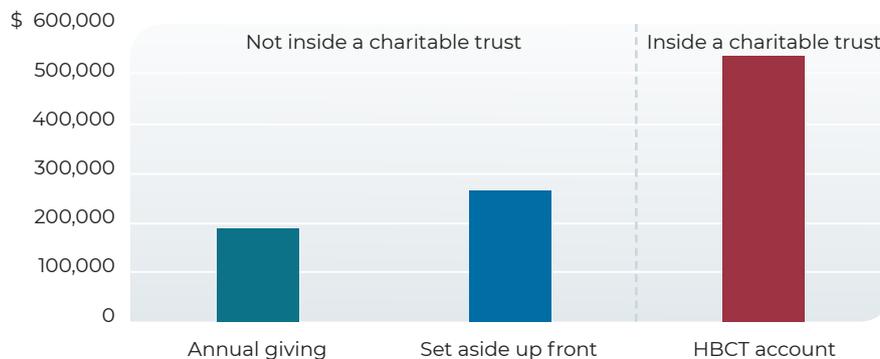
On behalf of its account holders the HBCT has distributed over \$4 million to more than 100 charitable causes. Account holders access the following benefits:

 <p>Flexibility to give to your preferred registered charity</p>	 <p>Better planning to maximise your impact</p>	 <p>Brings forward the tax deductions of future charitable donations</p>	 <p>Capital gains resulting from the investments are tax free</p>	 <p>Structured giving without the burden and cost of administration</p>	 <p>Involve family and younger generations via transferable perpetual account</p>
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4% of the account balance is required to be distributed to charity each year. Investment earnings have historically exceeded 4% over the long term which has led to account balances and amounts donated growing over time.

REAL RESULTS: MAXIMISE THE BENEFIT OF EVERY DOLLAR DONATED

Charitable benefit over 20 years of \$100k donated under different structures



NB: Assuming 7% post fee investment returns and top marginal tax bracket.

The HBCT is an effective way to make the most of your philanthropy and ensure you can make the most difference. Talk to us about how to maximise not only your impact, but that of your children and grandchildren too.

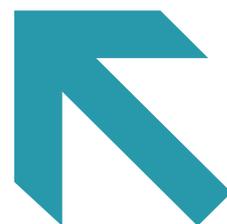
DR MIKE CLIFFORD

Volunteer with
the AMA Victoria
Peer Visitor Program

VOLUNTEERING Q&A WITH DR MIKE CLIFFORD

Volunteering with the AMA Victoria Peer Visitor Program

The AMA Victoria Peer Visitor Program facilitates visits to older and retired doctors by members. Dr Mike Clifford (MBBS (Hons), FCICM, FANZCA, PGDipCU, GChPeriopMed) began volunteering with the Peer Visitor Program in 2025. Here's his perspective.





The conversation a retired doctor can have with you is one that they can't often have with anyone else. Your medical knowledge and experience as a doctor are the language of a shared love.

Q1 /

WHAT'S YOUR PERSPECTIVE ON VOLUNTEERING?

I come from a relatively deprived background. Quiet assistance and support are a given among the less fortunate. I always wanted to do medicine, so that sense of social responsibility was ingrained. I quickly realised the privilege that comes with being a doctor. Our profession has a commitment to teaching and giving back. Medicine has enabled me to travel the world, to see and do amazing things and be part of life-changing experiences. My role as an anaesthetist and paediatric intensivist at the Royal Children's Hospital has also given me extraordinary opportunities and experiences – so volunteering is one of the best ways to give back to my profession. I have also recently completed my tenure as an examiner with the College of Intensive Care Medicine, and I now mentor students who struggle with the CICM exams.

Q2 /

WHAT INSPIRED YOU TO GET INVOLVED WITH THE PEER VISITOR PROGRAM?

I imagine many doctors get bored in retirement. I think being able to spend time with them and remind them of who they are and the value of what they've done, and to celebrate that, is another unique peer capacity. The person I'm visiting has had an incredible life. All doctors give generously, and he has spent a lifetime of service as an academic, a professional and in training medical students all around the world. His health condition means he has limited expressive communication, so the visit is often about listening to his family as they celebrate his story. In some ways the visits are as much for them as for him, and that's okay with me.

Q3 /

WHAT KIND OF SKILLS OR COMMITMENT DOES IT REQUIRE?

You need to have a bit of time you can allocate regularly, along with curiosity and kindness. Many of us could block out an hour to go and see someone at home or in a nursing home, to just sit, play chess or have a cup of tea and a conversation.

You don't need to be there long – an hour or so at a time is plenty for an older person who can tire easily. There's very good evidence that people feel better when they do things for other people, and I get a good feeling out of spending my time in this way.

Q4 /

HOW DO YOU THINK YOU'RE BENEFITTING YOUR VISITEE?

The conversation a retired doctor can have with you is one that they can't often have with anyone else. Your medical knowledge and experience as a doctor are the language of a shared love. They can share reflections and often regrets – the patient they remember from 1967 who they really should have given penicillin to who subsequently died; the time they had a flat tyre on the way to a home birth; the meningitis they picked up early.



They might've been thinking about these things for the last 25 years but never had a chance to debrief or celebrate. They need to talk to someone who understands what it's like to make a mistake or get something right at just the right time. Giving someone the opportunity to work through some of those concerns is a huge gift. Most of the time, you just have to listen.

Q5 /

HOW IS BEING INVOLVED BENEFITTING YOU?

Some of the behaviours and devices I have used to help maintain my mental health were probably distracting me and have become less effective. My recent ADHD diagnosis (along with a generous dose of autism) – a common phenomenon in medicine – has enabled a reframing and more efficient executive function. I'm certainly not the only adult who works in medicine who has been 'late diagnosed' and gone on medication. Diagnosis and medication have enabled me to stop or slow down in some areas, and I've found myself with more free time. I'm not going to go and play golf (apologies to those who do) – that's just not me. I enjoy peer connection, so the program is a logical and very positive thing for me to get involved in.



The Peer Visitor Program is proudly sponsored by PSA Insurance.

4 CLEVER WAYS TO SAVE BIG ON TAX TIME!

As the end of the financial year (EOFY) approaches, many Australians are busy tidying up their finances. While EOFY often brings thoughts of receipts, deductions, and tax returns, there's one area that can significantly impact your tax bill: private health insurance. Not only does having the right cover keep you healthy, but it can also save you money come tax time. Here are our top five tips to help you make the most of your private health insurance before 30th June.

Q1 / AVOID THE MEDICARE LEVY SURCHARGE

If you earn above certain income thresholds, you may be liable for the [Medicare Levy Surcharge \(MLS\)](#). This additional levy is imposed by the government if you don't have an appropriate level of hospital cover. The MLS ranges from 1% to 1.5% of your taxable income, depending on how much you earn.

What you can do:

- > Review your income for the current financial year. If you're close to or over the threshold, consider taking out a compliant private hospital policy before June 30th to avoid this extra charge.
- > Keep in mind that even if you purchase hospital cover now, waiting periods still apply, so act fast!

Doctors' Health Fund tip: Use the ATO's [MLS calculator](#) to estimate whether you'll be affected and compare premiums to see if getting covered makes financial sense.

Q2 / MAXIMISE YOUR PRIVATE HEALTH INSURANCE REBATE

The Australian Government offers a rebate on private health insurance premiums based on your income. Depending on your earnings, you could receive up to 24.288% back as a reduction in your premium payments or claim it as a refundable tax offset when lodging your return.

If you're currently claiming the rebate through reduced premiums, double-check that the amount aligns with your expected income for the year. Adjustments can be made retroactively at tax time if needed.

Fun fact: Did you know you can claim unused portions of your rebate as a lump sum? Make sure you lodge your tax return to take full advantage!

Q3 / BEAT LIFETIME HEALTH COVER (LHC) LOADING

Lifetime Health Cover (LHC) loading applies if you delay purchasing hospital cover beyond your base entry age of 31. For every year you wait after turning 31, a 2% loading is added to your premium, up to a maximum of 70%. Once applied, these loadings remain in place for ten continuous years of holding cover.

What you can do:

- > If you're nearing your 31st birthday, securing hospital cover before June 30th ensures no LHC loading will apply.
- > Already insured? Take this opportunity to review your extras cover too. Are you using all the benefits you're paying for? Consider switching to a more tailored plan that suits your needs and budget.

Q4 / PREPAY YOUR PREMIUMS FOR JULY

One clever trick savvy taxpayers use is prepaying their private health insurance premiums for the next financial year. By doing this before June 30th, you can bring forward your deduction into the current tax year.

What you can do:

- > Contact your insurer to find out how far in advance you can pay your premiums. Many allow payments up to 12 months ahead.
- > Keep in mind that while prepayment boosts your immediate deduction, it reduces what you'll be able to claim next year. Weigh the pros and cons based on your personal situation.

Q5 / FINAL THOUGHTS

Navigating private health insurance doesn't have to feel overwhelming, especially when EOFY rolls around. With a bit of planning and strategic action, you can maximise savings while ensuring you're adequately covered for the year ahead. Whether it's avoiding unnecessary levies, optimising your rebate, or locking in discounts, small steps today can lead to big wins tomorrow.

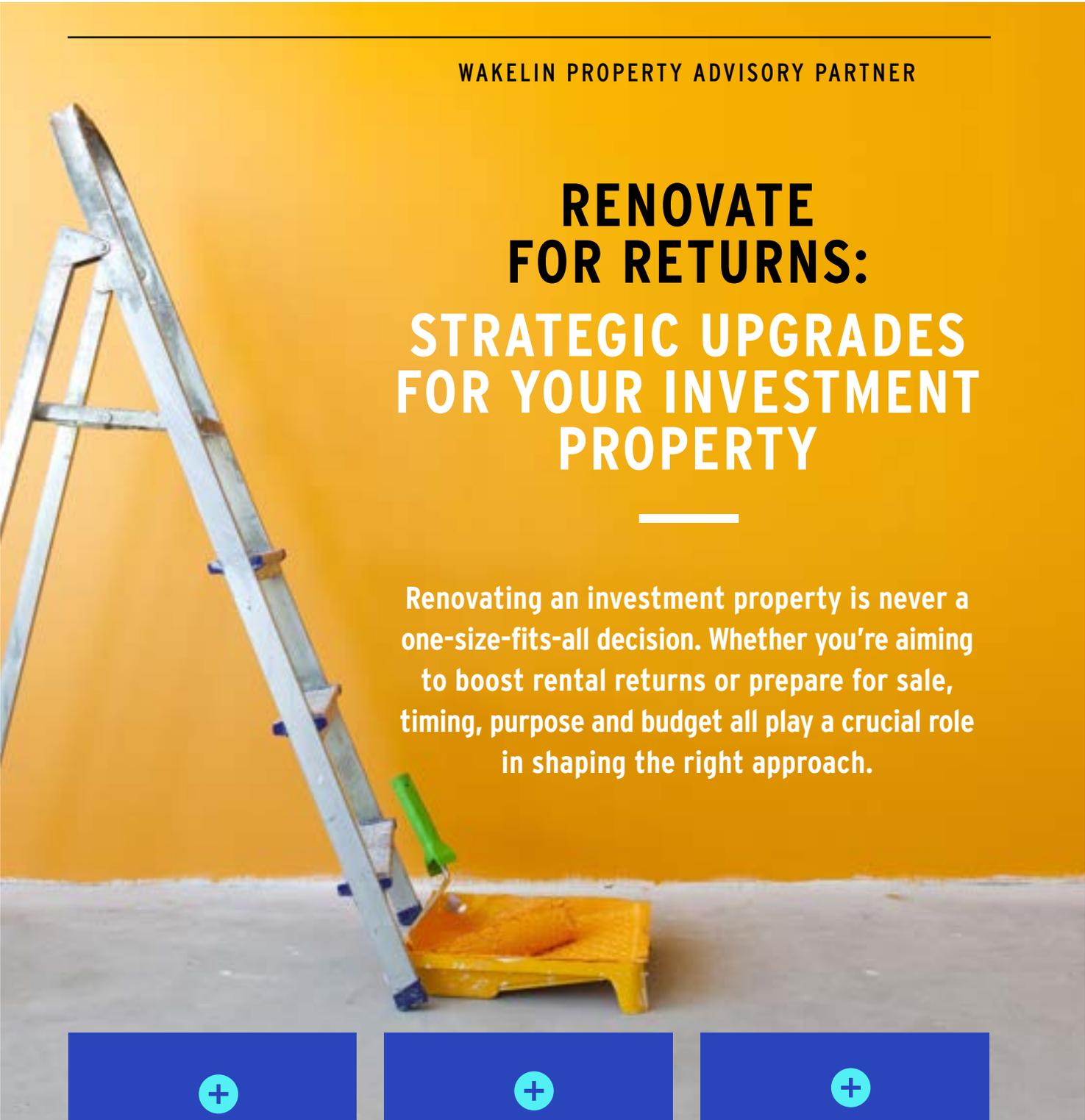
So, grab a cup, sit down with your policy documents, and give yourself the gift of peace of mind - and potentially a fatter tax refund! After all, being proactive about your health and finances is always a win-win.

Contact our friendly and knowledgeable sales team to find out what discount you're eligible for by emailing join@doctorshealthfund.com.au or calling 1800 226 126.



Disclaimer: The information in this article does not constitute legal, financial or other professional advice and should not be relied upon as such. It is intended only to provide a summary and general overview on matters of interest, and it is not intended to be comprehensive. You should seek professional advice before acting or relying on any of its content. The information in this article is current to 28 April 2025.

WAKELIN PROPERTY ADVISORY PARTNER



RENOVATE FOR RETURNS: STRATEGIC UPGRADES FOR YOUR INVESTMENT PROPERTY

Renovating an investment property is never a one-size-fits-all decision. Whether you're aiming to boost rental returns or prepare for sale, timing, purpose and budget all play a crucial role in shaping the right approach.



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AFFORDABILITY OF RENOVATING

One of the major considerations for property owners contemplating renovations is affordability. Over the past few years, construction costs have increased significantly, driven by rising material and labour expenses. Whilst there are signs the trend has started to ease, it is imperative for property owners to assess their financial capacity to undertake improvements without jeopardising their financial stability.

CARRYING OUT RENOVATIONS TO A HIGH STANDARD

Renovations demand precision and quality execution. Rushing or compromising on the quality of work can result in costly repairs and modifications down the track. While excessive spending is not advised, it is paramount to ensure renovations are undertaken with due diligence, serving the property's long-term goals and catering to the needs of renters and prospective buyers alike.

DEFINING THE PURPOSE OF RENOVATION

Property owners should ask themselves whether they aim to enhance the property's value for an eventual sale or if the goal is to improve its rental appeal. These distinct objectives require differing approaches.

For properties intended for sale, the focus should be on enhancing presentation elements like floor coverings, window furnishings, lighting and plumbing fixtures, which deliver the best immediate return on investment. It is also important to understand the market you are selling to. Is it likely to be another investor or a first or second homeowner? The latter two will have greater expectations surrounding fit-out and quality of property.

When it comes to rentals, if you plan on holding onto your property for an extended period and your aim is for a better rental return, substantial upgrades like a new kitchen or bathroom might be worth the investment. While these may incur greater initial expenses, they promise lasting benefits not just for initial renters but for all future occupants. Additionally, it's important to ensure your property aligns with current government rental standards which have become significantly more stringent in recent years.

RISKS ASSOCIATED WITH RENOVATIONS

Renovation projects come with inherent risks, chief among them being the potential for budget blowouts. Prudent budgeting and a clear return-on-investment rationale are vital to justify renovation costs.

Timing can pose challenges too as securing a builder in the current climate can lead to prolonged vacancies. Preparing and obtaining quotes before your property becomes vacant is key to ensuring a timely renovation process. This way, you can swiftly list it for sale or rental once the upgrades are completed.

TAKE HOME MESSAGE

Renovating an investment property is never just about the present market or immediate returns. By approaching each decision with a clear sense of purpose, careful budgeting and an eye on evolving renter and buyer expectations, you will not only protect your asset but also position it for sustained growth and flexibility in the years ahead.

As the property landscape continues to shift, those who plan and adapt thoughtfully will be best placed to capture future opportunities.

FED FACTS

PRURITUS AND PSYCHIATRY

KEALEY GRIFFITHS
UNIVERSITY OF QUEENSLAND
MEDICAL STUDENT AND
2024 AMA INDIGENOUS
MEDICAL SCHOLARSHIP
RECIPIENT





KEALEY GRIFFITHS

I love stories. The earliest stories I remember being told include *How the Birds Got Their Colours*, an Aboriginal Dreamtime story my Yuggera mother would read to me as a child and *The Itchy Bum Witch*, an entirely made-up nighttime tale told over many months of bedtimes by my father. Perhaps surprisingly, both stories have shaped who I am and the way I think.

While *The Itchy Bum Witch* may or may not have sprouted from a household dosing of Pyrantel Embonate (see: *Worming Chocolate*), the story wasn't really about the witch's occasional itch, although this would send my sister and I into a fit of giggles that I am sure was counterintuitive to our bedtime routine.

The story was really about her being a fierce and compassionate young woman who would fight off monsters – and princes (definitely a dad tale). *Itchy Bum Witch* would look after all the tiny animals of the village and her friends – she was the voice for those who could not or would not speak.

One could say that this tale still holds relevance almost two decades later. I think I am a fierce and compassionate young woman, and I hope I've been the voice that others have needed throughout my time in medical school as Indigenous chair for my university's medical society,

and as First Nations representative for Qld Medical Students' Council. I'm fairly certain however, that her namesake has not carried across.

How the Birds got their colours, as told by Mary Alberts and illustrated by Pamela Lofts, begins with a hungry dove – who is as black as night – as he dives for a worm. He misses, unfortunately, and lands upon a big stick. His foot swells and he is in great pain, until his friend, the parrot, who is also black, bursts the wound with her beak. Suddenly, colour splashes parrot, and all the onlooking birds who are worried for dove. However, crow remained far away, not interested in helping dove or being a part of the community; crow's feathers remain black to this day. This tale, which for better or for worse does not mention itchy bums, made it clear to me as a child that we are to help those in need, lest we never get our colours.

Our colours might be seen as an outcome for our contributions and efforts. I hope mine will include being accepted to the RANZCP Psychiatry Training program after I graduate medical school and finish my intern years.

I applied for medical school with the plan of becoming a psychiatrist. I had completed my undergrad, majoring in psychology, and could think of nothing

FED FACTS

more prestigious than being a psychiatrist and being able to give back to my communities. However, the stories I have been hearing about psychiatry lately are a little different than I had expected – and no, they do not include any itchy bums. After all, I am not interested in gastroenterology or colorectal surgery.

In my first year of medical school, I found myself in a local general practice clinic late in the night. I had been at a peer's birthday party and due to no involvement of my own, a friend had suffered a minor laceration to her calf from a dropped glass. The small clinic room housed a gaggle of medical students, keenly observing their friend receive a dozen or so sutures. The practitioner, acutely aware we were medical students, particularly after one friend asked to suture (to no avail), asked us what kind of doctors we wanted to be. I was quick to say I was going to be a psychiatrist. The doctor laughed and replied, "So, not a real doctor then".

While the comment was likely intended as collegial banter rather than an outright insult, it still stayed with me for a long time. It made me question what it truly means to be a 'real' doctor. What story would I be a part of if I was to become a psychiatrist? Would it be a real doctor's story?

The narrative surrounding psychiatry is complex, and as of late, it seems to have gained a stronghold in the Australian media. Psychiatry has been increasingly portrayed in a negative light, which has led to a several statements from involved communities. A statement from Dr Fred Betros, made in January 2025 while acting as AMA NSW President, sends a clear message – one I tend to agree with. The statement notes that psychiatry is "feeling the pain of an under-funded and under-resourced public health system", as are other specialities. He writes that real reform is needed, and that the "damaging rhetoric and devaluation of medical professionals must cease", that "patients deserve better".

Indeed. Patients, and psychiatrists alike, deserve their colours.

Hearing the stories about psychiatry at a personal and systemic level has been disheartening, but I remain committed to earning my colours. I will continue to be a fierce and compassionate leader and representative of my community as a Yuggera woman. I will work towards creating my own story, one that celebrates psychiatry as a much-needed part of the Australian health system.

In a few years, I will be a real doctor — I will be an Itchy Bum Psychiatrist who got her colours.



Donate now

Indigenous Medical Scholarship 2025

The AMA recognises the critical importance of Aboriginal and Torres Strait Islander doctors in contributing to better health outcomes for Aboriginal and Torres Strait Islander peoples.

Established in 1994, the **AMA Indigenous Medical Scholarship** contributes to growing the number of Aboriginal and Torres Strait Islander doctors by supporting First Nations people who are studying a medical degree at an Australian university.

The scholarship is provided to Aboriginal and Torres Strait Islander medical students who demonstrate a commitment to their community and to medicine, and who may not have the financial means to realise their dream.

A number of past recipients have gone on to become prominent leaders in health and medicine after completing their medical degrees, including Professor Kelvin Kong, Australia's first Indigenous surgeon.

Many other scholarship recipients are valued healthcare leaders in regional communities, where culturally safe care is most needed.

You have a unique opportunity to help grow the Aboriginal and Torres Strait Islander medical workforce and be a key part of the nation's efforts to close the gap in health outcomes.

Donate to the AMA's Indigenous Medical Scholarship fund today and change lives for Aboriginal and Torres Strait Islander medical students and their communities.

100 per cent of donations go directly to recipients and are fully tax deductible.

SCAN NOW TO DONATE



The Indigenous Peoples' Medical Scholarship Trust Fund was established in 1994 with a contribution from the Australian Government. In 2016, the Trust Fund became The AMA Indigenous Medical Scholarship Foundation. The foundation is administered by AMA Pty Ltd.

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AMAV SOCIALS



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AMA Victoria

We farewell [Dr Jillian Tomlinson](#) as her time as AMA Victoria President comes to a close.

Jill's presidency has delivered a broad and lasting legacy of reform at a time when the health system faced immense strain. In a challenging environment, she achieved progress on long-standing issues - improving workforce fairness, strengthening public health and reducing pointless administrative burden. These outcomes reflect a presidency defined by focus, credibility and an unwavering commitment to better care for both patients and practitioners.

Below, we share snippets of Jill's contributions over the past two years in her tenure as President.

AMA Victoria

One of Dr Jill Tomlinson's first events during her time as AMA Victoria President was to launch the President's Listening Tour across Victoria.

In July and August of 2023, Jill toured across Melbourne Metro and Shepparton to lend an ear to the challenges and issues doctors face across the state and hear directly from members on issues that matter to them. Heavily pregnant, Jill was unable to travel to Ballarat as initially planned, but undertook 1:1 phone conversations with members instead.

The feedback Jill received has shaped AMA Victoria's advocacy priorities over the past two years and assisted us to best represent members' interests to Government.



AMA Victoria

Dr Jill Tomlinson led AMA Victoria's successful push to prevent retrospective payroll tax liabilities for general practices, averting significant financial risk for hundreds of clinics. She championed the expansion of GP registrar incentive payments nationally, supported the rollout of the Single Employer Model trial, and progressed access to PBS-listed emergency contraception and other reproductive healthcare medications.

Jill also worked to improve hospital-GP integration and consistently resisted ongoing scope creep in general practice.

AMAVIC SOCIALS



AMA Victoria

As AMA Victoria President, Dr Jill Tomlinson secured major reforms that advanced equity and removed long-standing barriers for doctors on parental leave, including access to college fellowship exams and a 30% Ahpra fee rebate for practitioners who take extended leave as a result of protected attributes.

She also championed structural change through advocacy for pro-rata Ahpra fee models and stronger gender equity measures in hospitals - driving progress on action plans, pay gap audits and workforce data transparency. She has urged Ahpra to assess and address gender bias across its regulatory functions, Board operations, and its influence on the broader healthcare workforce.

Collectively, these reforms mark some of the most substantial equity gains in the medical profession in recent years.

↳ **Ben Harris**

Such important issues for the profession to be pursuing.

↳ **Harry Hemley, AM**

Common sense is not common, but Jill has it in spades.

↳ **Terri Hayes**

As we struggle through the stupid stuff, we need leaders like prof Jill.

↳ **Dr Danielle Stefanski**

Love this summary!

↳ **Ingra Bringmann**

Thank you for your leadership!

AMA Victoria

As AMA Victoria President, Dr Jill Tomlinson's advocacy helped secure RSV vaccine access for infants from 2025 and led to the removal of caps on GP flu vaccine orders, improving access and supply responsiveness. She supported Victoria's pill-testing trial and championed related harm-reduction initiatives.

Jill also contributed to cannabis law reform efforts- supporting decriminalisation with strong public health safeguards - and pushed for tighter regulation of vaping, tobacco, and e-scooter safety.

GET INVOLVED



AMA Victoria

AMA Victoria President Dr Jill Tomlinson launched AMA Victoria's GROSS initiative to cut unnecessary bureaucracy in healthcare and secured backing from government, the Department, and Safer Care Victoria to drive change.

She achieved a system-wide commitment to reduce duplicative mandatory training and advocated for proper recognition and remuneration of time-intensive tasks like death certificates and medico-legal reporting.



AMA Victoria

Dr Jill Tomlinson's leadership as AMA Victoria President delivered key workforce wins, including the release of the Ministerial Review into Public Sector Medical Staff - with 19 of 20 recommendations now informing EBA bargaining - and resolution of the long-running public hospital unpaid overtime class actions.

She also pushed for better support for international medical graduates and prompted a Departmental response to workforce impacts arising from system changes like the Victorian Virtual Emergency Department.



AMA Victoria

Under Dr Jill Tomlinson's leadership, AMA Victoria secured \$1.5 billion in additional hospital funding and challenged damaging cost-containment measures that threatened frontline services. She initiated reform conversations on Victoria's sentinel event framework, advocated for greater transparency following paediatric deaths, and clarified WorkSafe's role in hospital incidents.

Jill also pushed for clinician input into state-wide health service planning and helped strengthen AMA Victoria's influence in mental health reform.

GET INVOLVED

↳ Cheryl Martin

Congratulations Dr Jillian Tomlinson on very productive term in office. I know your healthcare leadership doesn't end here in fact I suspect you are still in the warm up phase. Thank you.

↳ Ben Cunningham

I'm not surprised, Jillian Tomlinson is a great advocate.

↳ Jillian Tomlinson

Thank you for these amazing posts and reflections. The results of the last two years have been a team effort - what we achieved reflects the amazing team I have had the privilege to work with. The incredible collegiate support of my AMA Victoria Board colleagues, AMA Victoria staff, our AMA Victoria Council, union leaders, media contacts, Department of Health staff, Ministerial Advisers, Members of Parliament, Ministers... this has been an incredible team effort and I am filled with gratitude and thanks - I cannot thank all of you enough for the privilege and honour, and your tremendous support.

↳ Julie Webster

Jillian Tomlinson congratulations on a high impact two years. Looking forward to see what's next.

↳ Frayne Gomez

You're a star Jillian - well done! I've never met you but read about your successes over the years as an AMA member. I rarely give comments out on LinkedIn - you might be even my first. Amazing work!

↳ Sally Hasler

Huge congratulations and thanks for your leadership, Jill - especially to support gender equity in health.

↳ Vahid Masoumi

Thank you so much for your efforts and advocacy especially for General Practice during your term as the President. Wishing you all the best and hope you continue to positively impact the profession.

↳ Marinis Pirpiris

Congratulations on a wonderful presidency!! Thank you for your vision, energy, commitment and results.

↳ Andrew Heredia

Congratulations Jillian. It has been a pleasure working together with you and AMA Victoria over the past year (for me) and over the past 2 years for the ADAVB. I sincerely wish you the best for the future.

↳ Sarah L. White

Congratulations, Jill! So glad to see you being honoured this way.

↳ Carmel Monaghan

You have been an outstanding leader Jillian Tomlinson. Thank you so much for everything you have done.

↳ Dirk van Bavel

Thanks for your amazing service to the profession

↳ Jennifer Collier

Congratulations Jillian Tomlinson on all you have achieved

↳ Simon Judkins

Incredible contribution.... Smart, articulate and super-organised!! Thanks Dr Tomlinson!!!

AMAVIC SOCIALS

Dr Jillian Tomlinson

Today is my last full day as President of AMA Victoria, with the state budget due tomorrow and the official handover event soon after.

It's been a whirlwind 24 months - filled with challenges, change, and collaboration. I've had the opportunity to lead during a pivotal time for Victorian healthcare, and I've gained so much along the way... including (since this photograph was taken in the early months of my Presidency) a third child!

I'm incredibly proud of what we've achieved together. Rather than listing those milestones here, I'll refer you to AMA Victoria's beautiful and comprehensive Presidential Farewell posts (above).

An as-yet-unfinished campaign that I believe holds real promise for systemic change is 'Getting Rid of Stupid Stuff' - an initiative to eliminate wasteful, outdated, or duplicative tasks that add no value to patient care. To make this a reality in Victoria, we need your support. Please sign and share the petition: <https://lnkd.in/g4KbD92a>



This evening I'll be joining an AMA Victoria Section of Psychiatry meeting, and tomorrow afternoon, just before the handover, I'll take part in a Department of Health consultation on the 10-year strategy for a digitally enabled health system. It's a fitting way to round out this chapter.

To my colleagues at AMA Victoria: thank you. It's been an honour. With your united, supportive and positive approach, I know the organisation's future is in strong and capable hands.

#Leadership
#VictorianHealthcare
#AMA
#HealthSystemReform
#GettingRidOfStupidStuff
#HealthcareLeadership
#DigitalHealth #ThankYou

↳ **Geoffrey Toogood**

Thanks Jill.
Been absolutely a pleasure to work with you.
True leader.
I am amazed at your skills and rapid assessment of situations.

↳ **Sarah Whitelaw**

Thank you for your extraordinarily effective and such broad ranging work Jill. Your impact and legacy is significant.

↳ **Tess Elizabeth**

Such an amazing leader and inspiration for so many of us. Thank you for your advocacy, leadership and action. You're amazing Jill.

↳ **Linny Kimly Bresciani**

Thank you for all your work Jill. You've been a wonderful advocate for Victorian doctors and the broader healthcare system.

↳ **Michael Lumsden-Steel**

Thank you for your service to Victorian doctors, the Victorian health system and Victorian patients!

↳ **Joe Garra**

Jill was great as president.

AMAVIC SOCIALS

↳ **Dr Eleanor Chew OAM**

Thank you Jill for all that you have done during your Presidency. It has been a pleasure working with you. Enjoy some well deserved time with your family. Congratulations to Dr Simon Judkins and Dr Geoffrey Toogood! I look forward to meeting and working with you in the future.

↳ **Cheryl Martin**

Congratulations Jillian Tomlinson, Simon Judkins, Geoffrey Toogood - it has filled me with tremendous confidence and optimism having you in these key leadership roles.

↳ **Nick Yim**

Thank you and congratulations Jill, enjoy your well deserved break. Look forward to working with you Simon Judkins and Geoffrey Toogood.



AMA Victoria

We are delighted to announce AMA Victoria's new President is [Dr Simon Judkins](#) (MBBS, FACEM)!

Simon has been the Director of Emergency Medicine at Echuca Regional Health since 2020. He previously spent more than 20 years as an emergency physician with Austin Health, including roles as Chair of the Senior Medical Staff Association, lead of the Choosing Wisely Program and ED Director at the start of the COVID-19 pandemic.

A Past President of the Australasian College for Emergency Medicine (ACEM), he is Chair of ACEM's Sustainable Emergency Medicine and Climate and Health Advocacy Network and an executive member of the Advancing Women in Emergency Medicine Committee. Simon has been an AMAV Board Member since 2021 and was Vice President from June 2023-2025.

Simon is a strong advocate for health equity and system reform, social justice, regional and rural health, mental health and sustainability in healthcare.

We look forward to an exciting term ahead under Dr Simon Judkins' leadership.

GET INVOLVED

↳ **Hugo Stephenson**

Thank you Jillian Tomlinson for your work over your past term.

Congratulations
Simon Judkins!

↳ **Rajan Kailainathan**

Well done Simon. Title or not, you've always been someone people listen to - because what you say actually matters.

I still remember back when I was just a registrar and you were the ED Director. You never threw around the "I'm the boss" line. Instead, you just got people on board - things got done, and it made sense.

That's when it clicked for me... influence is the real currency of leadership. And seeing you step into this role now just feels right.

↳ **Adj Prof Karen Price**

Wonderful news. Simon has a wonderful ability to grasp and appreciate complexity. Articulate and humble I look forward to collaborating and connecting with Dr Judkins at AMA Victoria.

↳ **Sheri Abramovic**

Yay! Congratulations Simon! A role model when I was in ACEM training, then again as Director of ED in

Echuca Regional Health, now as AMA President.. so influential & a role model for all! So well deserved for your hard work!

↳ **Mark. B. Weng**

Congratulations Simon You're a very supportive colleague and I'm sure you'll add more value to AMA Victoria.

↳ **Trevor Weston**

Congratulations Simon, a brilliant and very much well deserved appointment.

↳ **Syed A. Hasnat**

Congratulations to Dr. Simon Judkins on this well-deserved appointment! Wishing him every success as he leads AMA Victoria forward.

↳ **Dr Kimberly Humphrey**

Congratulations! No-one better for this role. Victoria is lucky to have you, Simon Judkins!

↳ **Ellen Meyns**

Leadership with integrity and vision ahead. Congrats, Simon.

↳ **Meaghan Douglas**

Congratulations Simon. Couldn't think of a better person for this role.

↳ **Andrew Perry**

So good to hear! You have a great track record in advocacy within Emergency Medicine in Australasia. Have no doubt you will bring these skills and talent to representing the profession at large.

↳ **Kshitij Thapa**

For the last 5 years that I have known and worked with you, I can't think of anyone else who deserves this role more!! Congratulations Simon.

↳ **Dr Simon Judkins**

Thanks so much for all the positive vibes! I reckon we've got a good team and, on the back of the amazing work Dr Tomlinson has done, I'm confident we can build and have a big impact. As many of you know, I'm keen to give as many people as I can opportunities to contribute, to make a difference and so succeed. So share your ideas, let me know how AMA can help build a better system for all (docs, nurses, allied health AND, our patients) ...and would love to see you as part of the AMA team.. #GetInvolved #MakeADifference



AMA Victoria

The AMA Victoria team has been out at the Austin Health clinical school today with our friends from Doctors for the Environment Australia (DEA) to support an important interdisciplinary workshop on sustainable healthcare, attended by final year students from the University of Melbourne.

↳ **Simon Judkins**

Great session to be involved in. I joined from Echuca and discussed the challenges/ issues related to climate and health advocacy in a rural environment. Impressed to see AMA supporting the day...

AMA Victoria

AMA Victoria's #GetRidOfStupidStuff (GROSS) campaign has reached a major milestone: more than 1000 signatures on our petition to cut low-value, morale-sapping bureaucracy from the Victorian health system.

This reflects the strength of feeling across the profession - and growing momentum behind our call to remove pointless processes that waste clinicians' time and undermine care.

- Read the latest on the campaign: amav.me/gross-1000
- Sign the petition: org.au/p/AMAV megaphone.
- Submit your examples: amav.me/gross-survey

↳ **Shilpa Jesudason**

Getting rid of stupid stuff is the pathway to saving our health system!

↳ **Michael Lumsden-Steel**

Well done AMA Victoria! AMA Tasmania is on board as well!!

↳ **Stewart Proper**

The success of GROSS has been fantastic and a credit to all supporters of removal of pointless bureaucracy.

Going forward bureaucratic push back is to be expected.

When that happens, the next campaign has to be

Make It Make Sense.

AMAVIC SOCIALS

Dr Jill Tomlinson

This afternoon I met with Ms Jenny Atta PSM, Secretary of the Department of Health to discuss AMA Victoria's advocacy priorities and vision for the Victorian health system.

AMA Victoria is advocating for

- "Getting Rid Of Stupid Stuff" - including removal of duplicative mandatory training modules, and legislative exemption for a Working With Children Check
- Victorian consistency with national definitions on sentinel events
- An ambitious 10 year digital health plan
- Modernising Medicare
- Greater support for general practice as the most efficient part of our healthcare system
- Granular workforce data that will allow improved gender equity action plans
- The inclusion of rural and regional medical practitioners in all our conversations as our health system evolves and changes.

We thank Ms Atta for a productive meeting and look forward to continuing our conversations.

↳ **Bernie Westley**

AMA Victoria rock! You are making me think NT need to lift our game. Thanks for the positive reminder of what AMA can and actually do every day.

↳ **Hytham Saleh**

It is quite baffling that as a GP I needed to get WWCC - work with children licence, which I did- for work in public sector/some organisations! whilst being working with children in a registered private clinic for years - just like any other GP- before having WWCC - and this is in VIC! Doesn't make sense at all indeed.

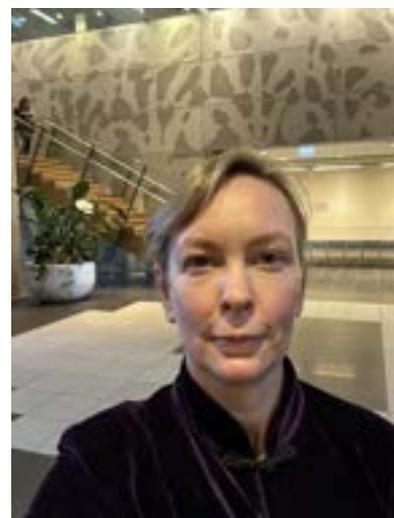
AMA Victoria

Gender bias in Victorian healthcare is unacceptable and endemic. It undermines patient care, perpetuates inequities and damages trust.

AMA Victoria continues to push the Department of Health, government, medical colleges, health services and other stakeholders to deliver gender equity within medical education, training, research, treatment and employment.

Hear from Dr Jillian Tomlinson, as she details how we're working to build a future together where healthcare is fair, inclusive and equitable.

<https://vimeo.com/1055842762>



GET INVOLVED



↳ **Emily Elst**

Beautifully articulated and incredibly important. Thank you!

↳ **Sarah Whitelaw**

Jill, thank you for your tireless work on this issue, and for such a concise comprehensive and powerful statement. An incredible advocacy plank which will be used widely.

↳ **Stewart Proper**

Great leadership and advocacy Jillian! Our women and children need our support now more than ever before.

↳ **Dr. Karen Austria (kavienna)**

Thank you for your advocacy and empowering women in healthcare!

AMA Victoria

After decades fighting for his patients, his community and the health system itself, Dr Mukesh Haikerwal is winding down his time in clinical practice. A former AMA Victoria and AMA Federal President, he's been one of Australia's most respected and influential GPs - a tireless advocate for reform, patient care and the sustainability of general practice. His legacy has helped shape healthcare at every level, and we hope and expect he'll continue to be part of AMA Victoria's advocacy for GPs and a stronger health system.

Read the full story:

<https://content.isentia.io/?url=https://www.heraldsun.com.au/news/victoria/altona-gp-mukesh-haikerwal-looks-back-on-incredible-career/news-story/f3411999130a894a2286520b2a7c7ad0&key=2ca8bd9d6ba1ec02d1f01bbffe4a1c6&ver=1&mid=1175975985>

AMAVIC SOCIALS

↳ **Maria Boulton**

Thank you Dr Haikerwal for your wonderful contributions to our community. Thank you too for mentoring so many of us.

AMA Victoria

In the period from March 2021, a number of class action proceedings were commenced in the Federal Court of Australia relating to alleged unpaid unrostered overtime worked by doctors in training employed in Victoria.

With the benefit of a mediation before the Honourable Patricia A Bergin AO SC, the parties are pleased to have reached an in-principle

agreement to resolve the proceedings for \$175 million (inclusive of costs).

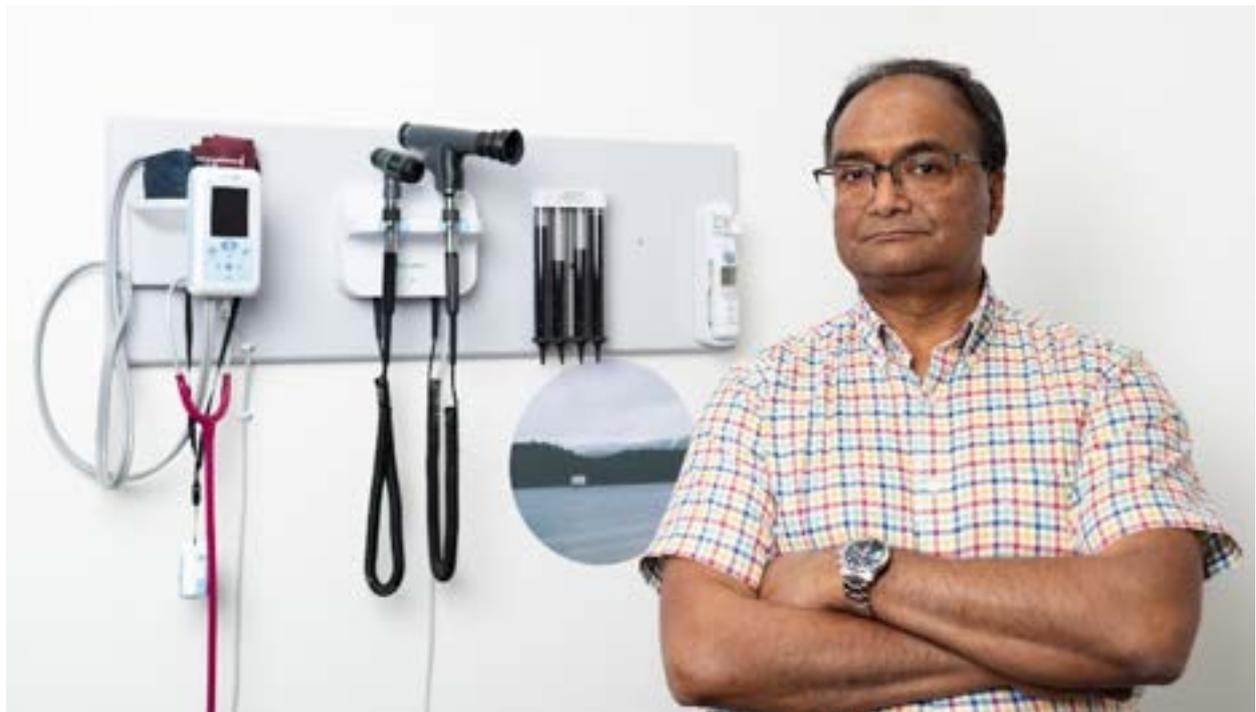
The agreement has been reached on a whole-of-sector basis and captures all existing and potential historical claims against one or more of the 36 Victorian Public Health Services covered by the Doctors in Training Enterprise Agreement. Steps are currently being taken to bring an application for approval of the in-principle agreement before the Federal Court.

If you haven't yet signed up for the class action, you can register on a confidential basis with Gordon Legal if you have worked as a Doctor in

Training in Victoria at any time since January 2015: <https://content.isentia.io/?url=https://www.smh.com.au/national/victoria/exhausted-junior-doctors-who-didn-t-claim-overtime-win-175m-in-backpay-20250313-p5lj9l.html&key=1213dbc714ce665352efd4165e3443b6&ver=1&id=1168916095>

It doesn't cost anything to register or to find out whether you might be entitled to make a claim for your overtime.

AMA Victoria thanks Hayden Stevens & Associates and Gordon Legal for their hard work achieving this in-principle agreement.



GET INVOLVED

↳ **Jessica Broadbent**

Wow! How incredible!

Fantastic news for those doctors, we've got to do everything we can to support our medical personnel, especially paying them for the time they work.

AMA Victoria

The National Health Practitioner Ombudsman (NHPO) is investigating delays and procedural fairness in how Ahpra and the National Boards handle immediate action decisions. AMA Victoria has prepared a submission drawing upon member feedback to ensure doctors' experiences are heard.

We know from members that Ahpra's processes - including notifications, investigations, and immediate action - can be deeply distressing, lack transparency and involve significant delays. The impact on practitioners' careers, reputations, and wellbeing can be severe. Improving these processes is one of our key priorities.

The NHPO's investigation is focusing on:

- Timeliness of immediate action decisions and follow-up investigations - Are decisions made quickly and resolved efficiently, or are delays creating undue hardship?

- Procedural fairness - Are practitioners given adequate time and opportunity to respond? Are hearings and reviews conducted fairly?
- Transparency and communication - Are affected practitioners clearly informed of the reasons for immediate action and their rights throughout the process?
- Impact on practitioners - How do these processes affect practitioners' ability to continue working, their mental health, and their reputation?
- Safeguards and review mechanisms - Are there adequate checks and balances to prevent unjustified or disproportionate actions?

↳ **Swaz Hari**

Thanks to AMA Victoria for sharing this. Finally someone holding AHPRA accountable!!!!...

↳ **Stewart Proper**

It is now more than ever that doctors need to feel safe when caring for patients.

AMAVIC SOCIALS

AMA Victoria

AMA Victoria's President Dr Jillian Tomlinson is certainly no stranger to excellence in medicine.

On a visit to The Geelong Hospital to chat with students about their intern preferences, our keen-eyed Director of Professional Development and Careers spied a familiar name on the honour board, throwing back to Jill's time as a med student!

An apt time to reflect upon Jill's many achievements as she completes her two-year tenure as AMA Victoria President.

↳ Jillian Tomlinson

Wow! I'm stunned - over a quarter of a century ago. Dr Robert Yee was a Geelong physician who died playing tennis when I was a medical student. Thank you to all at Barwon Health and Geelong Hospital for keeping his

memory (a blessing) alive, and to AMA Victoria staff for their keen eyes and this memory! Wonderful to see the names of the medical students who followed me at Geelong Hospital, and to think back.



AMAVIC SOCIALS



AMA Victoria

In her farewell speech, outgoing AMA Victoria President Dr Jillian Tomlinson presents a posthumous President's Award to Dr Rosalind Terry.

In an era when women's foray into medicine was uncommon, Rosalind emerged as an inspiration.

Born in 1940, she was not only the first in her family to attend university but also a trailblazer for women in the medical field. Her journey, rich with challenges and triumphs, is a testament to her unwavering belief, determination and the invaluable support of her advocates.

It all started with a bold step by her mother, who secretly arranged for her to sit a scholarship exam for Methodist Ladies' College (MLC) in Melbourne.

Read Rosalind's pioneering story, as told to Kay Dunkley: amav.me/dr-rosalind-terry

↳ **Dr Danielle Stefanski**
Fabulous profile - what an inspiration. Thank you for writing and sharing it

↳ **Heather Saxena**
What a wonderful person and doctor and thank you for sharing her story.

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PAYROLL TAX ON MEDICAL PRACTICES: ADVOCACY WINS, CURRENT CHALLENGES, AND THE ROAD AHEAD

ORIGINS OF THE ISSUE

From 1 July 2025, new payroll tax obligations¹ may apply to many Victorian medical practices, signalling a potential shift for those engaging contractor general practitioners (GPs). Payroll tax liability on payments to contracted GPs has been a longstanding source of uncertainty and concern across Victoria's healthcare sector. The issue gained prominence following the 2019 [Optical Superstore court decision](#), prompting AMA Victoria to raise concerns in late 2020 about the State Revenue Office's (SRO) potential interpretation of the "relevant contract" provisions in payroll tax law. Central to our concern was the serious risk that practices could face retrospective payroll tax bills going back up to six years-posing an existential threat to many.

SUSTAINED ADVOCACY DELIVERS RETROSPECTIVE RELIEF

AMA Victoria immediately began intensive advocacy to alert the Victorian Government and the broader community to these risks. Our position was clear: the imposition of retrospective payroll tax bills on GP contractor payments could irreversibly damage Victoria's general practice sector and undermine patient access to affordable healthcare.

Our efforts included extensive media engagement, ongoing dialogue with government officials- including direct representations to the Treasurer- and collaboration with key stakeholders such as the RACGP and other peak medical organisations.

These sustained efforts delivered a significant outcome. In May 2024, the Victorian Government [announced](#) that eligible general practices not already paying payroll tax on contractor GP payments would be exempt from retrospective liabilities. Outstanding assessments up to 30 June 2024 would be waived through ex gratia relief, and practices would also benefit from an exemption for the 2024-25 financial year. This decision, secured through AMA Victoria's advocacy, shielded many practices from financial catastrophe and provided a vital reprieve.

THE POLICY DESK

PROSPECTIVE LEGISLATIVE REFORM

AMA Victoria continued to advocate for longer term certainty for medical practices beyond the immediate threat of retrospective tax bills. This next phase of advocacy culminated in November 2024, when the Victorian Parliament passed the [State Taxation Further Amendment Act 2024](#). The legislation introduced a prospective payroll tax exemption, effective from 1 July 2025, for GP payments relating to “fully-funded” consultations (including bulk billed Medicare, DVA, TAC, and WorkSafe services). From that date, payroll tax liability may apply – depending on a practice’s structure and arrangements – only to income derived from privately billed services.

While AMA Victoria had advocated for a broader exemption that included private billing, the final outcome was more limited. Combined with the earlier ex gratia relief for retrospective liabilities, the reform provided partial reprieve but fell short of delivering full clarity or certainty for practices that rely on private billing to remain viable.

Alongside the RACGP and other peak bodies, we wrote to the new Treasurer, Jaclyn Symes, in February 2025 to confirm the Government’s commitments and press for further reform, particularly for practices reliant on private billing. In May, the Treasurer reaffirmed both the ex-gratia relief and the exemption for fully funded services. However, privately billed consultations remain (potentially) subject to payroll tax under the current legislative and administrative framework, and no broader reform has been signalled to date.

CURRENT SITUATION AND PRACTICE RESPONSES

The SRO continues to apply a strict interpretation of payroll tax law to contractor arrangements in medical practices. Under [Revenue Ruling PTA-041](#) payments to independent contractor doctors (for non-fully funded services) attract payroll tax where the arrangement is deemed a “relevant contract.” While the ruling does not prescribe a definitive list of business features that give rise to liability, risk may be heightened in integrated practice models – particularly those involving shared administration, reception services, billing, or patient booking systems.

In response, many practices that engage contractor GPs and rely on private billing are attempting to restructure their arrangements to reduce exposure. These efforts often involve separating administrative functions, revising payment flows, or adjusting contract terms under legal and accounting guidance. However, such changes can be costly, complex, and may ultimately offer limited protection.

Crucially, even comprehensive restructuring may not shield practices from payroll tax liability. While many practices are exploring new operating models in an effort to reduce their risk, the SRO has repeatedly stated that most general practice arrangements – regardless of how they are reconfigured – will remain within scope of Victoria’s payroll tax regime. AMA Victoria notes this position but, as we are not legal or accounting experts, does not express a view on its accuracy. We are aware, however, that many independent legal, accounting, and taxation professionals

PAYROLL TAX

hold differing interpretations of the law. Ultimately, the correct application of these provisions remains uncertain and may require judicial determination or further legislative clarification.

In the meantime, the SRO has advised that all Victorian GP businesses not currently registered for payroll tax should assess their Australian wages from 2020-21 onwards. Practices that exceeded the relevant payroll tax threshold in any year- or expect to in 2025-26 – are expected to register via the SRO’s [Payroll Tax Express system](#).

Given the complexity and variability of practice arrangements – and with payroll tax obligations on contractor payments to take clearer effect from 1 July 2025 – practices should ensure they have obtained tailored professional advice. AMA Victoria has consistently highlighted the importance of early planning. Our accounting and taxation partner, the Bongiorno Group, has extensive experience supporting medical practices. Members seeking further guidance may wish to contact them directly: AMAV – [Bongiorno Group](#).

SPECIALIST PRACTICES

While general practice has been the focal point of recent reforms, public attention, and ongoing speculation, AMA Victoria recognises that the payroll tax framework may also affect specialist medical practices that engage doctors as contractors. In many cases, specialist practices may face a lower risk of liability due to existing legislative exemptions – such as the “services to the public generally” test – which may be more readily satisfied in the case of specialist contractors who also regularly work in the public health system.

However, exemption eligibility depends heavily on specific contractual and business arrangements. As such, specialist practices are not necessarily out of scope, and some may still be caught by the current interpretation of payroll tax law.

AMA Victoria has repeatedly sought clarity from the SRO on how these provisions apply to commonplace specialist arrangements more broadly. To date, the SRO has not issued clear guidance on this point. In the absence of a definitive position, we strongly encourage specialist practices to obtain tailored legal or accounting advice to assess their individual circumstances and risk exposure.

ADVOCACY WINS, CURRENT CHALLENGES, AND THE ROAD AHEAD

INTERSTATE COMPARISONS

Approaches to payroll tax on contractor GP payments continue to vary significantly across Australia, despite a stated goal of national harmonisation. Queensland has legislated a full exemption for payments to GPs. New South Wales provides relief where at least 70% of consultations are bulk billed, and South Australia exempts bulk billed consultations entirely. In Western Australia and Tasmania, payroll tax is generally not applied to contractor GP arrangements, but this stems from differing interpretations of existing legislation rather than explicit exemptions.

Victoria's decision to exempt fully funded services from 1 July 2025 brings it partially into alignment with the approaches taken in NSW and SA. Unlike jurisdictions such as Queensland and Western Australia, however, Victoria has opted not to exempt privately billed GP services – an outcome likely shaped, at least in part, by the state's difficult fiscal position. Victorian practices have nonetheless benefited from a comparatively longer amnesty period than NSW and SA – including ex gratia relief for past liabilities – secured through sustained advocacy by AMA Victoria and others.

FUTURE ADVOCACY

Looking ahead, AMA Victoria will continue strong and sustained advocacy on payroll tax, particularly in the lead-up to the 2026 State Election. We are seeking bipartisan support for fairer, clearer payroll tax arrangements across both general and specialist practice. While the Victorian Coalition has pledged to abolish payroll tax on all contractor GP payments if elected, AMA Victoria will continue to press all parties to clarify and improve their policy positions.

To strengthen our advocacy on behalf of non-GP specialists, AMA Victoria will launch a new Private Specialist Policy Council from 1 July 2025, chaired by immediate past President Dr Jill Tomlinson. This Council will help shape our broader engagement and ensure that specialist concerns are directly reflected in our approach. Meanwhile, our existing Council of General Practice continues to advise on this issue from a general practice perspective.

We also recognise that many practices may ultimately face higher operating costs and may need to communicate this to patients if they choose to pass on payroll tax costs rather than pursue potentially complex and uncertain restructuring. AMA Victoria is exploring options to support practices in this regard.

¹ Payroll tax is already payable on the wages of employees in medical practices- including receptionists, administrative staff, and nurses- where total taxable wages exceed \$900,000 per annum (rising to \$1,000,000 from 1 July 2025) under the current Victorian threshold. The issue at hand is the extension of that liability to independent contractor doctors, who have historically been regarded as running their own business within a practice.

KENNEDYS PARTNER

COSTS IN VCAT PROCEEDINGS

Can health practitioners in Victoria be made to pay a Board's legal costs when a Board takes them to VCAT for disciplinary action?

MIA CAMPBELL (SPECIAL COUNSEL) KENNEDYS





The prospect of paying the Board's costs for the proceeding is alarming and could lead to practitioners admitting facts that they would not otherwise admit to resolve proceedings and minimise costs.

WHAT'S HAPPENING?

There is an increasing tendency by Boards to seek legal costs against health practitioners when the Board brings disciplinary proceedings in the Victorian Civil and Administrative Tribunal (VCAT). Recent cases have confirmed that Boards in Victoria cannot expect their costs for referring the practitioners they regulate.

WHY CAN THE BOARDS SEEK COSTS?

The Health Practitioner Regulation National Law (the National Law) allows that when a practitioner is referred to a tribunal, the tribunal may make any order about costs it considers appropriate for the proceedings.

In other jurisdictions Boards are often granted costs for proceedings brought against practitioners because Boards perform a function which promotes the public interest, and usually with limited resources. Essentially, public safety requires Boards to bring disciplinary action, and they must be able to afford to do so.

SHOULD VICTORIAN PRACTITIONERS BE CONCERNED?

This argument is now being made by Boards in Victoria. The prospect of paying the Board's costs for the proceeding is alarming and could lead to practitioners admitting facts that they would not otherwise admit to resolve proceedings and minimise costs.

SO, WHAT HAS VCAT SAID?

Practitioners can be comforted by numerous cases confirming VCAT remains reluctant to award costs against practitioners. While a Board may prove every allegation brought against a practitioner, it does not automatically follow that a Board will be awarded costs.

COSTS IN VCAT PROCEEDINGS

CASE EXAMPLES

The matter of Asher established that, even if every allegation against the practitioner is proven, the Board will not necessarily be awarded its costs. VCAT explained that there must be 'something in the particular proceeding that makes it appropriate for an award of costs to be made.' Importantly, VCAT also noted that practitioners are 'entitled to put the Board to its proofs without fear of a costs award.' It was the practitioner's conduct throughout the proceedings which was the key factor in costs being awarded to the Board.

Since Asher, numerous health Boards have sought costs. However, VCAT has confirmed and reiterated that the relevant factor when considering costs is a party's conduct throughout the proceeding that caused the other party to incur additional and unnecessary costs. The seriousness of the established misconduct is relevant to VCAT but practitioner's right to put the Board to its proof without fear of incurring costs is recognised.

Several recent cases have reiterated this position and in April 2025 VCAT reaffirmed this. In the matter of Hayden the Board argued that because Mr Hayden changed his evidence after the hearing had commenced, the proceeding was longer than necessary. However, VCAT did not award costs against Mr Hayden because he had a right to put a positive defence of his case.

BOTTOM LINE - WHERE DO WE STAND?

The matter of Hayden is reassuring for health practitioners who should not be pressured to admit facts because of the risk of costs incurred. Similarly, practitioners should not be pressured to agree to the Board's proposed determinations.

Nevertheless, all practitioners should remember their obligations to act reasonably and cooperatively throughout proceedings so that their conduct cannot be claimed to have caused unnecessary costs. Not only will this help to provide protection from a costs order, but it will also provide the Tribunal with evidence of insight and reflection about the allegations, which can only assist the practitioner with the ultimate outcome.

For references please contact the editor.