

V I C D C

AMA VICTORIA

AUTUMN 2022

TAKING STEPS TO #BREAKTHEBIAS



» IWD 2022 #BREAKTHEBIAS

» A VISION FOR DIGITAL HEALTH

» BREADTH AND BALANCE IN
WORK-LIFE INTEGRATION

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NOW IS THE TIME TO FIX OUR HEALTH SYSTEM



DR RODERICK McRAE

AMA Victoria President

Improving our now clearly exposed as fraught and critically unwell healthcare system during a global pandemic isn't easy. But if not now, then when? A potential opportunity ought not be squandered.

2022 presents the chance for a *healthcare-led recovery* for Victoria; not only medical recovery for Victorians whose health has suffered during the COVID-19 pandemic (whether it be through mental illness, the impacts of delayed and deferred physical care, or through the virus itself), but also economic recovery through investment in essential health infrastructure and services.

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

AMA Victoria envisages four separate but interlinked components of a *healthcare-led recovery*.

The first (regularly and profoundly neglected by state government), is general practice. That general practice is positioned first in our soon-to-be released state budget submission is no accident. General practice shoulders most of the healthcare burden in Victoria, yet receives the least attention from state government. This must change. Funding must be prioritised to create a *Division of General Practice* within the Victorian Department of Health to ensure that general practice's voice and concerns are embedded within the very machinery of government, and at a Deputy Secretary level.

Moreover, resources should be directed to improve the interface between general practice and our hospitals, both public and private. Currently, poor interaction between these two critical, but interwoven, healthcare parts results in significant problems, including in safety, equity and access, quality outcomes, training and duplication.

The *general practice section of AMA Victoria's state budget submission* includes *aged care* and

rural and regional health, in recognition of the reality that GPs (as in so many other areas) do most of the heavy lifting in both providing care to elderly Victorians, and in healthcare provision in regional and rural Victoria. More funding in both areas is urgently needed.

The next component of our envisaged healthcare-led recovery is *mental health*. AMA Victoria acknowledges the government's commitment to mental health reform through its plans to implement all recommendations of the *Final Report of the Royal Commission into Victoria's Mental Health System*. However, there needs to be a fundamental re-orientation of funding priorities towards acute medically-required care so that those patients who are most in need, the sickest of the sick, can obtain the treatment and support they require in a timely manner to prevent worsening. Additionally, funding should be directed to ensure that chronic shortages in psychiatric sub-specialities throughout Victoria are equitably addressed.

Thirdly, the recovery must encompass, *deferred care* and elective surgery.

The impacts of deferred care and treatment of other conditions throughout the pandemic will likely overwhelm the health effects of the virus itself. Perhaps the most immediately visible manifestation of this is the known elective surgery backlog- now over 80 000 Victorians- each one with their own story of disability, anxiety, pain, and frustration.

Traditionally, governments have employed blunt mechanisms (such as so-called elective surgery 'blitzes') to clear surgical backlogs. However, with a workforce exhausted and fatigued after managing two years of COVID-19, such a strategy will be unsustainable in the coming year. Thus, much more creative thinking is required. Potential solutions include community diagnostic centres with a focus on ease of access and convenience for patients and increasing surgical capacity through 'surgical hubs'.

Regardless, it is incumbent upon the government to learn the lessons of the pandemic and outline a roadmap for managing and funding Victorian elective surgery resumption in future months and years so that our healthcare system has improved capacity and does not rely on extended deferral of essential surgery to manage in times of high demand. Simple rental of private hospital resources presents its own flow-on issues.

Finally, *public hospitals*.

This is well-traversed territory, and our requests will come as no surprise to the Victorian Government.

The crisis in our public hospital system as manifested in 'ambulance ramping' and 'access block' is multifactorial, inside hospital systems, and predates the pandemic; but in many ways, COVID-19 has disclosed, identified, exacerbated and precipitated the current crisis, including through workforce experiences. Irrespective of cause or effect, we have a public hospital system under immense pressure.

However, though the problems are profound, the solutions are not complicated. Victoria's public hospital system requires urgent investment in infrastructure and workforce. This is not only to allow the system to maintain a more sustainable footing, but also to ensure that our public hospitals are able to scale up for any future surges from COVID-19 as well as other viruses such as influenza (thankfully largely absent the past two years).

Additionally, we believe that the government should appropriately resource alternatives to inpatient care- including extended hours/ after-hours clinics, psychiatry outpatient clinics, 'hospital-in-the-home' services, community care and mobile diagnostic services – to take the pressure of our public hospitals in the first instance.

AMA Victoria appreciates that our agenda is ambitious, but now is the time to be bold in pursuing a healthcare-led recovery for our state. Victorians deserve no less. It must be seen as an investment in the Victorian economy, not as a cost to Treasury.

On a more positive note, I am delighted with the focus on International Women's Day in this edition of VICDOC. I hope you will enjoy reading the profiles in the magazine. There is more we can do at AMA Victoria to forge women's equality and to create a more diverse, equitable and inclusive medical profession and community. We are interested in your input about how we can collectively break the bias that can make it difficult for women to move ahead and what further action we could be taking to this end. Please share your views with the new editor of VICDOC, Ms Taryn Sheehy at taryns@amavic.com.au and we will run as much of your feedback as we can in our next edition of VICDOC.



Click here to contact us!

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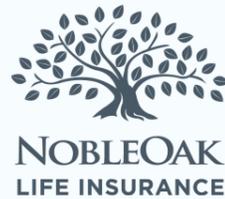
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NEWS, VIEWS + REVIEWS

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AMAV SOCIAL



Dr Jill Tomlinson

So very pleased to see the wonderful obstetrician and leader Dr Kate Duncan awarded in the #AustraliaDayHonours. A former VP of @amavictoria, a stalwart of the Victorian Medical Women's Society and a great person.



Philip Kendall

[On AMA Victoria's article: 'The value of laughter in Medicine]: "Uplifting and positive read. Wishing everyone a safe, healthy and successful future ahead."

Dr Akinyemi Freeman

[On mentoring]: "The art of medicine is like a relay race which entails passing of batons at every level."

Doctors-in-training Victoria is a community for Victorian junior doctors, providing news, insights and opinions around the issues faced by doctors-in-training. Have frank discussions, gain insights from your peers, and keep up to date with the peak body representing doctors in Victoria.



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FAREWELL FROM THE EDITOR

After more than six years at AMA Victoria, I have worked on my last edition of VICDOC magazine. The publication has changed considerably over my time and I hope members have enjoyed reading it. I'd like to thank all of the doctors who have assisted with content over the years. My admiration for doctors has only been enhanced, particularly now that I have a greater understanding of some of the challenges they face. I also appreciate the support of my AMA colleagues and all of the health organisations who have contributed to the magazine. VICDOC will continue to be produced in 2022 by a great team at AMAV.
Barry Levinson, Editor

CHANGES TO SCHEDULE 8 PERMIT REQUIREMENTS FOR MEDICINAL CANNABIS

The Department of Health contacted us to advise that as of 28 February 2022, Schedule 8 permits for Schedule 8 medicinal cannabis will not be required for non-drug dependent patients. Prescribers are still required to check SafeScript each time before prescribing any Schedule 8 medicinal cannabis products. [Click here for the change.](#)

This means, for non-drug dependent patients, prescribers no longer need to apply and hold a Schedule 8 permit when prescribing Schedule 8 medicinal

cannabis. For drug-dependent patients, the requirement to apply and hold a Schedule 8 permit before prescribing remains unchanged.

Members are encouraged to contact Senior Policy Adviser, Lewis Horton, at LewisH@amavic.com.au if they have any questions regarding this change.



Click here for
more information

RACGP RELEASES NEW ONLINE GUIDE FOR MANAGING COVID-19 AT HOME

The Royal Australian College of General Practitioners (RACGP) has launched a new interactive online guide to help people with COVID-19 manage their symptoms at home.

The RACGP's Managing COVID-19 at home with assistance from your general practice site now includes a dynamic new, user-friendly interactive online version which has been adapted for people who do not require additional support from their GP while self-managing their illness at home. The online tool includes advice and information on:

- » what people need to do when isolating at home
- » how to manage symptoms
- » tips for taking care of mental health and wellbeing.



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more information

IN REVIEW



THE LAST THING HE TOLD ME

Laura Dave

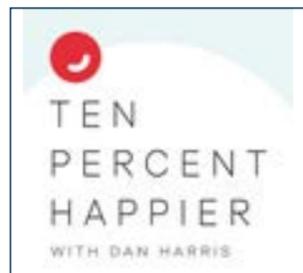
I love a 'good yarn' and this recommendation successfully grabbed me from the opening line. A mystery-thriller, the main character, Hannah Hall, has her life upended when her loving husband (Owen) disappears, leaving her only a mysterious note. The novel follows Hannah's journey as she tries to figure out who her husband really is. It also explores the relationship between Hannah and her stepdaughter as they try to solve the reason behind Owen's disappearance. This is a fast-paced, page-turner – one that requires no effort on the part of the reader. Sometimes we all need that – an uncomplicated read that we can devour in a matter of days. No, it's not Tolstoy and it won't make your all-time top ten list but it might just hit the spot if you are looking for something to engross yourself in right here, right now. Oh, and Jennifer Garner will reportedly star as Hannah Hall (along with Reese Witherspoon), on Apple TV in the near future. So, look out for that one too.



COBRA KAI

Netflix series

The Karate Kid was a big movie in the 80s and relatable for anyone who's ever had problems with a school bully. But while Daniel LaRusso was the central figure to the movie (and its not so memorable sequels), Cobra Kai focuses on his bully Johnny Lawrence. It's been more than 30 years since Johnny lost to Daniel in the All Valley karate tournament and we quickly learn that his life has spiralled from one struggle to the next. When Johnny teaches a neighbourhood kid how to deal with his own school bullies, it's the trigger to acquaint himself with the teachings of the controversial Cobra Kai karate school. The show's strength is the way it intertwines story lines and actors from the movie, supported by a strong crop of current teenagers experiencing their own challenges. It also doesn't take itself too seriously and has fun with Johnny's challenges adapting to the modern world and power ballad montages. Despite the violence, it's an enjoyable escape.



TEN PERCENT HAPPIER

with Dan Harris

Dan Harris is a fidgety, sceptical journalist who had a panic attack on live national television, which led him to try something he otherwise never would have considered: meditation. On this show, Dan talks with eminent meditation teachers, top scientists, and even the odd celebrity. Guests include everyone from His Holiness the Dalai Lama to Brené Brown to Karamo from Queer Eye. On some episodes, Dan ventures into the deep end of the pool, covering subjects such as enlightenment and psychedelics. On other episodes, it's science-based techniques for issues such as anxiety, productivity, and relationships. Dan's approach is seemingly modest, but secretly radical: happiness is a skill you can train, just like working your biceps in the gym. Your progress may be incremental at first, but like any good investment, it compounds over time.

FREE OFFER WITH THANKS

As a small thank you for the tireless efforts of members, the amazing team at Ten Percent Happier is offering a six-month free subscription to its meditation app. Click to redeem and find out more (you will need to be logged into the AMAV member portal).



Click here to redeem offer + find out more

BREAKTHROUGH

BABY ♥ SOFTWARE

Researchers at Monash University have developed new software which delivers advanced sound quality of heart and lung monitoring for pre-term and full-term babies, and can be used by parents at home.

The software, used in conjunction with digital stethoscopes, delivers state-of-the-art screening and monitoring capability and more accurate diagnosis of respiratory issues in our most vulnerable babies and children.

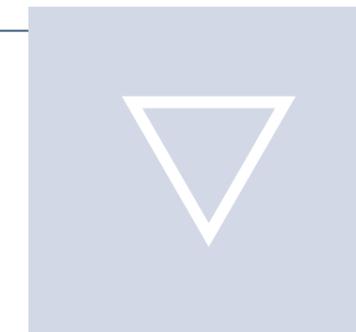
It can be used in hospitals or at home and offers better diagnosis and real-time monitoring for babies. This is also of particular value in low to middle-income countries where health resources may be limited.

"Respiratory issues are common in preterm babies. The software we've created removes all of the surrounding noise from chest recordings so the heart and lung sound are separated and very clean. This enables doctors and nurses to listen to them very clearly without interference and better diagnose any potential issues," said Dr Faezah Marzbanrad from the Monash University Department of Electrical and Computer Systems Engineering.

"The software is very easy to use, whether you are a doctor in a hospital setting or a parent in the middle of the night worried about a baby. A parent can record their baby's chest sound and send it to a doctor for real-time analysis," added Dr Marzbanrad.

According to UNICEF, the neonatal period is the most vulnerable time for a baby's survival with 1.7 per cent of live births resulting in mortality. Stethoscope-recorded chest sounds contain important cardiac and respiratory information that informs clinicians on the health status of newborn babies. This crucial information can enable timely assessment for signs of serious health risks, potentially improving neonatal survival and reducing long-term morbidity risks.

However, low quality chest sounds due to noise from the external environment, other internal body sounds, or the device itself, can hinder the use of conventional or digital stethoscopes and complicate monitoring and diagnosis, or worse, can lead to misdiagnosis.



What's On

4/3

International Women's Day

7-13/3

World Glaucoma Week

1-14/3

World's Greatest Shave

11/3

World Kidney Day

7/4

World Health Day

11/4

World Parkinson's Day



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IN THE PRACTICE



Rewarding aspects of work in a different medical setting



One of the best secrets of a happy life is the art of extracting comfort and sweetness from every circumstance...



DR REBECCA MCGOWAN

MBBS, FRACGP, DipObsRANZCOG, DipForensicMedicine



[Click here for more about Dr McGowan](#)

Q: Can you briefly summarise your role in medicine?

A: I live in northeast Victoria and work as a rural GP with over 32 years of experience as a doctor. I work in a busy practice in Albury and also have my own business providing preventative health talks to community groups and businesses, online and in person.

Q: Who or what inspired you to become a doctor?

A: When I was 12 years of age, my father gave me a book called, *Where there is no doctor: A village health care handbook* by David Werner. It was used by the WHO all around the world, with simple drawings and instructions. I was a farm girl, but I became fascinated by medicine and this book made it seem attainable.

Q: How have you maintained resilience and balance over past two years?

A: By finding the sweetness in the small things: gardening, running and being on my farm with my husband; laughing with my patients. Starting regular therapy with a psychotherapist every 2-3 weeks by telephone. It's been great. I love this essay by Thomas Mitchell, a farmer, on happiness (*Essays on Life*):

"One of the best secrets of a happy life is the art of extracting comfort and sweetness from every circumstance... People are always looking for happiness at some future time and in some new thing, or some new set of circumstances, in possession of which they someday expect to find themselves. But the fact is, if happiness is not found now, where we are, and as we are, there is little chance of it ever being found. There is a great deal more happiness around us day by day than we have the sense or power to seek and find."

If we are to cultivate the art of living, we should cultivate the art of extracting sweetness and comfort out of everything, as the bee goes from flower to flower in search of honey."

Q: How have the added challenges impacted your life away from work? Long hours means less time to do my gardening and farm work. I have not been able to travel to see friends and have my 'city fix'.

Q: What are you most proud of about your medical career?

A: Being able to, "Be the change I wanted to see in the world". For example, be an excellent local doctor, providing care for so many people in my community, often four generations, from cradle to the grave and know that I have really helped so many people and changed so many lives for the better.

Q: Tell us about a health issue you are particularly passionate about?

A: The impact of bushfire smoke on the placentas of pregnant patients and the negative effects on their babies. This is related to the worsening bush fires that we see (that I have personally lived through), as a direct result of the heating of the planet resulting from climate change.

Q: What do you value most as an AMA member?

A: Being part of a medical union! Being part of a group that supports issues that I am passionate about such as climate action, Closing the Gap, appropriate Medicare benefits, having our (doctors) backs when dealing with the Federal Government and other thorns such as the powerful pharmacy groups.



“Our pre-campaign focus groups show Australians were shocked to find hospital funding is not already designed to meet the needs of the community.”

CLEAR THE HOSPITAL LOGJAM

The AMA has launched a new public hospitals campaign, *Clear the hospital logjam*, to reform the way public hospitals are funded and make hospitals a vote-changing federal election issue.



Share your logjam story



Email hospitals AMA Vic



View AMA's hospital funding reform solution

The AMA has launched a new public hospitals campaign, *Clear the hospital logjam*, to reform the way public hospitals are funded and make hospitals a vote-changing federal election issue.

The campaign will highlight the impact of hospital logjams around the country, hear disturbing testimony from frontline ED doctors, and encourage Australians to vote for their public hospital at the federal election. It's the first time the AMA has elevated public hospital funding to a federal election campaign.

Clear the hospital logjam explains how ambulance ramping, emergency waiting times and delays in elective surgery are all part of a cycle of underfunding and poor planning that is putting pressure on hospitals across the nation and which are buckling under the extra strain of the pandemic.

AMA analysis shows a lack of funding to expand capacity and improve performance in hospitals is the root cause of widespread ambulance ramping and bed block – the hospital logjam – around the country and needs to be fixed once and for all.

“The long-standing public hospital funding failure is so serious we can no longer allow this issue to be punted between State and Federal Governments, it's a national issue. Australians are in danger of losing their access to universal healthcare and that's a tragedy we can't allow,” AMA Federal President Dr Omar Khorshid said.

“The only way we will ever resolve this problem is to fundamentally change the way governments fund public hospitals and it needs to happen now,” Dr Khorshid said.

The AMA campaign invites Australians to share their own experiences of logjams in our public hospitals, whether in emergency departments, waiting for essential surgery, or a specialist appointment.

In coming weeks, ‘town hall’ events in every state and territory will ventilate the experiences, problems, and performance of local public hospitals, energising voters in their electorates.

“We know that on the ground our hospitals are hurting – they were under pressure even before the pandemic. Supporting hospitals is critical along with our hard-working GPs who can prevent disease and keep Australians well and out of hospital in the first place,” Dr Khorshid said.

“This campaign is focused on addressing the root causes of these logjams, and as a first step we are going to amplify the voice of those exhausted staff and frustrated patients, so all our leaders can hear.”

“Australians are sick of state and federal politicians blaming each other for inadequate hospital funding and so we are encouraging all Australians to elect candidates who understand the current funding arrangements are broken, and who are willing to go to Canberra to change them.”

The AMA has also released the hospital chapter of its *Pre-Budget Submission*, providing the figure of \$20.5 billion across four years to create a more equitable 50-50 funding share between the Commonwealth and states and territories, and to remove the existing 6.5 per cent cap on funding growth. It also calls for additional partnership hospital funding to be provided to improve performance, expand capacity, and address avoidable admissions.

“Our pre-campaign focus groups show Australians were shocked to find hospital funding is not already designed to meet the needs of the community. Now is the time for a national partnership approach to fund hospitals to expanded capacity, reward performance, and facilitate evaluation and improvement,” Dr Khorshid said.

“To aid both parties the AMA recently released a detailed analysis of Australia's hospital system, *Public hospitals: Cycle of crisis*. We know the size and scale of the problem, and how to fix it. We just need the incoming government, whichever that is, to act.”

“COVID-19 has exposed the fault-lines in our hospital system, and Australians have never been more aware of its critical role in underpinning our nation's health. Public hospitals should be a vote-changer and we hope Australians will take that opportunity at the election.”

“I've raised public hospital funding with both major parties and while nothing has been committed yet, we'll continue discussions. We want to see a pledge before election day from both sides that a Commonwealth Government of either persuasion will commit to end the logjam in public hospitals, through better targeted, more equitable funding with states and territories to fix public hospitals,” Dr Khorshid said.

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INTERNATIONAL WOMEN'S DAY

#BREAK THEBIAS

Imagine a gender-equal world. A world free of bias, stereotypes and discrimination. A world that's diverse, equitable, and inclusive. A world where difference is valued and celebrated. Together we can forge women's equality. Collectively we can all **#BreakTheBias**.

IWD MEMBER PROFILES

Dr Nardine Elzahaby

Prof Cassandra Szoeke

Dr Liliana Sousa Nanji

Dr Pearly Khaw

Dr Alice Mizrahi





1

Dr Nardine Elzahaby

CONSULTATION-LIAISON PSYCHIATRIST

CAN YOU BRIEFLY SUMMARISE YOUR ROLE IN MEDICINE?

I am a Consultation-Liaison Psychiatrist. I work part-time at Austin Health and part-time running my telehealth clinic servicing mainly rural communities.

I also run a business in medical education called IMG SOS. IMG SOS is a web-based accredited medical education provider for board qualifying examinations for overseas trained doctors, for RACGP, RANZCP, RACP and ACEM trainees. The company is web-based for accessibility to those who have to work in rural and remote areas.

I am part of Hand-n-Hand peer support network that aims to link healthcare workers into peer support groups.

I am passionate about system improvements in healthcare, hence I have started my Master of Business Administration in healthcare management.

I have received these awards:

- » Wellbeing Champion Award (PMCV, 2020)
Acknowledging a junior medical staff member who works hard to support their colleagues, create a safe working environment and is a valuable leader.
- » Junior Doctor of the Year (AMAV Awards, 2019)
Recognising a doctor-in-training who has made an outstanding contribution to the medical profession and the community.

WHO OR WHAT INSPIRED YOU TO BECOME A DOCTOR?

I completed my schooling in Egypt; a developing country where poverty and disadvantage are prevalent features. I felt I needed to contribute to my community, to helping the disadvantaged and marginalised. I envisioned myself going on a mission to Africa to help those communities who are in deep need for health literacy and healthcare.

However, my goals and mission shifted a little, driven by the lack of adequate training in Egypt and unrealistic working hours and the impact of that on my lifestyle and family.

I migrated to Australia as a skilled worker with my family in 2011. I enjoy practising in Australia, however inequality is noticeable; due to race, gender, socioeconomic status and mental illness. This is obviously an issue in many countries, but I am passionate about changing cultures and improving systems and I do believe that gender equality is one of the issues that is well overdue for addressing and adjusting.

WHAT DO YOU THINK NEEDS TO BE DONE TO HELP ACHIEVE GENDER EQUALITY IN MEDICINE?

As a wife and mother of three children and a woman of colour, I have struggled throughout my career with gender inequality. Comments like:

- » “You are pregnant. How about your training?”
- » “Oh, you have children. You will not be able to be on the roster.”
- » “You are busy with your kids. You have no time for work.”

These are very familiar. In addition, the alienation and marginalisation that occurs, not just from men, but from women who are in different stages of life is profound.

I believe we are well overdue for a change. I believe a human's contribution should be regarded on its own merits regardless of their gender, race and colour. I believe that women, in general, feel the pressure to do more, which takes its toll on their health and wellbeing due to the common perception that women do not do enough.

We need to develop reflective practises to help us observe our own biases and address it. We are all biased in many ways and we need to keep an open conversation about our biases. Shame and discrimination thrive on secrecy and silence. Keeping an open channel for conversations about this difficult topic is necessary for the change to occur.

HOW DO WE COLLECTIVELY BREAK THE BIAS IN MEDICINE?

Breaking the bias starts with us. In my career, a lot of the challenges I faced as a woman were actually initiated by women. At times, we model behaviours that perpetuate gender inequality or in fact incorporate gender discrimination due to a lack of self-reflection or to please our male colleagues. Breaking the bias means we need to acknowledge that we all have biases one way or another and we need to be willing to improve.

Breaking the bias means we empower women every day, at home, in the streets and at the workplace. If we do not have a secure sense of self, we risk undermining and disempowering women with whom we identify. We are all busy and life can take its toll on all of us. It is very easy for us to lose track of why we do what we do; our values and goals. To be able to remain true to ourselves and to our values, we need to look after ourselves and practise self-care on a day to day basis.

In addition, we need to keep those conversations going. We get disheartened sometimes when our calls for equality fail or when the path feels too long and too hard. Pursuing those conversations feels like a marathon and it is! Systems and organisations take many years to change. At times, our years of work will land with our predecessors to pursue and that is ok!



Learn more about the VDHP

HOW HAVE YOU MAINTAINED RESILIENCE AND BALANCE OVER THE PAST TWO YEARS?

There were moments when I felt it was all overwhelming, and I wanted to quit medicine. Misogyny is well entrenched in parts of medicine still unfortunately and I do notice that it eats away at my resilience. However, over the last year, and whenever I felt burnt out, I sat down, made my own space, reflected on how I felt, took it easy on myself (at work or at home) and told myself, “It is a marathon, not a sprint”. Hence, I needed to slow down and look after myself at times.

I also felt strength in opening up and sharing my vulnerability with others. As doctors and perfectionistic humans, shame is often entrenched somewhere inside us; whether this is evident to us or not. Shame thrives in silence, and opening up to colleagues I trusted helped me in overcoming feelings of shame.

Only then do I feel able to do what Shirley Chisholm suggested, “If they don't give you a seat at the table, bring a folding chair”. I find that as a woman, you may not be invited to the table or asked to join at times and that is ok, so I do bring my folding chair and make my voice heard.

When burnt out, I keep my expectations very low. I do what is required at work but review how much of what I do is required and how much is my own self standard! I often feel that our feelings of overwhelm start with very high expectations of self that we would rarely have of someone else.

Why are others more deserving of looking after than myself? Lots of self-reflection and testing why I do things is key to my wellbeing and resilience.

WHAT ARE YOU MOST PROUD OF ABOUT YOUR MEDICAL CAREER?

I am proud of my young family and receiving my fellowship last year. I am proud of being able to marry my values to what I do every day at work. I often find that work can be less rewarding and burn out is very possible when we are not able to be our authentic self at work. Being able to be our authentic self at work with our strengths and flaws is key in sustaining our enjoyment and wellbeing.

TELL US ABOUT A HEALTH ISSUE YOU ARE PARTICULARLY PASSIONATE ABOUT?

I am very passionate about doctors' health. I worked for a little while with the Victorian Doctors Health Program (VDHP) and currently see doctors in my private practice. I am passionate about improving doctors' access to healthcare.

Doctors are at times not proactive with getting the help when they need it, which often makes them feel trapped, lonely and leads to serious repercussions for their health and careers. We need to improve in looking after ourselves. We need to remain attuned to our needs just as we are to our patients' needs. We will not be of use to our patients if we are constantly running on empty.

WHAT DO YOU VALUE MOST AS AN AMA MEMBER?

I value the great work and advocacy that the AMA does in relation to doctors' rights and wellbeing.

I value the presence of it as a body; something that is not there in many countries. I appreciate the AMA's contribution to the VDHP as well.



Professor Cassandra Szoeki

CONSULTANT NEUROLOGIST AND
GENERAL PHYSICIAN, CLINICAL ACADEMIC

CAN YOU BRIEFLY SUMMARISE YOUR ROLE IN MEDICINE?

I am a Consultant Neurologist and General Physician Clinical Academic. I worked broadly across the public hospital system (RMH, ARMC, BHH, QEH, Sunshine Hospital, Burnie Hospital, Calvary Hospital) and was also appointed by the State Minister for Health on hospital and healthcare boards as a non-executive director. During this time, I held roles as chair of both Quality and Safety and also Education, Research and Training board subcommittees. I now work in private practice and for the last several years have represented my colleagues as an AMA Victoria Councillor. I am appointed by the State Minister for Health to Medical Panels (Victoria). I am a full academic Professor at the University of Melbourne and am Director of the Healthy Ageing Program at the University in the Centre for Medical Research, supported by the Royal Australasian College of Physicians.

WHO OR WHAT INSPIRED YOU TO BECOME A DOCTOR?

I am inspired to help people. When I was in junior school, one of my younger brother's friends hit his head on a branch running through the trees and my Mum called a locum doctor to come and assist. I was fascinated by the wound and the doctor let me be his assistant and even let me do the final stitch. Afterwards my mother (who is not good with the sight of blood) couldn't get over how fine I seemed to be with it. I was totally overtaken by the ability to help and repair the damage. With the benefit of the retrospect-o-scope I would say that the culture of medicine, with the locum teaching and involving me was also something I just knew I had to be part of.

WHAT DO YOU THINK NEEDS TO BE DONE TO HELP ACHIEVE GENDER EQUALITY IN MEDICINE?

This is a really difficult question. It's not so much to do with gender as it is to do with areas of medicine where cartels remain which foster exclusion. I think fundamentally there is now a lot of evidence that diversity brings greater advancement and opportunities. Smart people are able to recognise this advantage over any anxiety about the less well known or understood.

HOW HAVE YOU MAINTAINED RESILIENCE AND BALANCE OVER THE PAST TWO YEARS?

I don't know that I have done either of these well. With respect to resilience, I want to say that we are blessed in our profession, that what we strive for is a noble and altruistic goal which allows us to better tolerate personal suffering for the greater good. But I think also that the strongest resilience is built through surviving significant difficulties and after the countless challenges and situational crises which arise in medicine that many of us have faced when we lacked support or experience, the recent challenges seem comparatively workable.

Balance is harder in that I think this concept suggests that work is the counterpoint of joy and that therefore there needs to be a balance. For me, my work is my joy. I think that in medicine we are also extremely privileged that our day-to-day work has enormous variety and no two days of my working life have been the same since I first graduated. This is because no two people are the same, but also there are so many ways a doctor can contribute to health and I balance my time between administration, government advisory roles, research, teaching and patient care.

WHAT ARE YOU MOST PROUD OF ABOUT YOUR MEDICAL CAREER?

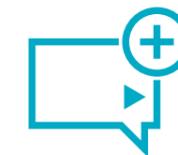
My greatest pride has been establishing and maintaining our Healthy Ageing Program – from birth to beyond. That was quite a challenge in a time of my training where specialisation and subspecialisation was the norm. I myself completed not only my neurology training but also three years of epilepsy fellowship training. Despite the attrition of general physicians, I was lucky enough to be mentored during my training by a brilliant general physician, Dr Peter Greenberg and our Healthy Ageing Program, established in 2008, is inclusive of all physician specialty areas. The collaborations across various subspecialties within the college has made for an incredibly enriching clinical research environment nationally and internationally, not only for me but for the many clinicians and early career researchers who train with us.

TELL US ABOUT A HEALTH ISSUE YOU ARE PARTICULARLY PASSIONATE ABOUT?

I am interested in healthy ageing and maintaining our cognition into later life. Within this area of focus I have developed a subspecialty interest in sex differences in health and in particular the persistent higher prevalence over 60 of dementia, arthritis and heart disease in women compared with age-matched men.

WHAT DO YOU VALUE MOST AS AN AMA MEMBER?

I have belonged to the AMA since I was an intern. It is crucial, I think, to have a doctor's voice represented in our community. There is so much we have to give to our community. Knowledge not just on health, which has relevance in almost every sector, but also our training in strategic planning, devising protocols, connecting with people and our uncanny abilities to read copious amounts of materials both synthesising and retaining this knowledge. These skills are translatable and much needed in the policy space. I value getting involved.



Click here to find out more about the Healthy Aging Program



I think fundamentally there is now a lot of evidence that diversity brings greater advancement and opportunities.



Dr Liliana Sousa Nanji

INTERNATIONAL DOCTOR WHO AIMS TO BECOME A NEUROINTENSIVIST AND AN ADMINISTRATOR

CAN YOU BRIEFLY SUMMARISE YOUR ROLE IN MEDICINE?

I am an international doctor who aims to become a neurointensivist and an administrator. I have made some controversial decisions in my career, including leaving my original country a few days after completing my internship and making a career change from surgery to intensive care after burning out in 2019. However, I believe these decisions have allowed me to become a more well-rounded doctor and individual. I often find myself offering advice to fellow young doctors who struggle with various aspects of their lives, and this type of mentoring gives me a lot of joy.

WHO OR WHAT INSPIRED YOU TO BECOME A DOCTOR?

My earliest inspiration was my paediatrician. He was a kind and funny older gentleman who always made me feel comforted even in my sickest days. We always spoke frankly about any and every topic, and he offered me advice on getting into medical school. I am almost embarrassed to say that the days I was sick were actually some of my favourite days as a child!

WHAT DO YOU THINK NEEDS TO BE DONE TO HELP ACHIEVE GENDER EQUALITY IN MEDICINE?

I believe it is vital that doctors, either female, male or gender-neutral, are offered jobs and rewarded based on merit above all. I feel very uncomfortable when seniors ask me if I have a partner and plan on having children. I have seen seniors become upset learning they would have more female juniors for a certain time because they are “prone to take more time off”. I would like to be seen as a doctor first and foremost when I am at work, and I believe I am pretty good at what I do! There is still a societal expectation that females dedicate more to the family and the home, but I would like to see relationships become more equitable. If I need to take time off for whatever reason, I will be doing it as predicted in the legislation – the same as my male counterparts, who may also choose to spend more time at home and with the family.

HOW DO WE COLLECTIVELY BREAK THE BIAS IN MEDICINE?

This is a multifactorial issue that needs to be tackled on multiple fronts. In my experience, our leaders set the tone for the teams we work in. If we see them being all-inclusive, as unbiased as humanly possible and willing to embrace our differences, then that is the behaviour that we will normalise and replicate. This culture then extends to future generations of doctors. However, this also needs to be addressed in society as a whole. If we see superwomen trying to manage work, home, and family simultaneously, while men focus primarily on their careers, naturally children will believe this is the standard to live by. Men will continue to be more likely to progress at work, and we will continue to see an imbalance in gender leadership. Women need to remember they cannot do everything at the same time, and men need to remember that we work as a team in all aspects of life.

HOW HAVE YOU MAINTAINED RESILIENCE AND BALANCE OVER THE PAST TWO YEARS?

I will be honest and say the last couple of years have been some of the toughest of my life. I am originally from Portugal, where the people most important to me still live. Having the Australian borders shut (for reasons I have not always agreed with) was very difficult for my mental health. I also have a relatively recent diagnosis of rheumatoid arthritis, and this has definitely become more difficult to manage during the pandemic. Fortunately, I have always been able to reach friends and family digitally, and I had some good support sources in Melbourne. It also helped that I loved my job and felt very useful to our society. Whenever my health allowed, I poured myself into work, and I actually really enjoyed this time. I was also lucky that I am an introvert by nature, so it did not bother me too much not to go out as much.

WHAT ARE YOU MOST PROUD OF ABOUT YOUR MEDICAL CAREER?

I am most proud to have been able to find alternatives when life was not going to plan. Transitioning to the Australian healthcare system was an arduous journey, and it has taken me a few years to feel on par with my local colleagues. After burning out, when I was running out of hope and ideas, I still managed to remain in Australia and find a new passion in intensive care. I am also glad that, even through difficult times, I was still pleasant, helpful, and still taught and advised other junior doctors. I may not always be in the best energy and mood, but I always try and remember that the people with me at work are also human, and they do not need to suffer even if I am suffering.

TELL US ABOUT A HEALTH ISSUE YOU ARE PARTICULARLY PASSIONATE ABOUT?

From a professional point of view, I have always been interested in neurosciences, resuscitation and procedures. It took me a while to put these pieces together, but I got there in the end! More recently, I have become very passionate about advocating for doctors’ wellbeing, especially after hitting rock bottom myself and not wishing it on anyone. I am an open book, and I have become more involved in speaking up about mental health in medicine, our work conditions and the need for compassion and self-care.

WHAT DO YOU VALUE MOST AS AN AMA MEMBER?

I find it great to know that I always have the AMA on my back. They are the silent bodyguard I did not know I needed. There have been times I was unable to resolve issues directly with my healthcare, whether in terms of hours or pay, and it was very easy to get the AMA involved. Whenever I did this, I found the matters were resolved swiftly and without much fuss.



Click here to find out some resources for international medical graduates



If we see superwomen trying to manage work, home, and family simultaneously, while men focus primarily on their careers, naturally children will believe this is the standard to live by.



Dr Pearly Khaw

HEAD OF THE GYNAE RADIATION ONCOLOGY SERVICE
PETER MacCALLUM CANCER INSTITUTE
AMAV BOARD MEMBER

CAN YOU BRIEFLY SUMMARISE YOUR ROLE IN MEDICINE?

I am currently the Head of the Gynae Radiation Oncology service at Peter Mac. We are responsible for the delivery of radiotherapy services and care to women with gynaecological malignancies at all of the Peter Mac sites (Parkville, Moorabbin, Bendigo, Sunshine and shortly also at our Box Hill campus). Our service also provides specialised brachytherapy services to women of Victoria, Tasmania and also South Australia, as we are the only centre that has the capability and resources to deliver interstitial brachytherapy for localised recurrent disease in the lower pelvis. I am also heavily involved in Gynae-Oncology Clinical Trials, often acting as the lead Radiation Oncologist for many Australian and International trials. I am a Board Director with ANZGOG (Australian and NZ Gynae-Oncology Group), the leading Gynae-Oncology Research Group in ANZ and serve on a number of their committees. Through ANZGOG, I am also involved in a number of International Research Group activities and have also been invited to serve on both Cancer Australia and Cancer Council of Victoria Committees. I now hold a number of leadership roles within Gynae Radiation Oncology and remain keen to use this position to teach, encourage and promote the next generation of radiation

oncologists, as well as seek better outcomes for women with gynaecological malignancies.

Radiation oncology is a little recognised specialty but it remains a critical component in our ability to treat and cure many cancers. The use of radiotherapy is also important in palliation, so the breadth of treatment capabilities is vast. It is also an area of medicine that often piques the interest of those interested in technological advances and how these changes can be adapted and used to improve outcomes whilst reducing toxicities.

WHO OR WHAT INSPIRED YOU TO BECOME A DOCTOR?

The person that most inspired me to become a doctor was my maternal grandfather. When I was 10, he was diagnosed with the first of his four malignancies. At the same time his brother-in-law was diagnosed and soon succumbed to lymphoma, whilst another family friend was diagnosed and also soon passed with gastric cancer. This exposure to the world of cancer medicine certainly was formative in my desire to become a doctor and try to do something to change these outcomes.

WHAT DO YOU THINK NEEDS TO BE DONE TO HELP ACHIEVE GENDER EQUALITY IN MEDICINE?

To achieve gender equality we need to be prepared to view gender

through a different lens. Positive measures to lift women need to be enforced. Stereotypes of how "things are done" need to be broken down and we need to view these psychological biases as fallacious. The negativity of the "status quo" needs to be reinforced so that it becomes something that we avoid at all costs. We need to plan to ensure our workforce is not divided based on gender – that benefits that have been sought to seemingly make life easier for women, are not just about women but are for all members of the medical workforce. When we view ourselves as equals within the workforce, then we should be able to start to move away from the discussion about gender. Women need to be empowered to stop having to think about how they must behave in a manner that is more akin to the (old) male stereotype in the medical workforce. If we feel we must display these behaviours then we perpetuate the boundaries that we are striving to break down.

However, gender equality cannot be achieved without also breaking down the other (silent) inequality in our workforce – racial inequality.

As a woman of colour, I am left facing the double whammy which often silently prevents advancement of one's career. BIPOC are regularly expected to behave in a stereotypical manner and the silent discrimination of white privilege goes unaddressed and often unrecognised. Add to this the inequality that also comes if one

identifies as LGBTIQ and it highlights how far we still have to go to break down the many barriers in our profession.

HOW DO WE COLLECTIVELY BREAK THE BIAS IN MEDICINE?

If we wish to #BreakTheBias then we need to speak about the bias. The people who sit in the positions of privilege – predominantly white male but also white female – need to listen to the voices of those who face these barriers on a daily basis. The listening needs to be proactive and without the standard reactionary position of defense. Active listening will allow for change but many of those in positions of power and privilege find this to be overtly challenging to the status quo. They do not want to lose that sense of power/privilege, so there is only a semblance or tokenistic move to effect change. Nothing of substance eventuates because that, in itself, is too much of a change and challenge.

We cannot #BreakTheBias without being prepared to deconstruct our current "status quo" and rebuild a more equitable profession that recognises, respects and reflects the many varied faces of our multicultural community. These faces need to be seen, promoted and lauded as leaders in our profession. If I "do not see me", I cannot feel like I truly belong in this community.

HOW HAVE YOU MAINTAINED RESILIENCE AND BALANCE OVER THE PAST TWO YEARS?

Coping with the stressors over the past 2 years has been challenging. Not only have I had to manage the work-related stressors but within my family, we also had to cope with the trauma of VCE during COVID! Trying to maintain balance during this period meant recognising the importance of self-care and knowing that I have a wonderful core group of friends that I could rely on to support me through the "ups and downs" of it all – you need to know that there is always a safe space to vent! Exercise also proved to be a key – no, I'm not a crazed athlete but regular walking definitely helped with mental health and the need to find balance. More recently, I've re-discovered my knitting mojo and that has become a true escape.

WHAT ARE YOU MOST PROUD OF ABOUT YOUR MEDICAL CAREER?

The achievements that have given me the greatest pride during my career are the patients. Yes, I know that sounds awfully cliché, but when you spend many years caring for a patient during a truly traumatic phase of their life, getting to know them and their families, it is truly heartwarming when they tell you how much you have meant to them and how special they feel you are for being that person who supported them

through this journey. To receive these messages gives me a sense of pride because that is what my work is about – trying to improve outcomes for the women with gynaecological cancers.

TELL US ABOUT A HEALTH ISSUE YOU ARE PARTICULARLY PASSIONATE ABOUT?

I remain completely passionate and committed to bringing greater awareness to the public's knowledge of gynaecological cancer and how we need to be proactive in trying to find ways to improve outcomes. I do not just mean focussing on research into new treatment options, but providing the multiple supports these women need to get through this journey. Support comes in many "faces" and we need to acknowledge the entire team that is involved. As well as this we also need to recognise how fiscal inequity also impacts on these outcomes.

WHAT DO YOU VALUE MOST AS AN AMA MEMBER?

The importance of my AMA membership comes in many forms. Predominantly it is the area of industrial relations that I value, but that is because I am a salaried public health doctor only. But the advocacy of AMA, particularly in the area of MBS Billings, access to drugs and equity across the entire health system, is definitely an asset.



As a woman of colour, I am left facing the double whammy which often silently prevents advancement of one's career.



Dr Alice Mizrahi

INTENSIVE CARE REGISTRAR
AMAV BOARD MEMBER

CAN YOU BRIEFLY SUMMARISE YOUR ROLE IN MEDICINE?

I am an intensive care registrar working at a metropolitan hospital in Melbourne while doing my best to study for my First Part exam.

WHO OR WHAT INSPIRED YOU TO BECOME A DOCTOR?

Even during high school, I knew I wanted to pursue something in the sciences field at university. Over time, as I learned more about medicine as a career, I realised it had the perfect mix of sciences, complex problem solving and teamwork for me while also feeling like you were making a difference to someone. I have also always been interested in global health and medicine gives me an avenue to do other work that hopefully addresses bigger societal issues.

WHAT DO YOU THINK NEEDS TO BE DONE TO HELP ACHIEVE GENDER EQUALITY IN MEDICINE?

The answer to this question probably contains enough to write a book. The lack of gender equality in medicine reflects a lack of gender equality in our society and until we are able to see equality for women, non-binary and trans members of our community, including for people of colour, queer people, people across all socioeconomic classes, First Nations people and other marginalised parts of society, we won't see that reflected in our profession. c Achieving gender equality is beneficial for everyone, including men, and without it our profession and our patients' outcomes will continue to suffer.

HOW DO WE COLLECTIVELY BREAK THE BIAS IN MEDICINE?

The first step is to be conscious of that bias. We all have bias about everyone we interact with and at work that includes both our patients and our colleagues. Always being conscious of our own privileges and biases can help limit (although not eliminate) the impact they have on our decision making and behaviour. But a more important step is to diversify the institutions we work within. We need to see more women, non-binary and trans people as well as people of colour, First Nations people, queer people, people of different religions, people from different socioeconomic backgrounds, etc. in positions of leadership and power. Only then will we start to see true progress towards equity and inclusion.

HOW HAVE YOU MAINTAINED RESILIENCE AND BALANCE OVER THE PAST TWO YEARS?

I think I've always been quite a resilient person, but the last 2 years have been hard for everyone, including me. But even more importantly, I think we need to move away from this concept of resilience and shift the conversation to how to make our workplaces healthier for employees. It's impossible to remain resilient without fail even without a pandemic if you're working unsafe hours, not being paid unrostered overtime and your workload is unmanageable. One of the most important functions of the AMA over the past two years has been defending workplace safety for junior and senior medical staff and I hope over the next two years we continue to see improvements that will help us have longevity and balance in our careers.

WHAT ARE YOU MOST PROUD OF ABOUT YOUR MEDICAL CAREER?

That I have been able to enjoy my work and remain excited about it while also maintaining a healthy work-life balance.

TELL US ABOUT A HEALTH ISSUE YOU ARE PARTICULARLY PASSIONATE ABOUT?

I'm passionate about the effect of war and conflict on health. Increasingly, and particularly recently, we have seen hospitals and other healthcare facilities become targets of military strikes, resulting in direct casualties of vulnerable people (and staff) and indirectly in deaths by destroying vital services in affected communities. But in addition to injuries, war causes mass displacement of peoples, starvation, trauma, and economic turmoil and widens the inequality gap within and between nations. The effect of conflict is profound and far reaching and extends long after ceasefires. I hope to see greater action from states and stakeholders to reduce armed conflict and its impact on health.

WHAT DO YOU VALUE MOST AS AN AMA MEMBER?

The AMA has been an invaluable advocate for junior doctors both on an individual level when required and more broadly for junior doctors as a whole. I greatly value the AMA's work in the industrial relations space. Additionally, AMA's public health advocacy has been very strong prior to and throughout the pandemic and I am grateful to have a representative body to advocate on my behalf on public health issues that are important to me.



[Click here for more about AMA Workplace Relations + Wellbeing](#)



We need those in power, statistically that is mostly men, to listen and take up the fight with us.

#BREAK THEBIAS



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- Est. savings of \$312k on energy bills within 5 years
- Est. payback within 4 years

Ballarat Group Practice engaged Energis to future-proof their three medical centres with solar and battery. The Group is now on track to save c.\$312k on energy bills within 5 years and realise their payback even sooner, within 4 years.

Energis meticulously designed and installed a total of 159kW of solar and 88kWh of battery storage across the Group's three medical centres. Essential loads including the centres' vaccine fridges and lighting were connected to the battery storages, giving the centres the ability to continue to operate even in the event of power outages.

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AMAV ADVOCACY



*Click here to email
AMAV Policy +
Advocacy*

The COVID-19 pandemic has upended many assumptions and expectations over the past two years, including that the summer months are traditionally a quiet time on the policy desk.

AMA Victoria has been working on a range of issues for members over the last few months. We've persistently advocated (publicly and privately) for the State Government to take a more nuanced approach to elective surgery restrictions; highlighted the issue of violence against healthcare workers; liaised with colleges and government on behalf of DiTs in the aftermath of issues with various exams, and lobbied government on a range of fronts on behalf of GP members. It's been a uniquely busy summer.

The following provides a brief snapshot of our recent advocacy activities.

ELECTIVE SURGERY

The resumption of elective surgery in Victoria followed strong and consistent advocacy from AMA Victoria and other like-minded organisations that blanket bans, followed by significant and disproportionate restrictions, damage the private surgical workforce and the Victorian community in equal measure.

It has been AMA Victoria's consistent approach throughout the pandemic, one that we have put publicly and behind the scenes, that the State Government should adopt

a nuanced and considered approach to elective surgery. Such an approach should include not simply imposing blanket bans or rationing surgery by categories, but if rationing is necessary, reduce it by a percentage across the board. That allows greater nuance, with practitioners being able to perform surgery based on the important principle of clinical need balanced with local requirements and resources.

As members are acutely aware, there is a significant burden of deferred elective care in the Victorian community and the backlog will likely take years to deal with.

AMA Victoria continues to call on the State Government for a roadmap for managing and funding Victorian elective care resumption in future months and years so that our healthcare system has improved capacity and does not rely on extended deferral of essential surgery to manage in times of high demand.

COLLEGE ISSUES

In the aftermath of the failed RANZCP AVOSCE exam, we contacted the College urging that it provide trainees genuine involvement and oversight of processes on an ongoing basis. This would ensure that trainees and their needs are genuinely heard and that there is trainee involvement in decisions, processes and in developing solutions to challenges that the RANZCP face.

Similarly, after several issues with the recent Victorian Basic Physician Trainee Divisional Written Exam, we contacted the State Government to insist that exam leave be granted, without question. We urged this both for the day of the exam (as a necessity), but also for the regular three clear days prior to the examination. In making this request, we stated that the reasons as to why this leave should be granted were largely self-evident; immediate benefits to the stressed and fatigued candidates, and longer-term benefits to the Victorian health system which the considerable majority will ultimately staff.

VIOLENCE AGAINST HEALTHCARE WORKERS

We have previously called on the Victorian Government to reinforce that violence against healthcare workers is never acceptable.

However, our members, particularly those working in intensive/critical care areas, tell us they are increasingly experiencing abuse and threatening behaviour from both COVID-19 patients and their family members, influenced by misinformation and conspiracy theories about the disease.

Accordingly, we have written to the Victorian Department of Health seeking support and protection for healthcare workers in our hospitals, urging it to communicate to the community that violence

THE POLICY DESK

and abuse towards healthcare workers will not be tolerated by health services.

GENERAL PRACTICE ADVOCACY

AMA Victoria appreciates that it is uniquely a difficult time to be a GP; that even before the COVID-19 pandemic GPs felt disregarded, even disrespected, by all levels of government.

In recognition of this, we have been doing our best to improve the situation for our Victorian GP members in recent months, including through:

- » Helping to secure vaccination block grants for vaccination in targeted local government areas and for vaccinations in schools;
- » Working to remove untenable exposure site rules for general practices;
- » Arguing for provision of rapid antigen tests for general practices;
- » Helping to secure a temporary restoration of telehealth consultations to meet pandemic demand;
- » Advocating to address unacceptable delays in overseas-trained GPs receiving their registration from Ahpra and receiving their Medicare provider number.

SUBDIVISIONS

AMA Victoria's subdivisions provide you with a great opportunity to connect with your local colleagues, as well as an avenue to communicate important concerns or ideas to AMA Victoria Council.

All AMA Victoria members belong to two subdivisions – one geographic and one vocational.

Your vocational subdivision is designed to connect you with AMA Victoria members from across the state who are at a similar stage in their career, have a similar type of employment, or work in the same sector. Examples of vocational subdivisions include doctors-in-training and general practice. These groups naturally tend to have shared interests and concerns, and the vocational subdivisions provide a place for you to air your concerns and discuss proposed solutions with your peers.

Your geographic subdivision connects you with other members in your local area. Membership is based on the location of your primary place of work. By participating in your geographic subdivision activities, you will be able to discuss issues and influence policy development relevant to your local area – as well as connecting with other local practitioners to build or strengthen your professional network.

GP Dr Michael Aizen, is Chair of the Peninsula subdivision. "AMAV subdivisions are important because they give members an opportunity to consider local, state and federal issues of importance," Dr Aizen said.

"The annual meetings afford local interactions between members and speakers of importance. For example, at recent Peninsula subdivision meetings we have had CEOs of private hospitals and Peninsula Health outlining new developments and taking questions regarding problems encountered by doctors."

"It's also an opportunity for GPs and specialists to meet socially."

Importantly, subdivisions provide an avenue for members to bring their concerns to AMA Victoria via Council. Subdivisions provide important insight and expertise to AMA Victoria and can help shape our advocacy and policy position. Each subdivision has the opportunity to be represented on AMA Victoria Council, with representative numbers based on the number of members in that subdivision.

Subdivisions aim to meet twice a year, and while this has moved online during the COVID-19 pandemic, several of the subdivision chairs are already working to organise face-to-face meetings in 2022.



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Click here for your membership dashboard to find your subdivision



Click here to register for your next meeting

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

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Across Australia

PROFESSIONAL DEVELOPMENT

IS YOUR WORK STILL WORKING FOR YOU?

For those individuals who are brave and vulnerable enough to ask for change, the rewards can be life-changing.

REPORT MARDI O'KEEFE
AMAV DIRECTOR, PROFESSIONAL DEVELOPMENT + CAREERS

Career reflection, review and planning is critical to ensuring satisfaction and engagement in your role. Often over time, aspects of your role may no longer work for you for many reasons and change needs to occur.

SOME OF THESE REASONS MAY INCLUDE:

- » A loss of interest and enjoyment in task/role demands
- » A feeling of having 'done them to death', which equals boredom and signals it is time for a new challenge
- » The acquisition of new skills and knowledge
- » Task and work demands now take energy from you, which is no longer sustainable
- » There are other interests or opportunities to pursue
- » Personal needs and life demands have changed and the role needs to adapt to this.

Achieving positive change in your professional life is an active process that you as an individual must drive. The work of change is often terrifying, uncomfortable and confronting and therefore avoided by many. However, for those individuals who are brave and vulnerable enough to ask for change, the rewards can be life-changing.

Through our professional coaching work with doctors, we have seen these rewards realised time and time again. Our coaching clients, through reflective practice and career review, identify changes they need to make and establish professional goals they wish to achieve. They then identify the actions they need to take to realise these, focusing on the things they can change that are within their control, as opposed to wasting valuable energy trying to change things outside of their control.

Often the steps are simple, sometimes they are not, but when they are implemented with the support of an objective third party (a coach) the change that can be achieved is often profound. I have lost count of the times I have had clients tell me, "I didn't know I could ask for this! I didn't know I could say 'no that doesn't interest me!' Are you sure I can apply for that opportunity?" The list is endless.

We recommend reviewing your career annually with a 'Career Health-Check'. Our Professional Development & Careers team can support you in doing this work. It's a benefit of your membership with AMA Victoria.



[Click here to book a Career Health Check](#)

SALARY PACKAGING AND REPORTABLE FRINGE BENEFITS

An effective salary packaging arrangement with your employer could reduce your tax liability and benefit your personal finances. Read on as we explain how.

REPORT MITCHELL MCKEOWN,
MANAGER DOCTORS IN TRAINING
FINANCIAL CONSULTANT
(BBA ACCOUNTING/MARKETING),
DIP FS (FP), CERT. IV FMB BONGIORNO GROUP



WHAT IS SALARY PACKAGING?

Salary packaging is also known as salary sacrifice, and it is an Australian Taxation Office (ATO) approved employee benefit.

When salary packaging, you allocate a portion of your salary to pay specific expenses before your income tax is calculated. This enables you to reduce your taxable income and the amount of tax you owe. This tax benefit is offered by some employers to certain occupations and professions. As a medical professional you're likely to be one of the lucky eligible workers.

It's advisable to negotiate a salary packaging arrangement with your employer before you begin work because any salary or leave entitlements you accrue before this agreement comes into force will not be packageable.

A salary packaging arrangement will always involve a written contract.

HOW DOES IT WORK?

Australian tax law limits the amount of salary that can be salary packaged per year to \$9,010 for hospital and healthcare employees. Those who work in the not-for-profit sector can salary package up to \$15,900 per year. This is known as your 'tax-free cap'.

This annual tax-free cap is calculated according to the Fringe Benefits Tax (FBT) Year, which runs from 1 April to 31 March.

You should consult your financial adviser to find out which salary package category applies to you. The common types of expenses that can be salary packaged include rent, mortgage repayments, credit card repayments and living expenses. For a comprehensive view of the categories of goods and services that can be salary packaged, go to the ATO's Salary sacrifice arrangements page.

The Reportable Fringe Benefits Amount (RFBA) listed on your income statement will not precisely match the actual amount salary packaged with your employer. This is because the ATO calculates salary package according to the 'grossed-up' taxable value of the reportable benefits. In other words, the RFBA that appears on your income statement represents the value of the salary package payments you received over the year.

There are two levels of grossed-up taxable value, depending on whether the goods and services tax (GST) was paid on the goods or services acquired through salary packaging.

The first level – let's call it 'Type 1' – applies when GST is owed on what is salary packaged. The grossed-up rate for Type 1 is 2.0802.

The second level – Type 2 – is applied when no GST is owed. In this case, the grossed-up rate is 1.8868.

CASE STUDY: SALARY SACRIFICING FOR MELISSA, A DOCTOR-IN-TRAINING, IN VICTORIA

Melissa salary packaged her living expenses to the cap of \$9,010, and the Meal Entertainment Benefit cap of \$2,650. The grossed-up value that would appear on her income statement is \$22,000.

This is calculated as follows:
 $\$9,010 + \$2,650 = \$11,660 \times 1.8868 = \$22,000$

The RFBA shown on your income statement for a tax year (1 July to 30 June) is the grossed-up taxable value of the reportable benefits provided in the previous FBT year (1 April to 31 March). For example, the RFBA on your income statement for the year ending 30 June 2021 would be the grossed-up taxable value of salary packaged income provided between 1 April 2020 to 31 March 2021.

WHAT HAPPENS IF YOU CEASE EMPLOYMENT BETWEEN 1 APRIL AND 30 JUNE

Remember that the FBT year ends on 31 March, three months before the end of the regular tax year on 30 June.

So, if you received salary packaging benefits between the end of the FBT year and the end of the tax year, your employer must show the RFBA on your income statement for the income tax year ending on 30 June in the following year. Let's use an example to clarify this rule.

Say you left your place of employment on 1 May 2021. In this case the RFBA on your income statement from your former employer for the year ending 30 June 2022, would be for the salary packaged amounts received between 1 April 2020 and 1 May 2021.

This means you may have an income statement with an RFBA listed from a former employer, even though you won't have received any salary or wages from them in that financial year.

Salary packaging is regarded by the ATO as a type of fringe benefit, so if you cash out unused salary sacrificed leave entitlements into your super account, the cashed-out amount will be treated as salary and taxed as normal income.

This general advice has been prepared without taking account of your objectives, financial situation or needs, you should consider the appropriateness of this advice before acting on it. If this general advice relates to acquiring a financial product, you should obtain a product disclosure statement before deciding to acquire the product.

If you have any further questions, please don't hesitate to book an exclusive AMAV member complimentary meeting by phoning us on 03 9863 3111 or emailing us at amav@bongiorno.com.au



*From a doctor's perspective,
technology should work for
doctors, not create work
for doctors.*

A VISION FOR DIGITAL HEALTH

The AMA has always endeavoured to be at the forefront of the technological and digital developments in the healthcare space, aiming to ensure new technologies improve patient outcomes and deliver greater efficiencies to the system.

REPORT DR JILL TOMLINSON,
CHAIR, AMA FEDERAL DIGITAL
HEALTH SUBCOMMITTEE
AMAV BOARD MEMBER



Digital technologies have the potential to transform health systems. Health systems across the world have tried to adapt and incorporate new technologies to differing levels of success. Despite the opportunities these technologies present, Australia has been slow to adopt and embed many innovative approaches. We need medical leadership, consultation and engagement to make this happen.

The AMA has always endeavoured to be at the forefront of the technological and digital developments in the healthcare space, aiming to ensure new technologies improve patient outcomes and deliver greater efficiencies to the system.

In recognition of the need to clearly define the AMA's perspective on the future of digital health, the AMA Federal Council recently adopted the AMA Digital Health Vision Statement – Preamble 2021.

The AMA Digital Health Subcommittee, which I Chair, was tasked with the development of the Vision Statement. We were given a clear brief: outline what the AMA sees as the key aspects of digital health and how these should contribute and improve Australia's healthcare system.

Recognising the broad scope of digital health, the subcommittee elected to call for a patient-focused healthcare system, ensuring equity in healthcare for both patients and doctors.

We know that technology will play an increasing role in healthcare in future years. Ideally, technologies should promote patient independence and disease prevention, reduce hospitalisation and improve patient outcomes. From a doctor's perspective, technology should work for doctors, not create work for

doctors. It should reduce the time we spend doing paperwork, enable more time to focus on the patient, and support seamless and secure transmission of information between different healthcare providers.

With change comes risk. As medical practitioners, it is our obligation to first do no harm.

Hence, the AMA Digital Health Vision Statement outlines the AMA's position that new healthcare technologies must be designed in close consultation with medical practitioners and patients, with ongoing quality improvement and system review. The statement also notes the rapid changes in medical educational requirements, training delivery, examination practises, workforce management, research and the practise of medicine.

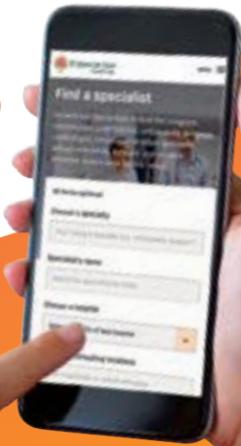
The preamble outlines the AMA vision and provides key guidelines for the way forward. It will be followed by other digital health position statements that will further elaborate on the AMA's position on areas including interoperability, data governance and patient privacy, electronic medical record implementation principles, and safety and quality of eHealth systems.

The AMA Digital Health Subcommittee has a lot of work to do. However, with the members' expertise and knowledge available to the subcommittee, as the Chair, I feel confident we will achieve great things.



[Click here to read the
AMA Digital Health
Vision Statement Preamble](#)

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

MELBOURNE PROPERTY INVESTORS - TRENDS + OPPORTUNITIES 2022

REPORT JARROD MCCABE
DIRECTOR, WAKELIN PROPERTY ADVISORY

While we don't expect to see the same levels of price growth as 2021, Melbourne's residential property market remains robust as we move further into 2022. Having said that, property investors will need to be prepared to navigate through some uncertain times ahead – with potential interest rate rises, federal and state elections, and new COVID-19 variant threats all on the horizon.

In such times, it's important property investors take stock and assess their strategies to ensure they have the confidence, means and knowledge to navigate potential shifts and challenges. Here's a snapshot of Wakelin's 2022 Melbourne Property Report, which highlights the key dynamics set to influence the investment landscape.

CAPITALISING ON INTEREST RATE RISES

While increasing interest rates typically raise alarm bells, it's important to realise that in the broader context, more difficult purchasing conditions can actually provide an opportunity. For example, between 2017 and 2019 Melbourne suffered what some media termed as the 'city's biggest property downturn since the 1980s.'

A property investor who purchased in late 2017 may well have been concerned with the seven per cent price drop in 2018, but no doubt would have felt reassured when values lifted by more than nine per cent in the second half of 2019, and thrilled by the record prices throughout 2020-2021.

While the pre-pandemic days of 2018 may seem like a lifetime ago now, the market activity is an instructive case study to bear in mind as we move towards a potential softening of Melbourne's property market. Often times of doubt and uncertainty provide an opportune time to buy. Applied judiciously, a contrarian element to investment strategies can yield strong long term results.

REBOUNGING RENTAL MARKET

A resurgent rental market will help offset some of the pressure felt by property investors amid any increased interest rates. A major driving factor behind Melbourne's rental market slump was the loss of international students and travellers seeking housing, due to the nation's COVID-19 closed border policy.

The market is showing signs of recovery, and with Australia opening up, the flow on impacts are likely to see demand for Melbourne rentals strengthen further. Upgrades to rentals will be important. Spending a little as a periodic investment now, is likely to produce compounding returns in the longer term, as the rental market picks up.

Many Melbourne apartments and units have been sitting vacant for long periods of time over the last two years amid the softer market. These owners should take the opportunity to upgrade properties to attract good quality tenants, and maximise the rental income and longer term tenant security.

COVID-19 VARIANT RISK

While COVID-19 remains an ongoing threat to health and the economy, it's unlikely to impact confidence in Melbourne's property market. In fact, a snapshot survey conducted by Wakelin Property Advisory as Melbourne was leaving lockdown in Spring 2021, shows over 85 per cent said COVID-19 made them either more confident or didn't impact their confidence in Melbourne's property market as a long term investment.

Looking ahead, almost 50 per cent of respondents said they would consider purchasing a property in the next 12 months, while almost 65 per cent said they are either very likely or likely to expand their portfolio in the next five years.

FOR MORE INFO:
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Listen to Jarrod's podcast, *Rewarding Property Decisions*



Download the *Wakelin 2022 Property Market Report*

FRIDAY 29 APRIL 2022

AMA VICTORIA AWARDS 2022



THE PURSUIT OF
EXCELLENCE IN
HEALTHCARE

TICKETS ON SALE



Martin Foley MP
Minister for Health,
Minister for
Ambulance Services



Emily Rice
Senior Medical Reporter
for National Nine News

AWARD NIGHT CELEBRATIONS

The AMA Victoria Awards Night was established in 2019 to celebrate and recognise outstanding achievement and significant contribution made by individuals in the pursuit of outstanding healthcare for Victoria and for all communities.

AMA Victoria's Awards Night showcases the contribution of the medical profession to the community and supports the work of our members and the broader medical profession.



JUNIOR DOCTOR OF THE YEAR AWARD: DR NARDINE ELZAHABY

Frustrated with her own experiences within the Australian healthcare system, Dr Nardine Elzahaby was determined to introduce practical solutions and call out cultural issues. At the AMA Victoria Awards in 2019, she was the winner of the Junior Doctor of the Year Award, in recognition of her work.

Dr Elzahaby says that with two years of a global pandemic behind her, she appreciates now more than ever the interactions she had with colleagues at the 2019 awards ceremony. "It was pretty exciting. I enjoyed meeting new people. It was really nice to see people from different places and networks and really nice to see the other award winners and hear from them and learn about their achievements and what they've brought to the profession. There was a lot of space for talking and networking and connecting which I found very useful."

Dr Elzahaby says the award was important to her as a representation of what could be done to improve the wellbeing of doctors, to look at gaps and improve systems. "I really believe the wellbeing of doctors starts with being a



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successful leader and a role model. I often find that we model a lot of what we see. We have to model what our culture should look like; what it needs to transform into and how it needs to improve. This will help promote healthier interactions and cultures and improve doctors' wellbeing overall."

Dr Elzahaby says that there exists a lot of unhelpful cultural problems where doctors can't speak of any distress. "If you speak about being overwhelmed, or not sleeping, then you are not coping. There is stigma around mental illness and the usual fatigue that is associated with what we do day in day out. You have to push through, keep going and not talk about how you feel. I've been able to work on cultural improvement where I worked. My hope is, by rewarding positive and influential people, we promote what we hope to achieve in terms of improving the culture within the profession and promoting doctors' wellbeing."



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You can shop by product, supplier or product category. Simply browse through our selection of products and services or use the search function and then you can either checkout by making one single payment (via secure credit card, Apple Pay or Google Pay) or request a quote for a service. As a MedicMall member, not only will you receive exclusive wholesale pricing and special offers, but you will also have access to a range of handy reporting tools to improve and track your expenditure, as well as smart buying features to help make your online experience simple, efficient and easy – every time.

"Our team has worked within the healthcare industry for many years and MedicMall was created in response to the need for more time-saving and cost-efficient purchasing channels," said Charlotte Raman, MedicMall Co-Founder and Chief Marketing Officer. "Our purpose is to simplify the purchasing process of healthcare businesses by offering a convenient, easy-to-use ecommerce solution which connects healthcare providers with a trusted network of suppliers."

The MedicMall team is excited about being able to offer this service to AMA Victoria members and to the broader Victorian healthcare community.

–
Click above to become a MedicMall member today to start saving time, and money. It's free to join!

Learn more about MedicMall by visiting www.medicmall.com.au or contact us at info@medicmall.com.au or on 1300 950 555.

TACKLING LONELINESS IN RETIRED MEDICAL PROFESSIONALS

People are generally social by nature, and high-quality social relationships can help us live longer, healthier lives. However, we can still feel lonely even when surrounded by others if we do not feel connected to them.



Click here to
contact our
Coordinator
of Doctor
Wellbeing

For some doctors, retirement can bring social isolation from the colleagues they most identify with and a loss of connection to other members of the medical profession. This has been exacerbated during the COVID-19 pandemic by physical isolation requirements and a need to avoid socialising because of the risk of infection.

AMA Victoria's Peer Visitor Program aims to address this by providing volunteers who are medical students and doctors and willing to visit or telephone or video conference with a retired doctor on a regular basis – usually fortnightly.

We are currently reaching out to retired doctors who would enjoy having regular contact from a medical colleague. If you are experiencing isolation or loneliness or know a medical colleague in this situation, please contact our Coordinator of Doctor Wellbeing, Kay Dunkley at KayD@amavic.com.au or 03 9280 8738.

We currently have vacancies in the program as we have plenty of volunteer visitors available.

The Peer Visitor Program is proudly sponsored by VMLAL, the name behind PSA Insurance.



In medicine, the amount of time required for study and work makes balance especially difficult.

Work-life balance is a commonly used term, but one that can be as problematic as it is helpful. The concept of balance is appealing, but is the dichotomy really ‘work’ and ‘life’?

REPORT DR ANNA CLARK (PHD)
AMAV LEADERSHIP
DEVELOPMENT CONSULTANT,
COACH & EDUCATOR

BREADTH + BALANCE IN WORK-LIFE INTEGRATION



Work-life balance is a commonly used term, but one that can be as problematic as it is helpful. The concept of balance is appealing, but is the dichotomy really ‘work’ and ‘life’? Surely work is part of life, and a most meaningful one at that? And what about balance? The word seems to imply that we deliver up equal amounts of time and energy to each part. But is this really a realistic goal to work toward in our complex career and family life?

The Center for Creative Leadership finds ‘work-life balance’ a faulty metaphor and prefers ‘work-life integration’. Kay Dunkley, AMA Victoria’s Coordinator of Doctor Wellbeing, writes powerfully of ‘life balance’, pointing out that for most of us work is where we derive much meaning in our lives and carry out a service that brings much satisfaction and value – even if it comes with a heavy share of exhaustion and burnout that must be managed and relieved.

The core issue, however, is an important one. Our lives are busy and full, and it is too easy for work and careers to take on a life of their own, taking up too much of our energy and resources, and leaving too little for everything else. In medicine, the amount of time required for study and work makes balance especially difficult. Having breadth and some kind of balance is important. It is a realisation or manifestation that what makes human life meaningful, rewarding and sustainable is finding a way to live out who we are, find purpose in what we do, have strong social connections with family, friends and community, and have time to look after our own wellbeing through caring for our health and personal interests.

THE MODEL OF HOLISTIC LEADERSHIP IS A USEFUL ONE

The Center for Creative Leadership uses a model of holistic leadership, a concept it has used in professional development programs since 1974.

THE FOUR ASPECTS OF TAKING A ‘WHOLE’ APPROACH TO LIFE ARE:

- 1/ Self
- 2/ Family
- 3/ Career
- 4/ Community

These four aspects are self-explanatory. They draw our attention to the range of interests and relationships that make up rich and meaningful lives that we share with others.

THE BENEFIT OF FINDING BREADTH + BALANCE

What turns the concept into something useful for professional and leadership development is how we use this idea to guide reflective thinking and increase our consciousness around the choices we make and the way we balance out our time and energy resources. Having time and energy to give to our family and friends is important. Having time and energy to devote to self-care, our passions, and interests outside of work, and forming connections with our community are important parts of a healthy, balanced and supported life. It means that alongside a demanding and rewarding career, we have other people and places to be to recharge, and to be there when work ‘isn’t working’.

The personal and professional skill set required here is having a conscious awareness of this. It helps us live and work in alignment with our purpose and values.

HOW CAN THIS HELP ME AS A LEADER?

1/ LEADING SELF: INCREASE SELF-AWARENESS – A FUNDAMENTAL LEADERSHIP SKILL

A richness of interests and connections is important for our own personal development and growth, and for forming a web of important relationships in our life – family, friends and community involvement. These social connections are perhaps the single most protective factor against loneliness, and to which we can turn for support in relieving stress and burnout through talking to others, sharing simple everyday activities and being there on the bad days.

2/ LEADING OTHERS: IMPROVE IN PERSPECTIVE-TAKING AND BE ATTUNED TO OTHER PEOPLE'S LIVES AND NEEDS

High self-awareness and awareness of work-life integration, and the variety of choices people make, help us in getting better at perspective-taking. This is a fundamental skill of understanding that others see and do things differently from the way you do. When we are more self-aware, and more skilled in perspective-taking, we are well-equipped to practise empathy, to be better listeners and better at conversations and negotiations. We can hear that another person is seeing or acting in the world differently, and that this is the way they are approaching their life – and that difference does not have to be threatening or wrong; just different.

3/ LEADING IN ORGANISATIONS: THE ROLE OF WORKPLACE STRUCTURES AND POLICIES

The way in which organisations design their workforce and craft policies to support work has a huge influence in how we work and the culture of the organisation. For example, increasing flexibility for people in when and how they work has a big impact on work-life integration, by enabling people to have greater choice in how they do their work and arrange their career alongside other interests and responsibilities. For example, part-time positions, job sharing, flexible start and finish times, and the possibility to do some work remotely. In general, this makes for happier workers and increased engagement – generally because people are supported in being themselves at work and being able to accommodate and talk about the other things in their life that they are involved in alongside their career. Leaders can attend to how they talk about these possibilities with staff – specifically during onboarding or when circumstances change for employees and in returning to work after leave. There remains significant stigma attached to different ways of working, and leaders need to attend to unconscious bias and work effortlessly in the way they talk about them to ensure employees feel supported to make choices and decisions that they think will work for them.

4/ BREADTH AND BALANCE ACROSS WORK AND 'LIFE' IS A PROTECTIVE FACTOR AGAINST THE IMPACT OF STRESS AND BURNOUT

In medicine, there is increasing attention to the problematic nature of the imbalance experienced by many. A recent article by the MJA Insight Plus magazine reported that, "A 2019 survey that included 3844 Australian doctors-in-training sought to investigate the drivers of burnout. The most identified factor was the conflict between work, study, and personal life. No doubt the COVID-19 pandemic has compounded this challenge for many trainees." Part of this 'conflict' is presumably that the time and energy required for work and study left little resources for personal life.

WHAT YOU CAN DO NOW

- » Work on self-reflection and increasing self-awareness.
- » Share your thinking on this topic with others.
- » Leaders, you are role-modelling that is a part of work. Show that you are open to people sharing their thinking – ask questions, show that you care about work being 'manageable' and not excluding other important parts of life, and draw their attention to relevant policies.

AN IMPORTANT CAVEAT

There is no 'right way' to structure life and the amount of time and energy to devote to any part. At the same time, there are many societal and structural factors that impact these choices... pressures and stereotype-based expectations from family, from self, from occupational cultures. Further, due to the pandemic there is need and expectation for doctors and healthcare workers to stay 'stepped-up'. But while more balance or integration may not be possible right now, it's helpful to think about what would be better in the future, when a change is possible. Keep in mind what is missing out. And it's ok to feel sad and some grief about this. It's time we talk openly about these challenges and how we cope and thrive and share our thinking about how we'd like to balance and integrate our lives.

INDIVIDUAL COACHING FOR DOCTORS

Dr Anna Clark is AMAV's Leadership Consultant, Coach and Educator, currently offering individual coaching for doctors and directing the AMA's professional development programs in leadership, the Emerging Leader Program and Middle Leader Program.



Roadmap for improving trainee wellbeing - Joshua Inglis



How to practise holistic leadership - CCL



Life balance in medicine - Kay Dunkley



Why work-life balance is a faulty metaphor - CCL



EBV

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EBV has allocated 7,239sqm of retail space, this includes 3,200sqm for the market-style Coles and 1,000sqm for offices and 257 dedicated retail car spaces and 960 bicycle parking spaces.

About the developer

A leader in its field for more than 50 years, Banco Group brings vast knowledge and experience of residential and mixed-use developments in Melbourne to the EBV project. www.bancogroup.com.au

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PARTNER CONTENT

BALANCING ACT:

THE DUTY OF HEALTH PROFESSIONALS WHEN ASSESSING FITNESS TO DRIVE

REPORT LOUISE WILLIAMS AND JIMMY ZHANG KENNEDYS



In 2021, Victoria recorded 236 road deaths. While safety on the roads is the culmination of many factors, a driver's health is undoubtedly an important one. It is in this respect that the role of health professionals becomes paramount.

Patients place trust in health professionals to advise them of whether they can continue to drive safely, and in reliance on such trust patients will disclose sensitive information so that they can receive accurate advice. Health professionals are ethically and legally duty bound to maintain patient confidentiality, under federal and state legislation and in accordance with National standards. If that confidentiality is at risk of being breached, patients may choose not to be treated or modify the information they provide.

However, under certain circumstances disclosure of a patient's information may be necessary in order to prevent the patient from placing another individual or the public at risk. Accordingly, a difficult ethical situation arises when a health professional has reason to doubt a patient's ability to drive safely, as he or she must choose between protecting patient confidentiality and protecting public safety.

The expectations of health professionals faced with such a dilemma can be found in Assessing Fitness to Drive (AFTD), which outlines the medical standards for driver licensing in Australia. The latest edition of the AFTD was published in 2016. In 2021, the National Transport Commission reviewed the latest edition and proposed changes, which will be implemented in the publication of the new edition of the AFTD in March 2022. The proposed changes reflect advances in medical evidence and practice, and enhance the clarity and interpretation of guidelines.

The current edition of the AFTD relevantly states: *"The health professional should consider reporting directly to the driver licensing authority in situations where the patient... continues driving despite appropriate advice and is likely to endanger the public."*

If the health professional does make such a report, without the patient's consent but in good faith, they will be protected from criminal and civil liability.

In deciding to make a report, the AFTD provides a range of factors that should be considered: the immediate risks to public safety the risks of disclosure weighed against the consequences of non-disclosure ethical and professional obligations whether there is a serious and imminent threat to the safety of any person.

Where there is an immediate threat to public safety, such as high-risk cases where a patient has a history of reckless driving or crashes, health professionals may be required to report the patient to the driver licensing authority.

However, in order to minimise any harm to the doctor-patient relationship, the AFTD recommends that any action undertaken should be with the patient's consent, or at minimum with the patient's knowledge. Ultimately, while a patient may resist against their licence being withdrawn or conditions being imposed on their driving, health professionals should lean towards reporting a patient to the driver licensing authority if they believe them to be unfit to drive. When managing the tension between the duty to maintain patient confidentiality and the protection of public safety, health professionals should keep in mind that the ongoing ability to drive safely is a critical issue for both the patient and the public.

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Kennedys

MEDICINE FROM A DIFFERENT PERSPECTIVE

AMA Victoria and the Personal Injury Education Foundation (PIEF) deliver impairment assessment courses using the American Medical Association Guides to the Evaluation of Permanent Impairment 4th Edition and other prescribed methods, as applied to relevant Victorian legislation. To learn more about the courses, meet one of our facilitators.



A/PROF SHANE HAMBLIN

*Endocrinology System
Impairment Assessor*

FIRSTLY, CAN YOU GIVE A BRIEF OVERVIEW OF YOUR MEDICAL CAREER?

I am an endocrinologist with clinical and research interests in diabetes and general endocrinology. Currently, I am Head of Endocrinology & Diabetes at Western Health and a consultant endocrinologist at Alfred Health, with academic appointments at the University of Melbourne, Monash University and Deakin University. I am a member of the Pharmaceutical Benefits Advisory Committee and a Council member of the Endocrine Society of Australia. I previously worked for nearly 30 years in a busy private practice. I have been involved as a facilitator of the endocrinology module of impairment assessment training over recent years, taking over from A/Prof Doug Lording who ran the training course for a long time.

HOW LONG HAVE YOU BEEN AN IMPAIRMENT ASSESSOR, AND WHY DID YOU GET INVOLVED?

I fell into it actually. Someone nominated me to join Medical Panels in the 1990s. I never found out who put my name forward, but I'm glad they did! I found the work interesting and decided to formalise things by undertaking training in endocrinology impairment assessments. I have been an independent medical examiner in endocrinology for more than 10 years.

HOW WOULD YOU DEFINE THE ROLE AND RESPONSIBILITIES OF AN IMPAIRMENT ASSESSOR?

The role is to independently assess the person's history and physical findings and synthesise that with documentation from a number of sources which may include GP and specialist notes, hospital records, other independent medical examiner reports, occupational expert assessments and workplace reports or transport accident documents. The responsibility is to give a fair, balanced opinion on any endocrinology aspects of the person's condition and how that may relate to an accident or injury. An example may be loss of pituitary function after a head injury or the development of type 2 diabetes after marked weight gain secondary to a back injury.

My role is to be an impartial assessor. I am not an advocate for either the injured person or the insurer.

WHY SHOULD A CLINICIAN BECOME AN IMPAIRMENT ASSESSOR, AND WHAT DO YOU THINK IS THE RIGHT STAGE IN A DOCTOR'S CAREER TO COMMENCE THIS WORK?

The work adds a new interesting dimension to clinical practice. It is important that experienced clinicians be involved in the process of assessing impairment and at times possible liability. If we do not step up, who will? Someone has to give clinical opinions, or the workers' compensation and transport accident compensation systems will not function as they should. Ideally an impairment assessor in endocrinology will have at least five years' clinical experience as an endocrinologist and be actively engaged in clinical medicine, keeping up with the literature and contemporary practice.

IN YOUR EXPERIENCE, WHAT ARE THE MOST REWARDING AND CHALLENGING ASPECTS OF BEING AN IMPAIRMENT ASSESSOR?

It is rewarding that a person has received a comprehensive assessment of their endocrine issues. It is intellectually

stimulating and at the same time challenging to conduct the assessments in a systematic way that conforms with legislative requirements. Challenging aspects include the need to remind myself to stick to my specialty and not overreach into areas for which I have not received formal impairment assessment training.

It is at times challenging working out what aspect of an endocrinology impairment is a pre-existing condition, an aggravation of a condition or a problem caused by an injury.

HOW IMPORTANT HAS THE PRACTICE OF IMPAIRMENT ASSESSMENT BEEN IN YOUR PROFESSIONAL CAREER?

I am asked to conduct impairment assessments in endocrinology only once or twice a month. The questions asked are often thought-provoking. My experience as an impairment assessor has helped me think about these issues in a more systematic way, while still allowing my skills as a clinical endocrinologist to be used. In addition to opinions being sought by WorkSafe insurers and the TAC, my training has also led to requests for medico-legal opinions from local and interstate lawyers. I encourage mid-career and later-career endocrinologists to think about becoming involved in this interesting work.

IMPAIRMENT ASSESSMENT TRAINING

Are you interested in diversifying your portfolio of clinical work by becoming a qualified Impairment Assessor for TAC, WorkSafe and the Wrongs Act in Victoria (AMA4) or Workers Compensation for SIRA applicable in NSW and other states (AMA5)?

Impairment assessment work can provide an attractive income stream for specialists (+5 years independent clinical practice) and has the flexibility to compliment private and public clinical practice.

It also provides an important social insurance function for government and the community.

AMA Victoria members will receive a special discount for courses only in Victoria.

Please enquire at:
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ANTIPSYCHOTICS IN AGED CARE

The AMA has successfully lobbied against Recommendation 65 of the Royal Commission into Aged Care Quality and Safety Final Report which would have seen GPs restricted from prescribing antipsychotic medications in aged care. The Pharmaceutical Benefits Advisory Committee (PBAC) recently opted not to recommend making amendments to the PBS listings of antipsychotic medication so that only a psychiatrist or a geriatrician could initially prescribe antipsychotics to aged care residents. The care of older people in residential aged care facilities (RACFs) could have otherwise been severely compromised.

This decision reflects the AMA submission to PBAC which opposed the proposed restrictions on the basis that:

- » It was a simplistic solution to the use of chemical restraints in aged care and failed to acknowledge the environmental factors that have driven the use of antipsychotics and would have made access to care for patients in nursing homes unnecessarily difficult.
- » GPs are well qualified to prescribe these medications and it is the environment in which antipsychotics are prescribed that needs to change as opposed to the imposition of ill-considered restrictions on prescribing.
- » Restricting antipsychotic prescriptions to geriatricians and psychiatrists would have created a bottleneck of care for residents in RACFs that are not appropriately set up to deal with the consequences.
- » The government must implement changes to aged care that support the delivery of high-quality care and that will in turn reduce the risk of inappropriate prescribing.
- » The proposal was an attempt to deal with the symptoms of a broken aged care system while ignoring the causes.
- » It is the AMA position that restrictive practices should only be used as a last resort - where any potential risk or harm caused by the restraint itself is less than the risk of the patient not being restrained.

» While non-pharmacological measures should be considered before the use of antipsychotics, which have a limited role in managing behaviour, some patients still have a legitimate need for them.

Following consultation with stakeholders, the PBAC considered Recommendation 65 was not implementable at present due to the substantial risk of unintended consequences. The PBAC in making its decision noted that changes already made to the PBS restrictions for risperidone, the only medicine registered in Australia for the treatment of behavioural and psychological symptoms of dementia, have reduced utilisation. The PBAC will continue to monitor the use of antipsychotics in aged care.

IMGS ISSUE RAISED WITH FEDERAL HEALTH MINISTER

The AMA is continuing to advocate for pathways into practice for a large pool of International Medical Graduates.

AMA Federal President Dr Omar Khorshid raised the issue when he met recently with Health Minister Greg Hunt and the AMA has also sent a letter to the Minister and the Department of Health.

The AMA has said it is supportive of the urgent establishment of a consultative group which would include representatives from affected IMGs. There are over 300 IMGs who have passed the Australian Medical Council examinations but are unable to secure an offer of employment from a health service, which is a prerequisite for medical registration.

Dr Khorshid has said with COVID-19 placing enormous pressure on the medical workforce and the supply of doctors from overseas being limited, it is time to urgently consider how we can support these doctors to safely enter the medical workforce in Australia.

Minister Hunt has indicated he will be taking up the issue with the Department of Health.



[Click here to read the full media release](#)

LEGISLATION NEEDED TO TACKLE WIDESPREAD BULLYING OF DiTs

Following the recent results of the 2021 Medical Training Survey which show that bullying, harassment and discrimination experienced by doctors-in-training (DiTs) continues to be widespread, the AMA calls on the states and territories to act now to address the underlying factors that can lead to this type of unacceptable behaviour.

The 2021 Medical Training Survey (MTS) funded by the Medical Board of Australia found the trainees in states and territories worst hit by the pandemic were more likely to report COVID-19 had adversely impacted on their medical training.

AMA Federal President Dr Omar Khorshid said the survey demonstrated the need to act now to tackle systemic issues impacting the training and wellbeing of DiTs.

“Seven out of 10 DiTs experienced bullying, discrimination and harassment saying it had adversely affected their medical training,” Dr Khorshid said. “It’s time for state and territory health departments to get serious about valuing the time DiTs spend learning and providing excellent patient care by reviewing and providing appropriate staffing and adopting better rostering practices.”

DiTs who experienced bullying, harassment or discrimination were more likely to report it (33 per cent) than those who witnessed it (24 per cent) with only half indicating the report had been followed up. Forty-five per cent of DiTs said they never/sometimes got paid for unrostered overtime and 49 per cent rated their workload as heavy/very heavy. “No-one should experience racial discrimination, harassment or vilification in their place of work and/or learning environment. Our workplaces benefit when they harness the skills and perspectives of all peoples that make up Australia. It is vital that doctors and medical students can practise in a culturally safe environment where cultural differences are acknowledged and respected,” added Dr Khorshid.

Dr Khorshid explained the AMA wanted legislative changes in all states and territories to improve health service leadership, governance and accountability to provide a culturally and psychologically safe work environment for all employees.



[Click here to read the full communique](#)

STRENGTHENING OF EXAMINATION ACCREDITATION

The AMA is concerned about the ongoing difficulties specialist medical colleges are having with examination processes both during and prior to the pandemic. Most recently the failure of the RACP Divisional Written Examination on 14 February affected over 100 trainees in Melbourne, Sydney and New Zealand.

The AMA Federal Council of Doctors in Training (CDT) has received feedback from many RACP trainee members about the significant distress the exam failure and disruption caused.

One-off, high-stake barrier examinations are extremely stressful and take up to a year of personal and professional sacrifice. It is extremely disappointing for both trainees and supervisors that ongoing difficulties arise with virtual/online examination platforms with insufficient contingency planning in place.

This has been an issue for many of the colleges in the last 24 months. The AMA is calling on the specialist medical colleges to learn from past experiences, share successes and failures, and work collaboratively to improve education and training to ensure this does not continue to be a regular occurrence.

In this third year of the pandemic, it is hard to see why robust contingency plans for disruptions to examinations and progression through training are still not in place and communicated to trainees sitting examinations.

The AMACDT raised these issues at the Council of Presidents of Medical Colleges meeting on 17 February and will discuss with the Australian Medical Council how improvements in this area can be strengthened as part of the process for accreditation of specialist education and training programs.

At the most recent AMACDT Trainee Forum, held on 2 February, which was composed of the 16 College Trainee Committee Chairs and Representatives, the AMA also reinforced the importance of robust contingency plans for examinations and stressed the importance of working collaboratively.

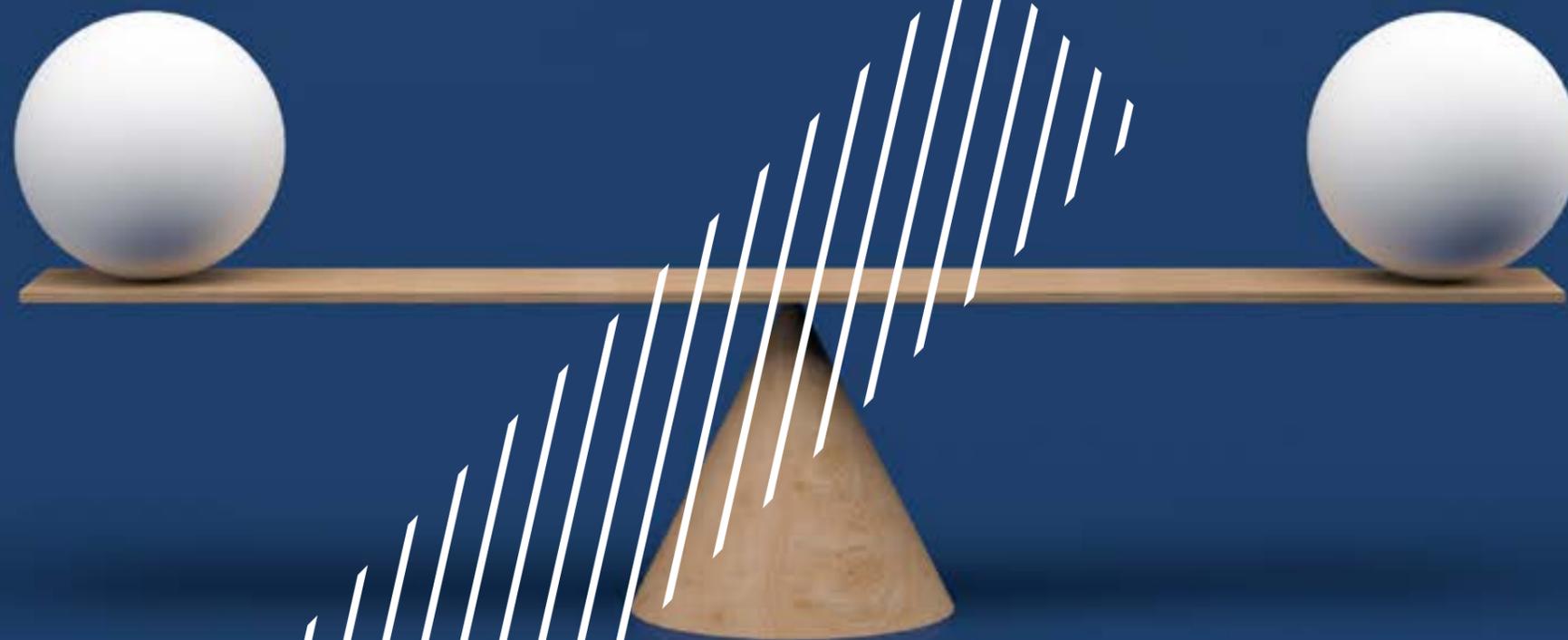
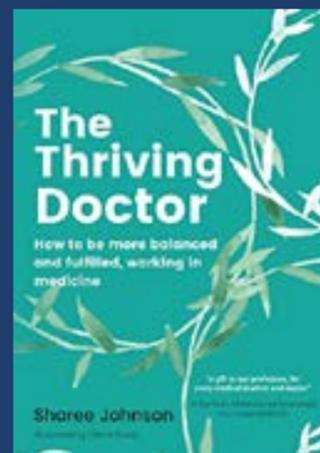


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THE THRIVING DOCTOR

How to be more
balanced and fulfilled,
working in medicine.

REPORT KAY DUNKLEY
AMAV COORDINATOR OF
DOCTOR WELLBEING



“ If you do not know why you are giving your energy to medicine, it is much harder to sustain the effort involved in doing this work which asks so much of you (and your family). ”

This quote illustrates well a key theme in this book which is written to assist medical readers to review their life and purpose and work towards a better balance in life as a doctor. The book is written for medical students and doctors, but the principles are also relevant for other health professionals. It will also be of interest to family members and others who have a role in supporting medical students and doctors.

Author Sharee Johnson is a psychologist, coach and meditation teacher who has worked extensively with members of the medical profession. She has significant insight and understanding of the challenges experienced by doctors in addition to her expertise as a therapist and coach.

The chapters include case studies and practical activities as well as theory and explanation. Hence the content is very practical and easily applied by the reader to their own circumstances. The chapters of the book flow sequentially but also stand alone and the way the content is presented makes it easy to read any particular section of interest. It is well written and enjoyable to read. This book has been praised by several prominent doctors and these reviews are included in the book.

Topics covered include the harsh reality of healthcare and the nature of doctors, self-regulation and understanding of self; relieving stress; emotional intelligence and agility; communication and connection. These topics are essential reading and underpin wellbeing as a doctor. Reading and applying this book will assist medical students and doctors to achieve a better balance in life. The principles can be applied at any stage of career and can be revisited at times of transition and when facing challenges.

Purchasing a copy of this book is an investment in your wellbeing. I encourage all medical students and doctors to also invest the time to undertake the personal development work which will move you from surviving to thriving as a doctor.

LAUGHTER + MEDICINE

REPORT KAY DUNKLEY
AMA VICTORIA COORDINATOR
OF DOCTOR WELLBEING



Laughter is a potent stress reliever and has both short-term and long-term benefits for our wellbeing. Laughter is also a valuable way to lift the spirits of the team and strengthen the bond between team members. The COVID-19 pandemic has been very stressful, put enormous pressure on healthcare and caused exhaustion and burnout in healthcare workers. Being able to laugh and enjoy humour is a useful tool which can help us get through these challenging times.

THE PROVISIO IS THAT HUMOUR AND LAUGHTER SHOULD BE USED AT THE RIGHT TIME AND IN THE PROPER CONTEXT.

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

Email: vicdoc@amavic.com.au



[Click here for tips to bring laughter into your life](#)

“

Benefits of laughter

SHORT-TERM

- » Laughter increases oxygen intake and blood circulation which is important to keep our heart and muscles energised.
- » Laughter releases endorphins which lift mood and soothe pain.
- » Laughter reduces muscle tension across the body and so helps us to feel more relaxed physically.
- » Laughing together helps us to feel closer to those we are laughing with and can ease tension in a difficult situation, as well as boost the spirits of all involved. Note that this laughter must be all inclusive and respectful, not at the expense of an individual (unless they initiate it).

LONGER-TERM

- » Regular laughter helps to increase lung capacity by promoting deep breathing.
- » Regular laughing can improve our immune response by reducing cortisol and increasing oxygen intake and endorphin release.
- » Regular laughter can improve our mood and assist us manage depression.
- » Personal satisfaction can be improved by regular laughter as laughter can make it easier to cope with difficult situations and help us connect with other people.
- » A team who laughs together regularly will have increased trust and be better able to work together even during difficult times.

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