

V I C D C

AMA VICTORIA

SUMMER 2021/22

BRILLIANCE IN DIGITAL HEALTH



» PANDEMIC IMPACT ON THE FRONTLINE

» LEARNING TO LIVE WITH COVID-19

» ENTERPRISE BARGAINING WINS

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VICTORIA





Dr Wilga Kottek
Anaesthetist, VIC

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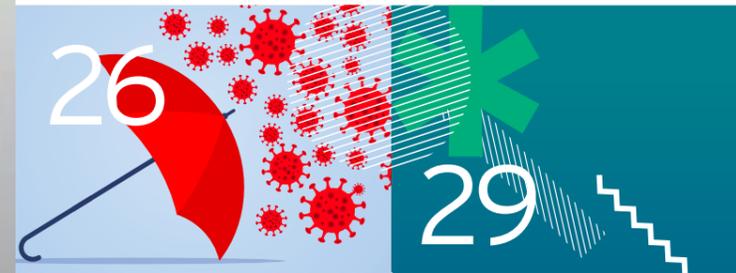


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AMA VICTORIA MUST EVOLVE AND ADAPT



DR RODERICK McRAE

AMA Victoria President



Since launching the AMA Victoria Associate Membership two months ago, some members have had questions, leading me to consider that it might be of benefit if I use this column to expand further on the reasons behind the introduction of the additional category.

In my time on the AMA Victoria Board, I have learned much about AMA Victoria but also about associations more generally. Some may think of AMA Victoria as a unique association, but it actually is not. It faces the same challenges experienced by all associations globally. It must confront and embrace many changes, be they generational, cultural or technological; changes in the way we communicate, connect and engage, and the introduction of competition at a more rapid rate than perhaps at any other time. Like any association, AMA Victoria must evolve and adapt, and not be shackled by outdated operating models and traditional ideas that centre on the notion that 'this is the way it's always been done'.

AMA Victoria staff deal with members every day and hear virtually the same story when they opt to resign: the membership cost is too high and the individual value of the membership is minimal. Most understand the value of their membership as an important contribution to the whole and they know that without their support, there would be no association for all doctors, but many members by this stage decide to leave anyway, and worse, will leave us permanently.

Whilst we will always actively encourage joint membership with AMA Federal to support the important work that is undertaken in Canberra, it is also true that without an Associate Membership, there is no alternative for members who wish to break ties. There is no category of membership that will keep them engaged in our Victorian service provision. There is no opportunity for us to re-engage with them. That is what the AMA Victoria Associate Membership seeks to change. Conversely, it is also a way to introduce curious

doctors to the AMA family, when they want to support us but believe the cost is too high and would not otherwise join us.

The COVID-19 crisis is a reminder to all doctors in particular of the value of an association for medical professionals. But with membership numbers that have declined in real terms over the decades, we must continue to find ways to remain viable and benefit all from the services provided. Change and adaptation is uncomfortable, yes, but it is now imperative. We must look for the opportunities that exist and find ways to ensure membership is more accessible, flexible and, obviously even more importantly, more valuable, so that our AMA family continues to grow and flourish. I am personally confident that the AMA can do this but it will require us to be open-minded to new ways of doing things and it will require us to listen to the grassroots members we serve.

It's been another challenging year for the entire community. I know many will be glad to farewell 2021 and will be looking forward to 2022 with cautious hope and optimism. I am personally looking forward to next year as it is a state election year, a time when there are many advocacy opportunities. I intend to work hard for our members to ensure we capitalise on this. As we bring together our 2022 state budget submission and as we plan our advocacy for 2022, please let us know if there are issues on which you'd like us to advocate. You can email amavic@amavic.com.au.

In closing, all healthcare workers have done an extraordinary job over the past two years, pushing through exhaustion and unexpected hardship to continue to provide exceptional healthcare to the community. I sincerely thank you and I know the community is grateful to you. I wish you and your families a safe and happy festive season.

Members,
your support has
helped AMAV take
big strides this year
enforcing your rights
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**CONTINUE
IN '22**

VICDOC

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⁴ Not applicable to all models.



NEWS, VIEWS + REVIEWS

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AMA SOCIAL



Hand-n-Hand Peer Support

How do you bounce back from prolonged exposure to high-stress environments, like COVID-19, when opportunities to replenish are few and far between? A checklist for burnout and moral injury recovery, written by Kay Dunkley for AMA Victoria



[On AMA Victoria's Stethoscope article, Practising gratitude as a tool for self-care]:

A wonderful artistic idea to help nurses manage the day to day of home, work and #COVID19. #gratitude #gratitudediary #ArtTherapy #nurses #Victoria Rachel Jay Stevens (@RachelnMelbs)

[On AMA Victoria's Stethoscope article, Recovery from stress and burnout as a doctor]:

Thank you [to AMAV's Coordinator of Doctor Wellbeing] @M_Kay_Dunkley for some well-rounded advice, including acknowledging that the system is imperfect, not to be too hard on yourself & focus on basic needs. @amavictoria Jessica Kennedy (@JessicaL82)

EXPRESSIONS OF INTEREST SOUGHT FOR AMAV'S WORKSAFE/TAC COMMITTEE

The Committee's purpose is to identify and bring forward matters affecting doctors and their patients in their dealings with the Victorian workers' and transport accident compensation schemes (Schemes) and to make recommendations to the AMA Victoria Board on AMA Victoria and AMA Federal policies and actions in respect of the Schemes. The Committee is also tasked with assisting the AMAV Board in advocating on behalf of members and their patients to ensure appropriate levels of medical participation in the Schemes, and to maintain relationships with relevant ministers, WorkSafe and the Transport Accident Commission (TAC) to further the interests of AMAV. Meetings are held on the first Wednesday of every second month, commencing at 7am (first meeting for 2022 will be held on 2 February). If you would like to express your interest in joining the Committee, please email Lewis Horton at LewisH@amavic.com.au. Diverse representation is particularly encouraged.



Click here for more information about the NCSP

HEALTH SERVICE RANKINGS

The Hospital Health Check health service rankings have now been released. Explore how each health service performed on overtime, workload, education, training, culture, access to leave and wellbeing.

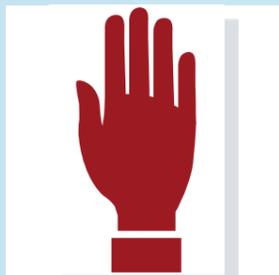


Click here to view the rankings

CHANGES TO CERVICAL CANCER SCREENING

All Australians eligible for a cervical screening test will be able to collect their own sample from 1 July 2022, offering women more control and choice. The Australian Government has committed to expanding self-collection of samples to all women and people with a cervix under the National Cervical Screening Program (NCSP) from 1 July 2022.

This decision will allow more people to use a simple swab to take a screening sample themselves instead of having a traditional cervical screening test completed by a clinician. Currently, self-collection is only available to women aged 30 years or over, who have never screened, or are two or more years overdue.



THE RED HAND FILES

Nick Cave

“You can ask me anything. There will be no moderator. This will be between you and me. Let’s see what happens. Much love, Nick.” If this intrigues you, then I recommend immersing yourself in the world of the *Red Hand Files*. Nick Cave of the Bad Seeds fame responds to letters from his adoring fans. The letters are as wide-ranging as his fan base and his replies may be stunning in their subtle simplicity or requirement of the reader to introspect with some beautiful thoughts on the meaning of life. The way he deftly weaves seemingly disparate topics together is unparalleled (linking his fitness regime to late Stones’ drummer Charlie Watts is a great example of this). Profound and moving, funny and absurd with all shades in between. A true poet and philosopher whose lyrical musings bely a level and depth of understanding on just what it might mean to be human.



THE BEAUTY OF THE FLOWER

Richard Feynman

If only I had the eloquence, knowledge and passion of physicist Richard Feynman when a friend accused me of having no wonder or pleasure in my life! This was after I refused to believe in the existence of big cats roaming wild in the Yarra Valley Ranges. I remember I mumbled out some incoherent response about nature being good enough without needing panther conspiracies, and how in the day and age of smartphones there was no photographic proof of the supposed claw marks constantly found down the flanks of livestock. I should have just played this video instead. Apologies for the quality – it was filmed in 1981, however if you want to be inspired, to not only just stop and smell the roses, but really appreciate, reflect and revel in awe at the incredibly precious natural world around us and its connections and relationships, I highly recommend a watch.



NO SUCH THING AS A FISH

QI Elves – Anna, James, Andy, and Dan

Join four QI (Quite Interesting) researchers, better known as the QI Elves – Anna, James, Andy, and Dan, to hear their four random and quite interesting facts of the week. Then stay for the tangents, laughs and general mickey taking of Dan – the fall guy who ironically often believes and reports false facts – but this just makes things more fun. Did Alan Turing lose his buried treasure because he could not crack his own code? Do Brown Falcons commit arson? What was the original chill pill? How did bus drivers in 1840s London know when to stop? Where are the honey bee hives in the USA? Why was Noble Prize-winning physicist Richard Feynman allowed to investigate the entirety of the universe except the Aurora Borealis? And just why is Andy so obsessed with moss? With over 400 episodes and counting, you have hours of entertainment (and facts) ahead.

BREAKTHROUGHS

WORLD-FIRST

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WORLD-FIRST APPROACH TO IMPROVE MELANOMA OUTCOMES ARRIVES AT THE ALFRED

Victorians at risk of melanoma now have access to cutting-edge 3D whole body imaging, which promises to improve detection and management of the deadly cancer.

The Alfred, in partnership with Monash University, is one of 15 health services in Australia, and the first in Victoria, to begin using the Vectra imaging machine with melanoma patients.

It is hoped the machine will save lives by enabling medical teams to detect skin cancers earlier, and commence vital patient treatment sooner.

The Alfred’s Director of the Victorian Melanoma Service, Dr Victoria Mar, says the machine’s ability to create a 3D avatar to undertake full body mapping has the potential to revolutionise the detection of melanoma.

“Early detection of melanoma leads to better outcomes, and we hope to enhance this with improved imaging technology,” Dr Mar said.

The technology was introduced as part of the Australian Centre of Excellence in Melanoma Imaging and Diagnosis (ACEMID), funded by the Australian Cancer Research Foundation (ACRF).

As well as helping to detect melanoma earlier and more

“It is hoped the machine will save lives by enabling medical teams to detect skin cancers earlier, and commence vital patient treatment sooner.”

accurately, the machine will support research into the condition, as its functions will allow researchers to investigate and track moles and skin spots over time.

Australia has the world’s highest rate of melanoma, with 1,700 Australians dying of the condition each year. No standardised diagnosis pathway exists, and treatment costs in Australia exceed \$1 billion per year.

READ + WATCH + LISTEN + REPORT

ENQUIRY

AT THE TABLE

Six questions about work & life



DR ANITA MUNOZ

Chair, RACGP Victoria Faculty

“
I still love and take pride in seeing my patients and delivering the best possible experience of health that I can.
”

1 Can you briefly summarise your role in medicine?

I am a GP in private practice in Melbourne's CBD. I am also a medical educator with MCCC GP Training and I am Chair of the Victoria Faculty at the RACGP.

3 How have the added challenges impacted your life away from work?

I'm used to being very social and engaging in lots of activities like music lessons and a choir, travel, live theatre, exhibitions. I have felt the absence of those things, as I use them to balance out the work I do.

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

The most powerful things I've done to manage this experience have been to jog regularly, undertake a myriad of online evenings and activities with my friends, do walking catch-ups, dust off some long-forgotten hobbies, and get myself a cat. I've also practised gratitude – for my job, my health, the safety and wellbeing of my loved ones. At times of frustration, I've sought out support from people I admire.

4 What are you most optimistic about for the next year ahead?

This experience has made me incredibly grateful for things we often take for granted. Going out to dinner, throwing a party, seeing everyone I care about, getting back the pursuits I love will be an enormous pleasure for me. As an avid traveller, I want to move about freely again and resume my adventures in Australia and abroad.

5 What do you value most as an AMAV member?

The AMA's advocacy for general practice and recognition of GPs as a vital part of our healthcare system matters very much to me. Without general practice, a sustainable and effective healthcare system is just a wistful concept.

6 What are you most proud of at this stage of your medical career?

I still love and take pride in seeing my patients and delivering the best possible experience of health that I can. I've not lost my thirst for learning, and my passion for general practice only grows. I am proud of the collaborative efforts AMA Victoria and RACGP Victoria are achieving and the enormous capacity for change this relationship has.



WORK + LIFE

SECOND OPINION

ASK THE EXPERT

“

Has parenthood changed your perspective on medicine?

”

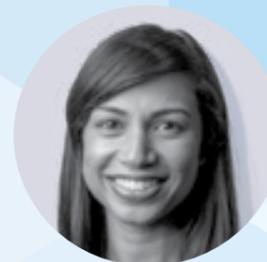


DR AMELIA LAMBERS

GP Registrar

As a first-time mum to a gorgeous seven-month old boy Eric, it is safe to say that my perspective on medicine after children has most definitely changed! Recent experiences include sitting one of my general practice exams when Eric was eight weeks old, married to an orthopaedic surgical trainee sitting his fellowship exams during a pandemic! Here's my tips on balancing busy careers with family life and self-care:

- 1 Get to work/café 30 minutes before starting, with bircher muesli in hand, prepared the night before.
- 2 Teamwork and planning ahead is essential: shared electronic calendars and online grocery shopping.
- 3 Book several regular babysitters for date night and me time (have three options and rotate them in case the first two are awaiting COVID results!).
- 4 Book day-care 12 months in advance in locations you might get sent to for rotations.
- 5 Outsource – dinner ladies with steamed veggies/salad, slow cooked frozen meals, cleaner, gardener, drycleaner.
- 6 Join a gym with a crèche.
- 7 Take equal turns with partner for 'me time'.
- 8 Headspace mindfulness app for 10 minutes – make it a routine each morning, allowing you to start the day with a fresh mind and be present at your job.
- 9 Remain an AMA member to support policies improving part-time training, parental leave, and breastfeeding rooms... just to name a few!



DR RANGHI DE SILVA

Consultant obstetrician & gynaecologist

I'm currently expecting my first child, so am not yet a mother, however it has already changed my perspective on medicine. Whilst I feel very lucky to work in my field and couldn't imagine doing anything else with my life, it can be very tiring and demanding. It's very easy for our medical careers to take over our identities and monopolise our time. The last two years have been especially challenging, leaving us with less emotional and mental energy to invest in our other passions and the people most important to us. However, I think embarking on a tumultuous journey of infertility, a very difficult pregnancy and impending parenthood has made me appreciate the importance of prioritising time and space for things that we value outside of work. Medicine is a huge part of my life, but it's not the most important part of my identity. I look forward to returning to work when the time is right, working harder to achieve this 'balance' and hopefully setting a good example of being a working mum in the future.



DR DEB KARMAKAR

*Deputy Director O & G and Gynaecology Services Lead, Ballarat Health Services
Consultant obstetrician & gynaecologist, Barwon Health
Fellow Representative, Victorian State Committee, RANZCOG*

As an obstetrician and gynaecologist, enabling women to have a safe birth is part of my daily work, but becoming a parent brings this even closer to home. I take pride in patient-centred care, evidence-based shared decision-making, and advocating for maternal autonomy and having a child has made me even more passionate about it.

In these extraordinary times, the risk of physician burnout is real. Thus, the choices that enable me to be the best version of myself – physically, mentally, and professionally – are often driven by my desire to be the person I want my child to think I am as they are growing up.

When the whole world is so disrupted in the COVID-19 space, the only way to keep us grounded is to have a constant to pivot around. For me, it is knowing I can have my moments of bonding with my child, plus every day in the morning and every day I return home from work. Having a child also reminds me the actions we take in medicine today can have downstream 'butterfly effects' for our future generations. It is a massive responsibility all doctors must share one way or the other.



DR REEM AL HANNA

Consultant physician in rehabilitation medicine

My outlook on all aspects of my life including medicine has changed the day my son was born. As a full-time self-professed workaholic with a penchant for academic research, I now find myself satisfied and revelling in the miraculous gift that motherhood has brought to our family. With motherhood comes humility, selflessness and a desire to be the absolute best mother I can be. Upon my return to work, I will strive to have a life-work balance and be a successful mum in medicine, as others have done before me. The timely arrival of my baby boy has filled our lives with joy, faith, renewal and hope. With the festive season around the corner, I wish you and your families a very Merry Christmas/Happy Holidays and a wonderful year ahead. Remember to appreciate your little wins every day and stay blessed.

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FRONTLINE



FRONTLINE MEDICINE + THE PANDEMIC

There is no doubt that the COVID-19 pandemic has affected every aspect of our lives, however, for doctors in particular, the nature of work, the way patient care is provided, and the amount of work has dramatically changed.

REPORT KAREN WILLIS, PROFESSOR, PUBLIC HEALTH, VICTORIA UNIVERSITY, A/PROF NATASHA SMALLWOOD, RESPIRATORY PHYSICIAN, DEPARTMENT OF RESPIRATORY + SLEEP MEDICINE, THE ALFRED HOSPITAL



50.4%

(1 IN 2 PARTICIPANTS) INDICATED A NEED FOR ADDITIONAL TRAINING ON PPE

18.3%

OF HEALTHCARE WORKERS SOUGHT HELP FROM A DOCTOR OR PSYCHOLOGIST

JNR

FELT UNDERVALUED AS THEY GRAPPLED WITH INCREASED WORKLOAD AND FEELING UNSAFE AT WORK

SNR

WANTED STRONG, CONNECTED LEADERSHIP, AND WORRIED ABOUT THE MENTAL HEALTH IMPACTS ON JUNIOR STAFF AND PRACTICE EMPLOYEES

GPs

REPORTED BEING CONSISTENTLY OVERLOOKED AND UNDERVALUED BY POLICY LEADERS

Key findings from *The Australian COVID-19 Frontline Healthcare Workers Study*

To better understand the profound psychosocial impacts of the COVID-19 pandemic on the health workforce, we conducted a survey of Australian frontline healthcare workers during the second wave of the pandemic in Australia from August to October 2020. Overall, 9518 healthcare workers responded to our survey with 7846 providing complete responses. Most participants were from Victoria (80 percent); and 31 percent (or 2355) were medical doctors; comprising 1221 senior doctors; 389 general practitioners and 745 junior doctors.

We found high levels of psychosocial distress across the workforce. Self-determined mental health was reported as poor, with 62.1 percent reporting anxiety and 58.2 percent reporting burnout. Similarly, responses to objective, validated mental health symptom scales detected a high burden of mild to severe symptoms of anxiety (58.2 percent) or depression (57.3 percent), and moderate to severe symptoms of burnout (70.9 percent). This was despite participants having high resilience scores. Common factors for experiencing symptoms of mental illness included: being a

woman; younger age; pre-existing psychiatric condition; experiencing relationship problems; nursing, allied health or other roles; frontline area of work; being worried about being blamed by colleagues and working with patients with COVID-19.

As has been noted by the AMA, the COVID-19 pandemic has brought enormous disruption across the health workforce, and our survey found that workplace disruption was common, with 48.5 percent of participants reporting changes to paid or unpaid working hours and many experiencing redeployment (16.8 percent) or a change in work role (27.3 percent). A third of participants (30.8 percent) reported concerns about household income since the onset of the pandemic. Concerns about changes to funding arrangements (particularly related to the initial mandatory requirement to bulk bill all patients for telehealth consultations) and restrictions on elective procedures were commonly reported by general practitioners and specialists in private practice. One in two participants (50.4 percent) indicated a need for additional training on personal protective

equipment (PPE) use or caring for patients with COVID-19, with general practitioners in particular reporting a lack of training in using PPE. All doctors reported increased work during the pandemic, but senior doctors were more likely to undertake increased unpaid work.

We found that most participants utilised multiple coping strategies, with maintaining exercise (44.9 percent) and social interactions (31.7 percent) the most commonly reported. Very few sought help from a doctor or psychologist (18.3 percent). Experiencing symptoms of mental illness was broadly associated with reduced use of some positive coping strategies, such as exercise and socialising, but was also associated with increased use of mindfulness-based strategies and help-seeking behaviour. Common factors for adopting positive coping strategies included: younger age, being a woman, working in allied health compared to medical, and having a prior mental health diagnosis. People living in Victoria, in regional areas, and those with children at home were significantly less likely to report positive coping strategies. One in four (26.3 percent) reported increasing

alcohol consumption to cope with mental health symptoms during the pandemic, which was also associated with mental health symptoms.

There has also been much discussion about ‘moral distress’ amongst health professionals, which relates to concerns regarding rationing care or being unable to deliver the usual ‘best practice’ care that we expect in the Australian healthcare system. Moral distress in our study was linked to concerns regarding resource scarcity (58.3 percent), worrying that wearing PPE limited ability to care for patients properly (31.7 percent), exclusion of family from the bedside (60.2 percent), and fear of letting co-workers down if infected (55.0 percent). Indication of moral distress was associated with increased risk of anxiety, depression, post-traumatic stress disorder, and burnout. Those who felt appreciated by the community (86.5 percent) were less likely to report indicators of moral distress.

While there are many shared concerns, our qualitative data reveal some differences between doctors. Senior doctors wanted strong, connected leadership, and worried about the mental health impacts on junior staff or practice employees.

General practitioners reported being consistently overlooked and undervalued by policy leaders, experienced financial issues with changes to billing, struggled to access PPE and worried about increased risk exposure for themselves and their staff. Junior doctors felt undervalued as they grappled with increased workload and feeling unsafe at work. They also worried about the impact of the pandemic on their training and career progression.

In presenting our results we are invariably asked, “But won’t all these mental health problems disappear now that there are effective vaccines and we have more PPE?”. These solutions are extremely important, but only go part way in supporting the workforce.

Yes, Australians are getting vaccinated and this will reduce the spread of the disease (including to healthcare workers), and the number of people with severe illness who require hospital admission or die from COVID-19, thus reducing some pressures on healthcare systems. However, as

doctors know, the pressures of frontline work have been there for some time, as is illustrated in our qualitative paper about frontline work and the recent AMA report *Public Hospitals: Cycles of Crisis*. Further, there remain substantial challenges to the healthcare system in addressing all the “catch-up care” for those patients who have delayed seeking care or had their appointments or procedures rescheduled during surges of COVID-19 caseloads. Almost two years into the pandemic, as we face the ongoing medical surge event, the healthcare workforce is burnt out and tired; patients are sicker and more complex; and crises events keep happening. The impact of such ‘extreme work’ pressures will be felt for some years to come as we continue on this new path of ‘COVID normal’.





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More information about DEA

» The success of our climate change proposal demonstrates that hospitals and the government are serious about making change.

» Our parental leave achievements are important steps towards removing gender bias around which parent is expected to look after the newborn baby.

When we bargain, we sit with the knowledge that we're never going to achieve everything that we want because it's a negotiation. But that doesn't stop us from pushing the boundaries to fight for the issues that matter.

In the latest round of bargaining, AMA Victoria / ASMOF Victoria successfully secured two significant clauses in the 2021 Enterprise Agreement that do not exist anywhere else in Victoria in the public health system.

AMAV / ASMOFV took the lead on sustainability by introducing the first ever climate change clause to an industrial agreement in Victorian health. Our climate change clause is both a key win and a historical achievement to come from this round of bargaining.

This clause resulted from extensive consultation with our members. We started consultation about a year ago by running meetings in most of the health service across the state to ask doctors what issues in the workplace they thought needed improving and what broader issues in the health system they would like to change.

Climate change is a big-ticket item, particularly for doctors-in-training. When we approached the subject at the bargaining table, we were originally met with resistance. It took collaborative effort to get this clause over the line.

We invited members from Doctors for the Environment Australia (DEA) to attend bargaining to share what they hoped AMAV / ASMOFV could achieve on their behalf. For those who may not be aware, DEA speak at a national level on the environment and the health impacts of climate change.

The range of experts in the room sharing their knowledge and perspectives further strengthened our proposal. Our clause in the agreement is not just about climate change; it's about both climate and sustainability. Waste and environmental issues impacting health are particularly important topics during COVID-19 and will only become more relevant with each enterprise agreement to come.

The success of our proposal demonstrates that hospitals and the government are serious about making change, and it's positive to see parties taking a step forward on this issue together.

Along with the progress we've made for climate change, there has also been significant advances in parental leave from this round of bargaining.

At this point in our negotiations, we've significantly increased the paid leave period from 10 to 14 weeks for the primary carer and doubled the one week of leave for the non-primary carer to two weeks.

In an exciting breakthrough, employee couples will be able to pool 16 weeks of parental leave and share the entitlement amongst themselves. AMAV / ASMOFV's parental leave achievements are important steps towards removing gender bias around which parent is expected to look after the newborn baby.

AMAV members have been so important to our success in this latest round of bargaining, with more involvement from doctors than ever before. Bargaining involves two full days of work a week for more than six months for our Workplace Relations teams, and for most of the time we've had either a specialist or doctor-in-training (or both) in the room.

Doctors' input has been especially valuable as AMAV / ASMOFV negotiate the anti-bullying clause we have been working to introduce. Bargaining representatives from AMAV, the Victorian Hospitals Industrial Association (VHIA) and the Victorian Department of Health are not doctors. To ensure the clauses we suggest are useful for members, it's important to hear stories from the frontline and the lived experiences of doctors as they tackle a bullying issue within the hospital system. Your feedback, along with general member issues we address daily as workplace relations advisors, help us to shape clauses that are relevant and impactful in practice.

Specialists who have attended our bargaining meetings have been working with us to standardise their collective Enterprise Agreement and improve conditions such as differing rates for full-time doctors in comparison to fractional doctors. There's still a lot of work to do for future agreements, but we have made significant progress.

It's been a big year and we are proud of what we've achieved so far for members, but the work doesn't stop here.

Once the deal is voted on and approved by Fair Work Australia, there's still a large amount of work that we do to ensure the new clauses are understood and implemented by hospitals. With the support of members, our role is to enforce the terms and conditions that we've negotiated and represent our members when conditions are not properly implemented – between now and the next agreement, and beyond.



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HEALTHCARE WORKERS RETURNING TO WORK AFTER OVERSEAS TRAVEL

In recent weeks, AMA Victoria has been forcefully and consistently requesting the State Government to reconsider its stance on fully vaccinated healthcare workers returning from overseas travel being barred from attending hospitals for a minimum of seven days. Our members reported that this was causing additional stress and inconvenience.

The Victorian Department of Health has released updated guidance which states that fully vaccinated people aged 12 years or over entering Victoria from overseas (including healthcare workers) can now attend a hospital within seven days after entering Victoria if:

- » they have received a negative result from their COVID-19 PCR test 24 hours prior to attending, or
- » they have received a negative result from their COVID-19 rapid antigen test on the day they are attending.

Regardless of test results, a fully vaccinated person cannot attend these settings while they are in quarantine. (Note that there are different requirements for medically exempt people.) [Click here for the updated guidance](#)

PRIVATE PRACTICE AND UNVACCINATED PATIENTS

We have had many queries from members in private practice seeking

greater certainty regarding whether they can decline to see unvaccinated patients in their clinics.

AMA Victoria's legal partner, Kennedys, has advised that there are no formal guidelines in Victoria which determine that it is legally permissible for practices to refuse to undertake face-to-face consultations with unvaccinated patients in non-emergency situations.

Therefore, practices may risk a notification to Ahpra on the basis that their conduct may be below the standard expected and that they may pose a current or future risk to patient safety. To mitigate against regulatory action, Kennedys recommends that medical practitioners take all reasonable steps to ensure unvaccinated patients are not denied access to medical care.

There may be further complications when practitioners share rooms with others who do not hold the same views as they do in relation to seeing unvaccinated patients. Arrangements may need to be made that take into account others' decisions – such as designated areas or days for seeing unvaccinated patients.

Clear and open communication may help to ensure that expectations are understood in advance – for example, informing patients ahead of time, communicating with referring doctors, and having clear signage.

We understand that this ambiguity is incredibly frustrating for practitioners and have sought

clarification from Ahpra on this matter. [Click here for more information from Kennedys](#)

COVID-19 GUIDELINES FOR IMEs REGARDING FACE-TO-FACE INTERVIEWS WITH WORKERS

WorkSafe Victoria responded to our request for COVID-19 guidelines for Independent Medical Examiners (IMEs) and face-to-face interviews with workers:

- » Face masks must be worn by visitors and consultant specialists indoors unless an exemption applies.
- » The Victorian Government QR Check-in system is compulsory – all visitors will need to follow this protocol upon arrival.
- » COVID safe measures including social distancing and other health hygiene requirements are mandatory.

Further, the guidelines note that, "health providers are not obligated to conduct face-to-face examinations with unvaccinated injured workers" under the provider's COVIDSafe requirements. However, they state that it is the responsibility of the examining practitioner to communicate their COVIDSafe requirements to the injured worker. [Click here to access the full guidelines.](#)

RECOGNISING OUTSTANDING ACHIEVEMENTS + LEADERSHIP

Dr Jill Tomlinson has been recognised for her contributions encouraging medical specialists to adopt digital technologies.



[Click here for more information about the awards](#)

“I hope that we can improve access and equity through a healthcare system that delivers increasingly seamless and secure connected care. Our healthcare system is arguably the best in the world, but there is still much that we can improve for patients, for healthcare practitioners and for our community.”



Hand surgeon and AMAV Board member, Dr Jill Tomlinson, has been recognised in Telstra Health’s 2021 Brilliant Women in Digital Health awards. In its inaugural year, the initiative set out to recognise and celebrate women in digital health for their outstanding achievements, while raising awareness about the opportunities in the sector and inspiring others to follow their lead.

Following a six-week nomination period in the middle of 2021, five judges narrowed down more than 140 nominations to the final 25 award recipients.

Dr Tomlinson has been recognised for her contributions in encouraging medical specialists to adopt digital technologies, from formerly chairing the Australian Health Digital Agency’s Specialist Toolkit Steering Group, to instigating AMA Federal’s Digital Health Committee, to collaborating with government groups, regulators and professional organisations to deliver digital health implementation projects that improve safety and quality in Australian healthcare. “Digital health offers substantial opportunities for improving safety and quality in healthcare and improving experiences for healthcare workers,” Dr Tomlinson said. “With only 168 hours in a week, we all need to work smarter, not harder, and digital health initiatives offer incredible opportunities to do this.”

Dr Tomlinson is a strong advocate for technology and reform that works for clinicians, by embracing opportunities outside the traditional job description of a surgeon and developing tools

and processes that enable other specialist practices to use My Health Record. Her innovative and technology-led surgical practice in Melbourne was the first private specialist practice in Australia to fully integrate My Health Record systems.

And she is excited about just how far digital health can grow. “I hope that we can improve access and equity through a healthcare system that delivers increasingly seamless and secure connected care. Our healthcare system is arguably the best in the world, but there is still much that we can improve for patients, for healthcare practitioners and for our community.”

As co-Chair of the Victorian Department of Health’s Clinical Informatics Council, Dr Tomlinson has encouraged a ‘whole of healthcare’ approach, ensuring that medical specialists and general practitioners have a voice within a group that advises on lifting digital maturity across the Victorian healthcare sector, but which has traditionally focused on public sector healthcare.

She believes there’s plenty of opportunities for others interested in making an impact, particularly for those with a penchant for problem solving (as most medical professionals do!). “We need all the brilliant minds we can get! To make a change in any sector we need to identify problems and consider how to solve them. Some digital health problems have simple design solutions, but digital health has many large and difficult problems. Solving problems and making an impact requires persistence, a willingness to listen and learn, flexibility and the ability to collaborate with others. From little things big things grow.”



It is vital that public health measures continue to be enforced when needed and are robust enough to ensure severe illness and hospitalisations are minimised, as opening allows more opportunities for COVID-19 to circulate.

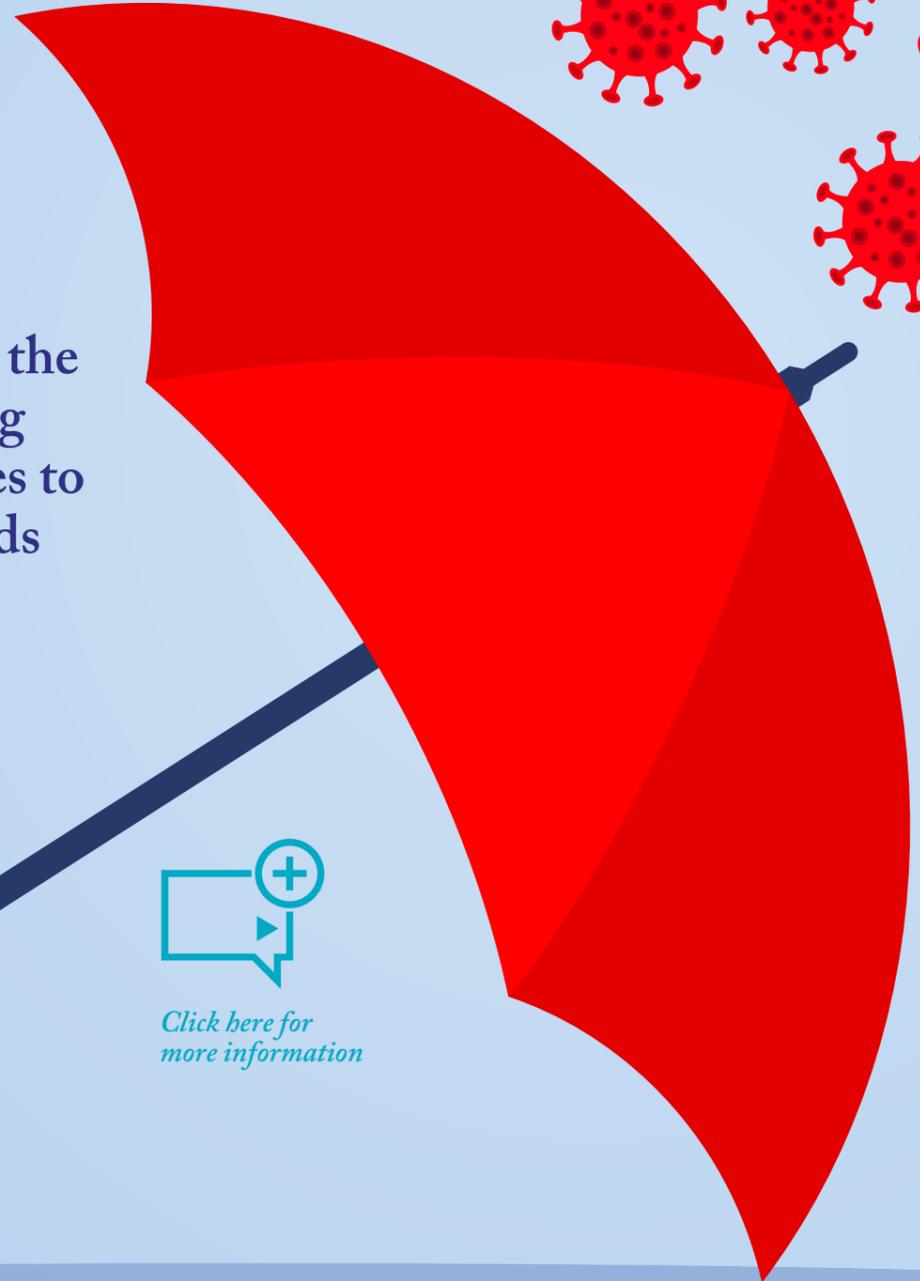
LEARNING TO LIVE WITH COVID-19

The AMA continues to impress upon government the need for additional funding to support general practices to meet the increased demands that will come from living with COVID-19.

REPORT DR RICHARD KIDD
CHAIR, AMA FEDERAL COUNCIL
OF GENERAL PRACTICE



[Click here for more information](#)



As vaccination rates rise, restrictions ease and borders open, and living with COVID-19 becomes a reality, the Federal Government needs to ensure that general practice is well supported to care for the community.

It is vital that public health measures continue to be enforced when needed and are robust enough to ensure severe illness and hospitalisations are minimised, as opening allows more opportunities for COVID-19 to circulate.

General practice continues to play a significant role in the vaccination rollout, delivering over half of all COVID-19 vaccinations, and is now central to the booster program. As the body of evidence regarding the impact of COVID-19 and vaccine efficacy grows, GPs will need to continue to adapt to the changing environment.

The impact of COVID-19 on practices has been very mixed. While most have managed to maintain profitability, we know more than one quarter have seen their bottom lines deteriorate (as reported in the CommBank GP Insights Report).

We have seen the direct impact of changing advice around vaccines; initial lack of clarity on indemnity; difficulties in sourcing PPE; balancing normal patient care and vaccinations, and managing the vaccination queries, concerns and demands of our patients. Despite these difficulties, general practice has risen to the challenge. This phenomenal effort must continue to be recognised and supported.

With the booster program underway, we see from experience overseas a strong take-up will be essential to avoid the reimposition of restrictions and an overloaded health system. We will need to be proactive, reaching out to patients, explaining the benefits, and getting needles into arms.

Unfortunately, the Federal Government seems to be relying on patients to simply come forward and is not properly funding general practice for the hard work we know is essential to a successful vaccination campaign. This will cost government a lot more eventually and the AMA is working hard to convince the Federal Government of the need to give GPs more support.

GPs must also be helped to invest further in digital health technology and up-skilled to enhance patient access to care and communications through digital technology. GPs will also need access to point-of-care rapid antigen testing, reliable access to PPE, and funding to support remote monitoring of infected patients.

While vaccination will help stem the severity, COVID-19 infections will continue to occur as the virus circulates. Innovative measures will be required to not only ensure hospital capacity for those worse affected by the virus but also for those requiring usual care such as diagnostic procedures, surgery, and cancer treatment.

Measures such as using the general practice healthcare team in monitoring and caring for COVID-19 patients out of hospital will be needed. To add even more pressure on GPs, one in four patients delayed or skipped preventive healthcare assessments or screening services during the pandemic over the last few years. Following up on these patients is going to be an important focus for general practice. Supporting patients' mental health and the management of symptoms consistent with long COVID-19 will be another area of importance.

The AMA continues to impress upon government the need for additional funding to support general practices to meet the increased demands that will come from living with COVID-19.

DID YOU KNOW HEALTH FUNDS CAN HELP TO COVER THE COST OF EXPENSIVE MEDICATION?



Depending on your health fund and level of cover, you may have access to benefits that can help to cover the cost of certain medication, for which you would otherwise be completely out of pocket.

Prescription medication can be categorised into two groups when referring to accessibility and cost: those that are listed on the Pharmaceutical Benefits Scheme (PBS) and those that are not (non-PBS).

Pharmaceutical Benefits Scheme (PBS) – government subsidised medication

The Australian Government subsidises prescription medication through the PBS to provide all Australians who are eligible for Medicare access to more affordable medication. We currently pay no more than \$41.30 (\$6.60 for concession card holders) for medications that are included in this scheme. (This is the patient co-payment amount set by the PBS. This patient contribution amount is adjusted on 1 January each year in line with inflation.)

As these medicines are subsidised by the government, they cannot receive any

additional benefits through private health insurance in general. A complete list of the medicines listed on the PBS can be found online here. While this list is extensive, not all medication is subsidised through the PBS. This is where private health insurance can help to cover the cost.

Non-PBS items – Private health insurance benefits

Private health insurance can help to cover the cost of prescription medication that is not listed on the PBS. As this medication is not subsidised, it is typically more expensive for us to purchase.

The eligibility criteria or conditions around what kinds of non-PBS medication can be claimed, waiting periods, annual limits and individual item benefits varies across each health fund. It is important to check with your health fund what is available to you. Benefits for non-PBS items are usually included under Extras or otherwise known as General Treatment cover.

Your health fund may also have requirements for the information they need to process your claim. Pharmacies

can provide you with an Official Pharmacy Receipt, which includes information about the supply of your medication such as patient name and script number. It may be a requirement of your health fund to submit this official receipt as part of your claim.

Medication provided during or after a hospital admission

Medication provided during your hospital stay: medication provided while you are an inpatient in hospital is generally covered by your hospital cover. This is a cost you won't see as a patient, with hospital claims usually processed between your health fund and the hospital directly.

Discharge medication: you may be prescribed discharge medication to be used after leaving hospital. As you are no longer an inpatient in hospital, this medication is not covered as part of your hospital admission or under your hospital cover. These medications will fall under the same criteria set by your health fund for outpatient prescription medication.

GIVING BACK



SUPPORTING PERSONAL + PROFESSIONAL DEVELOPMENT

We introduce you to two participants, Dr Grant Russell, GP and Health Services Researcher, AMAV Mentor and Dr Harsha Kadiveti, Psychiatric registrar, AMAV Mentee.



AMA Victoria welcomes expressions of interest from members to be mentors and mentees in our 12-month supported and structured mentoring program.

The program is a free membership benefit and is designed to support your personal and professional development as a doctor. It is particularly relevant during times of career transition or whilst you are finding your balance and professional identity. The program helps you set and achieve your goals. AMA Victoria undertakes matching to ensure there are no conflicts of interest and to maximise the value of the mentoring relationship.

The mentors are all senior doctors and AMAV members who have expressed their desire to give back to the profession by volunteering their time to mentor doctors-in-training (DiTs). These experienced doctors have a passion for helping junior doctors to achieve their goals with the aim of developing future leaders of the medical profession. Mentees are DiTs who are two to five years after graduation (HMO2 to HMO5). They must be an AMAV member working in Victoria as a medical practitioner and have full registration as a medical practitioner with AHPRA.

**DR GRANT RUSSELL
GP AND HEALTH
SERVICES RESEARCHER**

*i am a
mentor*



GOING INTO THE PROGRAM, WHAT DID YOU EXPECT TO GET OUT OF IT?

I hoped to share my experiences and insights to inspire the next generation.



*Click here to
email interest
in the program*



*Click here for
info about
the program*

WHAT DO YOU THINK THE 'SECRET' IS TO A GOOD MENTORING RELATIONSHIP?

I think the secret is the relationship itself – vulnerability, confidentiality, trust and honesty.

HOW HAS MENTORING CHANGED YOUR PROFESSIONAL OR PERSONAL LIFE?

Insights into, sometimes, what NOT to do!

LASTLY, WHAT TIPS OR ADVICE WOULD YOU LIKE TO SHARE WITH THOSE NEW TO MENTORING?

Take a chance, open yourself up, and tell stories! For the mentor, be primarily focused on the needs of the mentee – being explicit about identifying these needs can be really valuable.

**DR HARSHA KADIVETI
PSYCHIATRIC
REGISTRAR**



*i am a
mentee*

GOING INTO THE PROGRAM, WHAT DID YOU EXPECT TO GET OUT OF IT? ARE YOU ON TRACK TO ACCOMPLISH YOUR GOALS?

Being a DiT year 5 soon stepping into a specialist role, I wanted to gain a broad perspective on career trajectories, develop leadership skills and improve my overall confidence levels. The program helped me in this process and I strongly believe I am on track to accomplish my goals!

WHAT DO YOU THINK THE 'SECRET' IS TO A GOOD MENTORING RELATIONSHIP?

The key is to recognise that it's an opportunity to actively develop skills and perspectives which build on existing knowledge. It's important to realise that being a mentee is an active role and one should not view themselves as passive recipients.

HOW HAS MENTORING CHANGED YOUR PROFESSIONAL OR PERSONAL LIFE?

I am very grateful to the program for matching me with my mentor. It's an absolute privilege. I have learnt to be more open-minded to learning about my strengths and weaknesses, as well as building self-awareness which helped progress towards my goals.

LASTLY, WHAT TIPS OR ADVICE WOULD YOU LIKE TO SHARE WITH THOSE NEW TO MENTORING?

Not viewing yourself as a passive participant. Set realistic goals and define them clearly. Make sure you prepare ahead of your sessions and act on advice and guidance received.



PARTNER CONTENT

KEEPING YOUR INVESTMENT PROPERTY TENANTED

REPORT JARROD MCCABE

DIRECTOR, WAKELIN PROPERTY ADVISORY

It's been a tough 18 months for many Melbourne property investors looking to rent out their properties.

Closed borders due to COVID-19 have severely impacted the flow of international students, business visitors and tourists, who have traditionally kept the market buoyant. The reduced demand meant Melbourne was Australia's second most affordable rental market in the September quarter, with a typical dwelling costing \$450 per week to rent, or just \$9.30 a week more than it costs to rent in Adelaide.

While there's positive signs of an uplift with borders now reopened, it highlights the importance of holding on to good quality tenants. Losing tenants and/or failing to replace them promptly is one of the biggest fears for investors; rightly so, because an extended period without rental income can be a painful hit to an investor's cash flow and even solvency.

Your best defence against this scenario is to remain competitive. Don't seek above-market rental increases and keep your property well maintained and stocked with features that meet today's tenants' expectations.

Your property manager should be providing you the necessary market intelligence on all this. You're paying them good money for a reason. Alas, although there are property managers who are great at responding to and resolving tenant-initiated concerns, I've rarely met one who is proactive about reviewing a current client's property and making market-savvy recommendations on prospective maintenance and enhancements.

It's therefore vital that you, as a client, drive your property manager in this area. Ask for an audit of the property to be done the next time the agent is doing a periodic inspection. The property manager shouldn't just focus on what needs to be done now, but provide a schedule of jobs worth doing in the next three-to-five years.

This allows you to budget accordingly and plan what can be done whilst a tenant is ensconced in the property (typically small internal jobs and external work such as painting) and be ready to move on to bigger, more disruptive maintenance when your current tenant serves notice down the track.

The audit will of course outline likely costs of a program of works, but it should also provide guidance on the likely payback in terms of scope for rent increases that the results will bear. With so much variance between suppliers in terms of prices and quality of work, insist that the property manager seeks multiple quotes and make it clear you will not pay invoices until you have seen and approved the completed job.

Underpinning all this discussion is the need to protect your asset's income generating ability (which will also likely enhance the capital value of the property as well). To this end, don't forget to keep your insurance policies up to date, so you're protected if the place burns down.

Check that the insurances provide sufficient cover. Once you start down the dull road of reviewing your insurance, you might as well obtain quotes from other suppliers so you can save money as well as being secure.

MEMBER PROFILE

RESILIENCE, DETERMINATION + SELF-COMPASSION

Dr Olivia Ong shares how a life-changing, serious car accident taught her about resilience, determination and self-compassion and shaped her medical career.

"This life-changing experience taught me resilience, grit, and determination and most importantly, it has taught me the most powerful life lesson: self-compassion".



CAN YOU BRIEFLY SUMMARISE YOUR ROLE IN MEDICINE?

I am a dual trained rehabilitation physician (FAFRM, RACP) and specialist pain medicine physician (FFPMANZCA), currently working 0.4 FTE in a tertiary pain management clinic at Monash Health and working 0.4 FTE in private practice at Advance Healthcare and Melbourne Pain Group. I am also working 0.1 FTE as an Independent Impairment Assessor at Lex Medicus and Azure Medicolegal.

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

After a severe car accident in 2008 when I was told I would never walk again as a paraplegic, I began walking three years later against all odds. This life-changing experience taught me resilience, grit, and determination and most importantly, it has taught me the most powerful life lesson: self-compassion. Having my superpowers of resilience and self-compassion have helped me overcome obstacles and challenges in my personal and professional life over the last 13 years since my injury. I also have a consistent mindfulness and self-compassion practice, and this has also helped me maintain resilience and balance over the past two years.

HOW HAVE THE ADDED CHALLENGES IMPACTED YOUR LIFE AWAY FROM WORK?

The added challenges of being a doctor in this current climate are that the pandemic fatigue and stress has perpetuated the problem of burnout in the medical industry. We can all agree it's true that when doctors suffer from burnout and physical and emotional exhaustion, they leave the healthcare profession, and the healthcare system collapses. The truth is that doctors were burnt out way before COVID-19. Research by *The Washington Post* showed that 30 percent of doctors and nurses are leaving the profession, and by 2032 the US will have a major shortage of doctor and nurses. I fear the same will happen in Australia. In 10 years, we are not going to have enough healthcare workers to support Australia's healthcare needs. That's why, to achieve the goal, we need to prioritise finding and implementing a solution to pandemic fatigue burnout in doctors.

Overall, I coped reasonably well during lockdown in Melbourne but there were some days where I felt the symptoms of pandemic fatigue such as low energy, poor sleep patterns, tiredness and irritability. Some of my most effective ways to overcome these feelings include identifying and practising self-care strategies that work for me, walking 2-3 times per week and connecting virtually with my friends and family.

WHAT ARE YOU MOST OPTIMISTIC ABOUT FOR THE NEXT YEAR AHEAD?

I am really optimistic about the next year ahead. I have written a book *The Heart-Centredness of Medicine*. I have written it because I've not only seen and heard about way too many doctors who are verging on burnout due to stress and overwork - I have actually been one of them. I've written my book in the way that I have to help doctors to find their way back home to their heart. I want them to be able to lead the heart-centred lives they truly deserve. My book has been well received by the medical fraternity and I am optimistic that the book will transform the lives of doctors who read it. My book is available for purchase on my website drolivialeong.com/book/

WHAT ARE YOU MOST PROUD OF AT THIS STAGE OF YOUR MEDICAL CAREER?

I am proud to be an established senior medical staff and specialist pain medicine physician at Monash Health and private practice. I overcame adversity with my spinal cord injury in 2008 and I juggled full-time training, motherhood and exams when I was a rehabilitation registrar and pain fellow from 2013 to 2018. I have come a long way, and I feel grateful that I am now living a fulfilled life as a pain physician and medical entrepreneur.

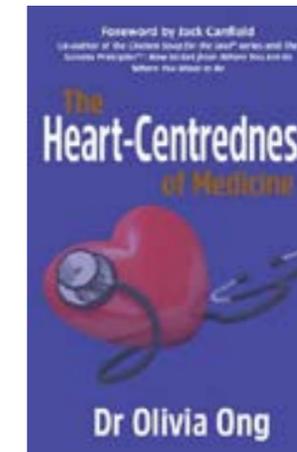


Click here for more on Dr Ong's book

THE HEART-CENTREDNESS OF MEDICINE

Dr Olivia Ong

BOOK REVIEW KAY DUNKLEY
AMAV COORDINATOR OF
DOCTOR WELLBEING



Whether you are contemplating change, are on a transformative journey or simply enjoy reading an inspirational story this book has something for all readers. Written by a doctor for doctors, it is also very relevant to any health professional who can identify with the challenge of being a high achiever working in a demanding environment during challenging times. The book was published in mid-2021, so it includes contemporary discussion about the impact of COVID-19 on individuals and families.

Dr Olivia Ong weaves her personal story into a guide to becoming a compassionate and heart-centred doctor. One of the key tools Dr Ong describes is self-compassion. Using her own journey through spinal cord injury, learning to walk again, successfully qualifying as a pain physician and experiencing burnout, Dr Ong is able to share the '12 secret ingredients' which helped her to feel more fulfilled and find a better balance in life.

This book is suitable for all in the medical profession from students through to retired doctors. At just over 100 pages and broken up into short chapters, it can easily be read in short bursts or in one sitting. However, you may want to come back to it several times to really grasp the wisdom Dr Ong shares in order to put it into practice.

As well as being suitable for self-help, this book would be a great gift for someone you care about.

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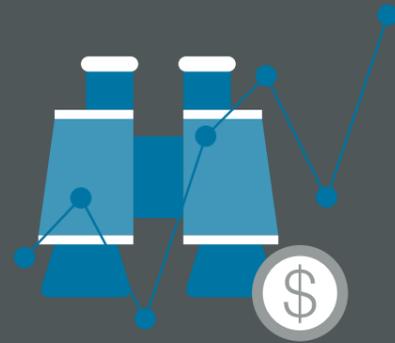
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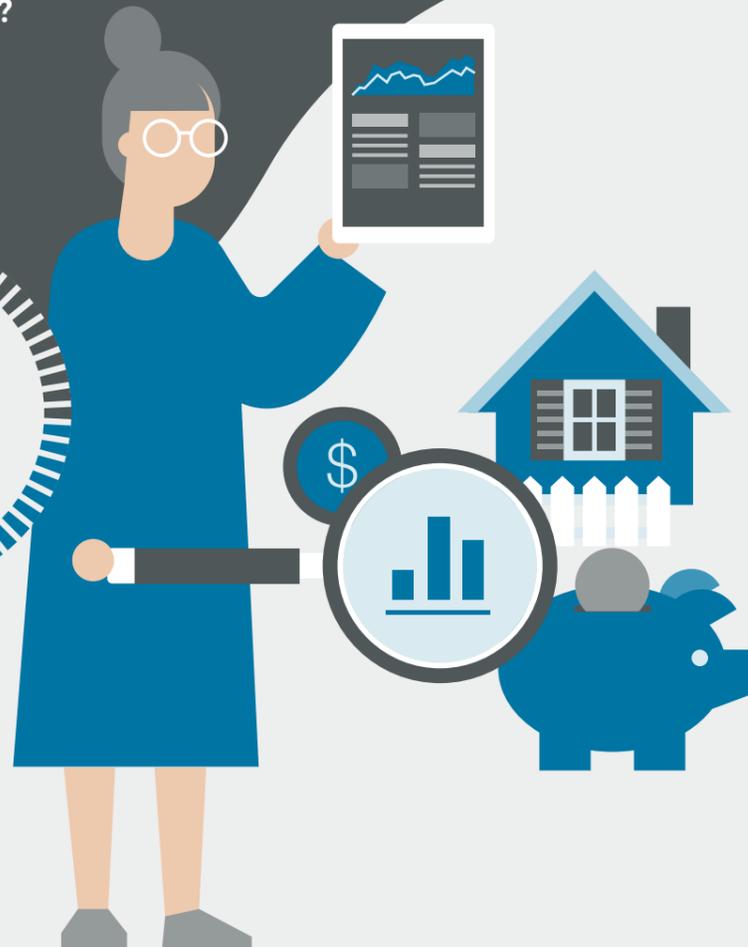
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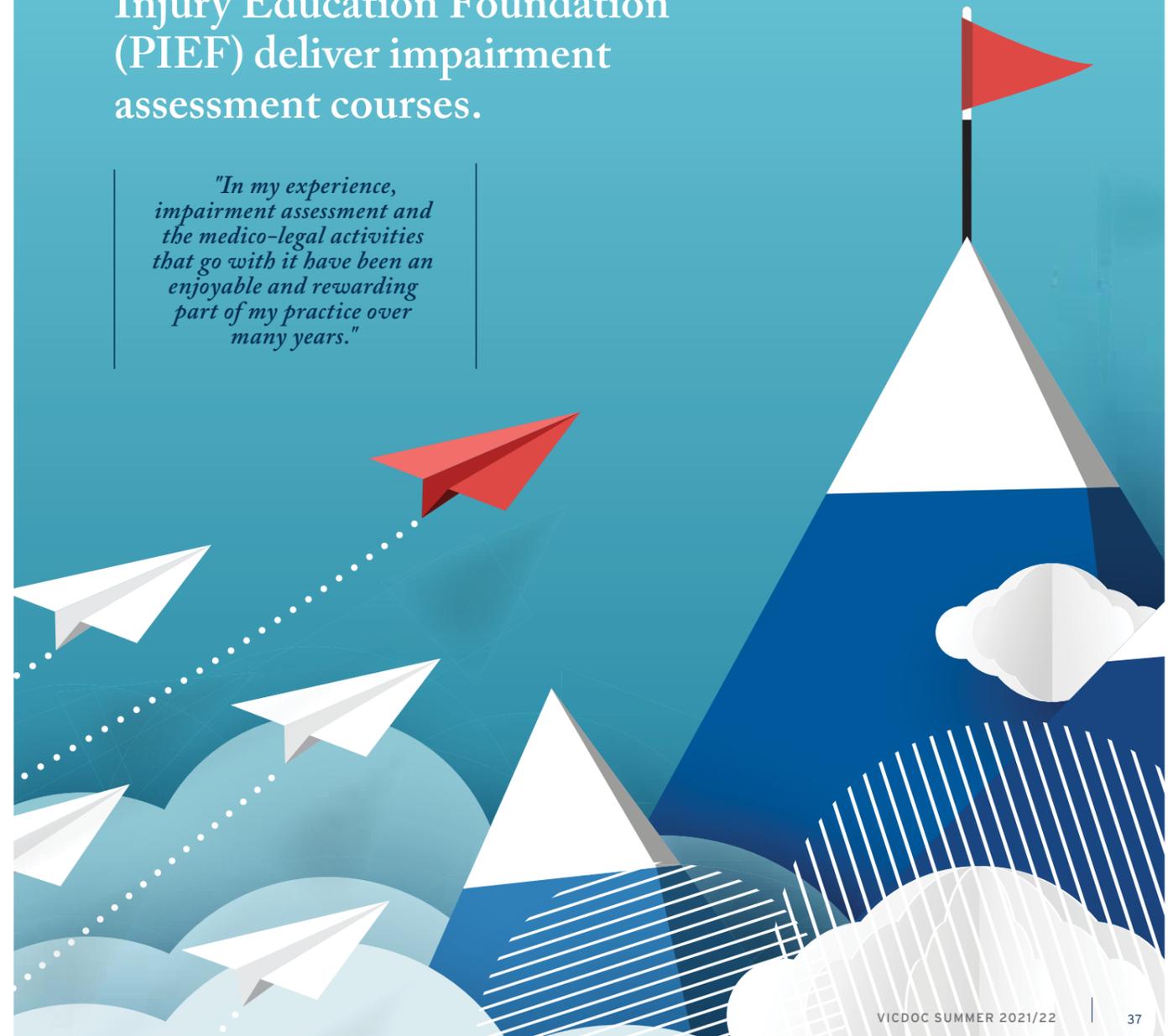
IMPAIRMENT ASSESSMENT

MEDICINE FROM A DIFFERENT PERSPECTIVE



AMA Victoria and the Personal
Injury Education Foundation
(PIEF) deliver impairment
assessment courses.

*"In my experience,
impairment assessment and
the medico-legal activities
that go with it have been an
enjoyable and rewarding
part of my practice over
many years."*



TO LEARN MORE ABOUT THE COURSES, MEET ONE OF OUR PARTICIPANTS, DR JONATHAN BURDON AM, RESPIRATORY SYSTEM IMPAIRMENT ASSESSOR

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

I am a respiratory physician in private practice in East Melbourne with a particular interest in occupational lung disorders, airways disease, the assessment of respiratory impairment and the medico-legal aspects of lung disease. I have subspecialty interests in alpha-1-antitrypsin deficiency and lung disease and in the toxic effects of the inhalation of pyrolysed engine oil inhaled in aircrew (aerotoxic syndrome). I trained at the Royal Melbourne Hospital and, following two years as a post-doc research fellow at MacMaster University in Hamilton Ontario, was appointed as respiratory physician and, later, Director of the Department of Respiratory Medicine at St Vincent's Hospital, Melbourne. From 2000 I have been in private practice with extensive involvement with specialty organisations. I am a past Chairman of the National Asthma Council Australia and past President of the Thoracic Society of Australia and New Zealand. My medico-legal interests led me to being appointed to the Medical Defence Association of Victoria Board in 1997 and to the Chair in 2001 and, after a merger with the Sydney based organisation United, served on the Avant Mutual Group Board until 2014.

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

I have always had an interest in the interaction between medicine and the law. This was encouraged by being invited to undertake a worker's compensation assessment and report soon after my return from Canada. Over the next 10 years or so, my interest continued as I received requests for medico-legal assessments from time to time. In 1996, the law school at the University of Melbourne allowed medical graduates to enrol in their Graduate Diploma in Health and Medical Law course. I enrolled and completed the course in 1998 and, 10 years later, upgraded my knowledge and skills by completing the master's degree. From about this time, I undertook medico-legal assessments for lawyers, insurance companies, government and industry on a regular basis. This interest and activity, about 20 years ago, prompted an invitation from Prof Michael Pain, whom I had trained under at the Royal Melbourne Hospital, to be involved in the assessment of impairment. Following my initial training I have been undertaking respiratory impairment assessments on a regular basis. In due course, I was invited to be one of the two trainers for respiratory system impairment assessment and was involved in the work and publication of the occupational asthma guidelines (*Impairment Assessment in Workers with Occupational Asthma*).

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

It should go without saying that impairment assessment is a very responsible job, as it has financial and legal implications for those involved and, potentially, reputational risks for the assessor. Respiratory assessment is not just about taking the lung function test measurements and applying them to the tables in Chapter 5 (AMA4). It is also about checking that the lung function tests have been correctly performed, that maximal efforts have been achieved, that height has been correctly measured (footwear off) and that the predicted values used are those as prescribed by the AMA Guides. It is about assessing what other conditions may be causing lung function impairment which, thus, have to be assessed and excluded from the requested assessment (for example, pre-existing conditions such as asthma and COPD). At times, this can be very difficult and relies on the knowledge and careful assessment by the assessor.

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?

Impairment assessment is an intellectual challenge. It relies on excellence in clinical skills, a good knowledge of lung function test measurement and all the issues that may cause submaximal measurements and, thus, an inaccurate assessment. This type of work is commonly considered to be done in the latter years of one's career. In my view, following this preconception is not necessary as it can be undertaken in one's earlier years of practice and after the appropriate training.

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

Impairment assessment is not only about reaching a final impairment assessment score, but also about communicating how the score was reached to the referring party. Commonly, the report is read by non-medically trained persons, such as lawyers and administrators, whose understanding of the problem at hand is not that of the assessor.

For this reason, I find that a careful discussion about how the impairment score was reached and how other possible contributing factors have been addressed is a great challenge and the final assessment very rewarding. As the AMA4 Guides state, "*The physician must utilise the entire gamut of clinical skill and judgment in assessing whether or not the results of measurements or tests are plausible and relate to the impairment being evaluated. If in spite of an observation or test result the medical evidence appears not to be of sufficient weight to verify that an impairment of a certain magnitude exists, the physician should modify the impairment, accordingly, describing the modification and explaining the reason for it in writing*".

Whilst impairment assessment is usually straight forward, it can sometimes be a significant and difficult challenge.



DR JONATHAN BURDON AM

Respiratory System Impairment Assessor

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

In my experience, impairment assessment and the medico-legal activities that go with it have been an enjoyable and rewarding part of my practice over many years. I have enjoyed seeing a wide range of clients with conditions and related problems that are not often seen in day-to-day practice. It has assisted in attracting other types of medico-legal work, an aspect of my professional life that I find satisfying and rewarding. It has also led to requests for presentations and publications.

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: training@amavic.com.au



Impairment Assessment Training in Victoria



Impairment Assessment Training in New South Wales

» Oral health resources for pregnant women and young children are available at adavb.org, teeth.org.au and dhsv.org.au.

» Pregnancy is a period of increased risk of tooth decay and gum disease.

BRUSHING FOR TWO

Pregnancy can be a wonderful time in an expectant mother's life, but it may also bring some oral health issues that need to be managed. Here are some tips on how you can help your pregnant patients maintain their oral health and care for their baby's oral health in early infancy.

REPORT DR ELICE CHEN
ORAL HEALTH COMMITTEE,
AUSTRALIAN DENTAL
ASSOCIATION VICTORIAN BRANCH

THE MAIN ORAL HEALTH EFFECTS OF PREGNANCY

We often hear mothers say they experience a rapid decline in their oral health following their pregnancy, and suspect that it is because, "the baby took all my calcium". There is no evidence to suggest this is the mechanism, but pregnancy is a period of increased risk of tooth decay and gum disease, and it is important to be aware of the risk factors to provide preventive care. Here are some common issues:

- » Hormonal changes can exacerbate gingivitis, leading to increased swelling and bleeding of the gums. This can be reduced with good oral hygiene.
- » Reflux and vomiting can create a much more acidic oral environment, which erodes the enamel and leads to sensitive teeth. Where possible, manage the reflux and vomiting. After vomiting, rinse with tap water but avoid brushing for half an hour so the softened enamel is not damaged. Consider using a fluoride mouth rinse on days where brushing is intolerable, but brushing twice daily is still ideal.
- » Dietary changes may promote plaque and increase risk of tooth decay. This may include increased snacking, cravings for sugary foods or drinks.
- » Oral hygiene routines may also change due to the toothbrush or toothpaste triggering nausea. Encourage persistence, perhaps with an electric or baby toothbrush which has a smaller head. Experiment with a few different toothpastes to see if there is a more acceptable flavour.

SAFETY OF DENTAL TREATMENT DURING PREGNANCY

Management of dental or oral pain can generally be provided at any stage of pregnancy. This includes intraoral radiographs, local anaesthetics, tooth extractions, fillings and root canal treatments – as long as there are no other contraindications. For elective treatment, it is recommended to wait until the second trimester or after pregnancy, avoiding the third trimester where possible.

Women should be encouraged to have a dental check-up and clean when they are planning to become pregnant, or at the start of the second trimester. This is a good opportunity to reinforce preventive oral health messages.

ORAL HEALTH TIPS FOR THE NEW MUM

It may be hard to find time for proper meals with a newborn, so there may be a tendency to snack or graze which increases tooth decay risk. Recommend having healthy snacks on hand – cheese, nuts, wholegrain crackers, fresh fruit and vegetables. Packaged snacks like muesli bars which are high in sugar should be avoided. Breastfeeding mums can be especially thirsty and can be encouraged to drink plenty of tap water and avoid juice and energy drinks which are high in sugar, acidity and caffeine. Sugar-free soft drinks are also acidic. A dental check-up within six months of giving birth is recommended.

ORAL HEALTH TIPS FOR THE BABY

- » Babies get their first teeth around six months old. It is very important to look after the baby teeth because some are only replaced by adult teeth at 12 years old.
- » Wipe the mouth and teeth with a wet cloth after meals.
- » Introduce the toothbrush as a bath toy. Use low-fluoride children's toothpaste from 18 months to six years of age.
- » Lift the lips to check the teeth for brown spots or gum swellings.
- » Bring the baby to the next family dental check-up – they may not cooperate, but it is good to start building some familiarity.

FRIDAY 29 APRIL 2022

AMA VICTORIA AWARDS 2022

THE PURSUIT OF
EXCELLENCE IN
HEALTHCARE

NOMINATIONS NOW OPEN

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.

It is expected that Martin Foley MP, Minister for Health, Minister for Ambulance Services will attend the 2022 Awards Night.



Click here for more information

PRISCILLA KINCAID-SMITH AWARD

This award recognises outstanding achievement of a senior doctor who has undertaken pioneering work in medical practice, education or research, preventative health or patient advocacy.

Applicants will need to demonstrate that their work has achieved national or international prominence in one or more of the following areas:

- / Medical research, education or practice
- / Preventative healthcare
- / Patient advocacy.

AMA VICTORIA JUNIOR DOCTOR OF THE YEAR AWARD

The Award recognises a doctor-in-training who has made an outstanding contribution to the medical profession and/or the community. It can be awarded for significant achievement in areas such as teaching and education; leadership and advocacy; doctors' wellbeing and community service.

PATRICK PRITZWALD-STEGMANN AWARD

This award recognises a doctor who has made an exceptional contribution to the wellbeing of his or her colleagues and/or the broader community.

Applicants will need to demonstrate that their work has enhanced the health and wellbeing of his or her colleagues or the wider community through advocacy, education, leadership or other highly dedicated efforts.

AMA VICTORIA PRESIDENT'S AWARD

The AMA Victoria President's Award may be made to a person, not necessarily a medical practitioner, who, in the eyes of the AMAV President, has made an outstanding contribution toward furthering the objectives of the AMA through advocacy.

The President's Award is decided by the President of AMA Victoria subject to the endorsement of the AMA Victoria Board.

SIR RICHARD STAWELL MEMORIAL PRIZE

The Prize is awarded annually to the author(s) of a research essay published in the Research Sections of MJA which:

- / reports research on a medical subject of clinical significance
- / is original and evidence-based
- / is likely to advance knowledge, influence clinical practice and improve the health of Australians.

The lead author of the research essay must be a graduate of an Australian University.

THE IMPORTANCE OF PRACTISING CYBER HYGIENE



In 1847, the young Hungarian physician, Ignaz Semmelweis, first advanced the idea of hand hygiene in medical settings.

As an obstetrician at Vienna Hospital, Dr Semmelweis observed the connection between dirty hands and deadly infections. The resulting direction for clinicians to wash their hands prior to examining patients saw a precipitous fall in patient mortality.

Dr Semmelweis' observations taught us that serious problems can often be avoided by taking a few simple preventative measures. This principle is equally applicable to cybersecurity as it is to healthcare.

The world has experienced a massive growth in cybercrime activity over the past few years, and cybercrime is becoming an increasingly serious problem. Businesses are, rightly, investing in sophisticated cybersecurity solutions. However, the vast majority of cyberattacks are opportunistic and relatively unsophisticated. Most hackers are the digital equivalent of car thieves at a shopping centre, simply looking for the quickest and easiest target. As a result, adopting and maintaining a few basic 'cyber hygiene' practises will prevent the vast majority of cyberattacks. We recommend the following three tips as a starting point.

ENABLE MULTI-FACTOR AUTHENTICATION

Multi-factor authentication (MFA) is the single most effective measure to protect your systems from unauthorised access. There are a whole range of cyberattacks which are simply not possible if a system has MFA enabled. Traditional access systems simply require a username and password, which can be stolen or guessed. MFA means controlling access to a device or account by using more than one form of authentication – this can include an authenticator app, a physical token, or fingerprint or facial recognition. This means that even if your access credentials are lost or stolen, they will be useless without the other required forms of authentication.

MFA is available as an option in most modern business software, including Office 365 and Google Workspace – it simply needs to be turned on.

PATCH AND UPDATE YOUR SYSTEMS – AUTOMATICALLY IF POSSIBLE.

When software vendors release an update, it is not always about new features and a new colour scheme. More often, it is to fix a security vulnerability in their software. As soon as a vendor releases a new update – and thereby reveals a new vulnerability – hackers start searching the internet for connected systems that don't have that update installed, seeking to exploit that vulnerability. This happens from the day the update is released. As such, it is critical to keep all software, including operating systems, applications and firmware, up to date. If there is an option to automatically update software, turn it on. If not, set-up notifications so that you are informed when new updates are released, and check for new updates regularly.

USE A PASSWORD MANAGER

Cybersecurity experts have a lot of hygiene rules around passwords: they should be long, they should not be dictionary words, they should contain a mix of characters, numbers and symbols, and they should never be re-used across different accounts. This is all important advice, but it makes remembering passwords practically impossible. The solution is to use a password manager – this is a secure app which manages and stores all of your passwords. It can generate complex and secure passwords, and autofill them in web forms so you do not have to remember or even type them out. Most also offer a range of other security features. There are a wide range of password managers available, including LastPass, 1Password, Dashlane, Bitwarden, and NordPass.

REPORT CHRIS MOLNAR + SARAH RICKARD, KENNEDYS

AMA Victoria Peer Support Service

For anonymous and confidential support*

1300 853 338

8.00am–10.00pm
365 days



Peer support for doctors by doctors

* Cost of a local call

Future is an attitude



Overtake tomorrow

The all-new Audi S3 Sportback. Arriving early 2022.

Stunningly gorgeous, unbelievably powerful, the all-new Audi S3 Sportback offers an incredible 228kW of power and 400Nm of torque. A true luxury sports car that propels you from 0-100km/h in just 4.8 seconds.

Overseas model with optional equipment shown.



Advocacy from AMA Federal

HOSPITALS DESPERATELY NEED MORE SUPPORT

The AMA's Public Hospital Report Card 2021 shows that even during the 2020 lockdowns, hospitals were still overwhelmed, with backsliding or barely improved performance, even with dramatically reduced patient volumes.

"What's remarkable about this year's report card is it shows hospitals continued to struggle in 2020 when Australians stayed home, and we weren't dealing with the highly contagious Delta variant or high COVID-19 hospitalisations," AMA Federal President, Dr Omar Khorshid said.

"What we had was a once in a generation event – a dramatic reduction in hospitalisation from accidents, injuries and illness. But what it revealed was that, unless we do something dramatic to help our hospitals, this is as 'good as it gets' when it comes to hospital performance for Australians. Since the data in this report card was collected, volumes have not only returned to normal, but grown, and we will continue to have COVID-19 on top of it. 'Good as it gets' is about to get much worse."

Key findings of the AMA's Public Hospital Report Card 2021 highlight that Australians seeking emergency treatment and classed as 'urgent' – that is needing treatment within 30 minutes or less – only had a one in three chance of being seen on time in the worst-performing jurisdiction.

Those hoping to be treated and leave the ED in four hours or less are also in for a shock – nationally this was only managed for 69 percent of Australians. "An ED patient in Victoria is more likely to still be there after four hours." This performance was against a backdrop of the number of patients presenting to EDs dropping 1.4 percent in 2019-20, a temporary reversal of the trend of 3.2 percent year-on-year growth over the previous five years.

"The situation for those waiting for essential surgery is just as bad. While called 'elective' surgery, this really is essential surgery that includes serious conditions like heart valve replacements and cancer investigations. Yet despite putting a hold on non-urgent treatments, and lower ED demand, we treated only 75 percent within the recommended timeframe for Category 2 elective surgery.

"In reality, what this means is that 25 percent of people will wait longer than 90 days for surgeries, which in this category can include treatment for an unruptured brain aneurism, decompression of a spinal cord and treatment for ovarian cysts or unhealed fractures."



[Click here for more about the AMA Public Hospital Report Card 2021](#)

AUSTRALIA NEEDS SINGLE NATIONAL INTERN-ALLOCATION PORTAL

The AMA is calling on the Commonwealth to proactively support the allocation of medical graduates to internships and to provide funding for a national intern allocation system.

The AMA's revised *Position Statement: National Intern Allocation – 2021* supports a single national intern allocation portal, giving states and territories control over the priority and allocation process while providing sufficient flexibility and choice for graduates.

The AMA believes its model gives prospective interns greater flexibility and provides employers with a greater degree of certainty about workforce numbers at the beginning of the clinical year.

This will streamline intern job applications, bring an end to the problem of multiple acceptances each year, and contribute to optimal workforce planning. Once established, the process could be extended to post-graduate years two and three employment places.

Applicants would still have the option of applying to as many or as few states and territories as they wish, but this time by completing one online primary application form.

Dr Hash Abdeen, Chair of AMA Federal's Council of Doctors in Training, said individual states and territories would continue to use established local systems and criteria to prioritise applicants - acknowledge preferences - and allocate places.

"This could not come at a better time with the National Medical Workforce Strategy expected to highlight the need for improved collaboration, planning, information sharing and action to provide quality data and improve the evidence base that underpins workforce planning," Dr Abdeen said.

"While the National Medical Intern Data Management Working Group currently does a commendable job auditing applications and acceptances across the country, it's time for a central online application portal to act as a shop front for applicants to apply to, and receive an offer from, individual states and territories."

Under the plan, offers would be time-limited with only one offer – the applicant's highest accepted preference – made per state or territory for each round.

Dr Abdeen said for this to work, states and territories need to agree on a common minimum data set and should work towards a nationally-consistent approach to intern priority criteria.



[Click here for more about the AMA's revised Position Statement: National Intern Allocation – 2021](#)

'MISSED OPPORTUNITY' TO KEEP CHILDREN OUT OF PRISON

The AMA says the minimum age for criminal responsibility in Australia should be raised from 10 to 14.

While we acknowledge the work being done by the Meeting of Attorneys-General (MAG) in this area of our criminal justice system, the recent November meeting was a missed opportunity to make real progress in stopping harms to children.

Agreement by MAG to consider a proposal that would raise the age to 12 falls well short of what is needed. It will result in more children being locked up and ignores the expert medical, legal and social advice on the real harm of the current laws, which in reality make kids more likely to reoffend.

Evidence shows the younger a child is at first contact with the justice system, the higher the rate of recidivism and children in contact with the criminal justice system at a young age are less likely to complete their education, find employment and are more likely to die an early death.

Raising the age of criminal responsibility only to 12 will do little to lower the number of children locked away behind bars. According to Australian Institute of Health and Welfare (AIHW) data, 456 out of the 499 children under 14 in prison in 2019-20 were aged 12-13 years old.

In a 2020 submission to the then Council of Attorneys-General – Age of Criminal Responsibility Working Group Review - the AMA recommended an exploration of existing and proposed alternative programs to incarceration in each Australian jurisdiction and in Japan and European countries which do not incarcerate children under the age of 14 years.

The criminalisation of children in Australia disproportionately impacts Aboriginal and Torres Strait Islander children. We have a particular responsibility to this group of children, who may be suffering intergenerational trauma, to keep them out of prison and to explore culturally appropriate alternative programs.

Under the current legislative settings, Aboriginal and Torres Strait Islander young people aged between 10-17 are 38 times as likely to be in detention as non-Indigenous young people in some Australian states, while in the Northern Territory, at least 94 percent of juvenile detainees are Aboriginal or Torres Strait Islanders.



[Click here for more about the 2020 Age of Criminal Responsibility submission](#)

MIDDLE LEADER PROGRAM



STARTS
26 FEB 2022
ENROL NOW

The program is run by Dr Anna Clark (PhD), AMA Victoria's Leadership Consultant and Coach with substantial experience in Europe, Singapore and Australia.

TOMORROW'S LEADER, TODAY.

What is it?

The Middle Leader Program is a professional development course for doctors, consultant level and above, who are keen to develop their leadership capability.

These middle leaders will be currently leading or managing teams in a variety of clinical/health settings which require them to both lead 'up' and 'down' to be effective in their role, hence the term 'middle leader'.

Middle leaders will be passionate about building the skills and behaviours to lead with confidence and authenticity in complex collaborative environments. They will be keen to build their capacity to set clear expectations and processes that build a culture of collaboration and high performance.

Middle leaders face a complex leadership task – requiring strong personal awareness and a solid set of interpersonal and group leadership skills to lead up, down and across from their role.

This program supports each participant to find their own leadership voice and style, and provides the opportunity to learn and practise a skill set for their role.

Who is it for?

This program is for doctors who are consultant level and above who are currently managing and leading a team, service, or department.

Participants may also hold a leadership role in private practice, with many juggling more than one role across both the private and public sector.

How does it work?

The program provides 14 hours of leadership education delivered via four webinar modules, a group tutorial session, and a one-on-one coaching session across four to six weeks.

The webinars are led by a highly experienced leadership consultant and coach, and are designed to be highly interactive including expert presentations, group discussions and reflections and skills practise in small groups.

What content is covered?

Core content for the four modules includes:

- » articulating a strong leadership identity and purpose
- » strong interpersonal and group communication skills
- » establishing psychological safety for teams and whole area/department
- » developing others through cultivating a culture of professional conversations and feedback
- » navigating challenging situations and dealing with difficult people
- » dealing with unhealthy workplace culture and changing behaviours
- » strategic thinking and planning
- » the power of optimism, humility, and gratitude in leadership
- » strategic planning for own professional growth – using feedback effectively, preparing for promotion, interviews, and performance reviews.

COST

AMAV members:
\$2500 + GST

AMA other state member:
\$2900 + GST

Non-member:
\$5000 + GST

Referral partner:
\$3750 + GST

AMA members receive 10% off if they register by 31 Dec 2021

DELIVERY

Webinar and individual zoom coaching sessions



Participants will work on a personal leadership mission statement and three personal action plans across the duration of the program: a personal leadership development plan; a holistic leadership plan; and a professional network health check. These plans support the direct application of the learnings into specific leadership skills and behaviours that can be used immediately in a current role.



YOUR WELLBEING

Practising gratitude as a tool for self-care

REPORT KAY DUNKLEY
AMA VICTORIA COORDINATOR
OF DOCTOR WELLBEING

The definition of gratitude is the quality of being thankful; readiness to show appreciation for and to return kindness. Synonyms include gratefulness, thankfulness and appreciation. In positive psychology research, gratitude is strongly and consistently associated with greater happiness.

Research has shown that people who regularly practise gratitude by taking time to notice and reflect upon the things they're thankful for experience more positive emotions, relish good experiences, feel more alive, sleep better, express more compassion and kindness, build stronger relationships, have stronger immune systems and improved health, and deal better with adversity. The science behind this is that gratitude enhances dopamine and serotonin release which enhances our mood.

Gratitude does not mean ignoring life's challenges or pretending that bad things do not happen. It does not mean putting up with injustice or bad behaviour or poor working conditions. Gratitude is not creating a fake happiness or putting on a brave face or pretending that everything is okay when it is not. To be effective, gratitude must be genuine. The practice of gratitude is a self-care tool and an aspect of mindfulness. Being able to focus on something positive helps us survive challenging times and equips us to tap into our reserves of energy and perseverance when we need to. The strength we gain from practising gratitude enables us to speak up about injustice or say no to an unfair roster or call out bad behaviour.

Thank you for reading this article and thank you for the work you are doing.

THE DAILY PRACTICE OF GRATITUDE MIGHT INCLUDE:

- » keeping a gratitude journal
- » sharing what you are grateful for with a friend or colleague
- » saying thank you genuinely when someone is helpful
- » writing thank you notes
- » appreciating beautiful things in the natural environment around you
- » noticing when you enjoy the flavour and texture of your food
- » appreciating yourself.

 [Click here for resources on gratitude.](#)

**MORE
THAN
MED**



“
Never in my wildest dreams did I ever think that I would ever help carry the Olympic flag at an opening ceremony.
”



Share an interest or a hobby away from medicine! Email: vicdoc@amavic.com.au

**DR ELENA
GALIABOVITCH**

*Dual Olympian
Urology trainee*

Leading into 2020, Dr Elena Galiabovitch made the decision to take some time away from training to be a urologist to focus on training for the Tokyo Olympics, as a member of Australia's pistol shooting team. Then along came COVID-19 and Dr Galiabovitch's plans were turned upside down. The Olympics were postponed for 12 months and she found herself on the frontline of the Victorian pandemic response, working on COVID wards last year and then at drive-in screening clinics before eventually jetting off to Tokyo before the Games eventually commenced in July 2021.

Dr Galiabovitch had a special role at the opening ceremony, as one of six frontline medical workers from around the world who carried the Olympic flag. "Never in my wildest dreams did I ever think that I would ever help carry the Olympic flag at an opening ceremony," she said.

Dr Galiabovitch finished 11th in the women's 25m pistol, narrowly missing the final, and 27th in the 10m air pistol. In sport, she is mentored by her father, Vladimir, the head coach of the national pistol shooting team. After also competing at the Rio Olympics in 2016, Dr Galiabovitch is aiming to become a triple Olympian at Paris 2024.

Next year, her focus will return to urology training. "I spent almost two years in Ballarat as a medical student and that is where I first was exposed to urology in my surgical term," Dr Galiabovitch reflected. "Sometimes as a student you feel that you are getting in the way. The urology department there made us feel very welcome, encouraged us to attend their clinics and operating lists, gave us bedside tutorials and were happy and willing to give us time."

"The people you meet along your journey shape your life and I am certain that my experience in Ballarat contributed to my consideration of urology as a specialty. I'm looking forward to starting my formal training in February."



*Click here to follow
Dr Galiabovitch
on Instagram*

JAGUAR E-PACE STRIKING FROM EVERY ANGLE



SPECIAL OFFER JAGUAR E-PACE FOR AMA MEMBERS

New Jaguar E-PACE. Restyled on the outside with new bolder looks and an even more dynamic stance. Every curve and contour, carefully considered. Striking from every angle.

AMA Victoria Members can now enjoy the benefits of the Jaguar Land Rover Corporate Advantage Programme, including:

- 5 years free scheduled servicing*
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*Offer applies to eligible Corporate Programme customers. Details on service plan terms and conditions can be found here or contacting your local Jaguar Land Rover retailer. Offer ends 31/3/22.
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