vicdoc

MAGAZINE OF THE AUSTRALIAN MEDICAL ASSOCIATION VICTORIA LTD. **JUNE/JULY 2019**

Enabling more patient time for ED doctors

INTERN JOB SHARE SUCCESS

SECRET WAITING LIST FRUSTRATION

THE PROS AND CONS OF SOCIAL MEDIA

Providing professional indemnity, care and expert advice to members for over 90 years.
MDA National – supporting doctors, so they can keep on practising with confidence.

Keep on caring

Dr Eric Richman
Emergency Department Specialist, QLD
Joined MDA National in 2006

Call – 1800 011 255 or visit – mdanational.com.au

MDA National
Support Protect Promote

You've read 10 times your weight in journals for this career.

It deserves expert protection.

120 years' experience helping medical professionals

Medico-legal advice 24/7 emergency support

Risk education learn to manage your risk

Earn Qantas Points[1] on your MIGA insurance

With 120 years as a specialist insurer to the medical profession, protect yourself with the experts in medical indemnity insurance.[2]

For a competitive quote, call 1800 777 156 or visit www.miga.com.au

The experts in medical and professional indemnity insurance.

Doctors, Eligible Midwives, Healthcare Companies, Medical Students

miga ALWAYS

❶ A business must be a Qantas Business Rewards Member and an individual must be a Qantas Frequent Flyer Member to earn Qantas Points with MIGA. Qantas Points are offered under the MIGA Terms and Conditions (www.miga.com.au/qantas-tc). Qantas Business Rewards Members and Qantas Frequent Flyer Members will earn 1 Qantas Point for every eligible $1 spent (GST exclusive) on payments to MIGA for Eligible Products. Eligible Products are Insurance for Doctors: Medical Indemnity Insurance Policy, Eligible Midwives in Private Practice: Professional Indemnity Insurance Policy, Healthcare Companies: Professional Indemnity Insurance Policy. Eligible spend with MIGA is calculated on the total of the base premium and membership fee (where applicable) and after any government rebate, subsidies and risk management discount, excluding charges such as GST, Stamp Duty and ROCS. Qantas Points will be credited to the relevant Qantas account after receipt of payment for an Eligible Product and in any event within 30 days of payment by You. Any claims in relation to Qantas Points under this offer must be made directly to MIGA by calling National Free Call 1800 777 156 or emailing clientservices@miga.com.au
❷ Insurance policies available through MIGA are underwritten by Medical Insurance Australia Pty Ltd (AFSL 255906). Membership services are provided by Medical Defence Association of South Australia Ltd. Before you make any decisions about any of our policies, please read our Product Disclosure Statement and Policy Wording and consider if it is appropriate for you. Call MIGA for a copy or visit our website at www.miga.com.au

SIMPLE_DJ_MIGA028

FRONT COVER: Medical scribe Lachlan Hegarty and emergency physician A/Prof Katie Walker from Cabrini Malvern.

Magazine of the Australian Medical Association Victoria

293 Royal Parade
Parkville Victoria 3052
T: (03) 9280 8722
F: (03) 9280 8786
Country Freecall 1800 810 451
amavic.com.au
Editor: Barry Levinson
E: BarryL@amavic.com.au

Advertising:
Daniel McLaughlin
T: 0400 916 742
E: DanielM@amavic.com.au
Vicdoc is published by AMA Victoria Services Pty Ltd ISSN 1440-8945
ACN 004 158 614

Closing date for August 2019 issue submissions:

Editorial: 1 July 2019
Advertising: 1 July 2019

Welcome from the editor

Interns Dr Laura Toscano (left) and Dr Jean Gador-Whyte have a successful job share partnership. See page 16. Photo: St Vincent's Hospital.

Our mid-year Vicdoc is packed with important and interesting reading for our members.

Associate Professor Katie Walker has been an emergency physician for more than 20 years and has become increasingly frustrated by the increasing demands of documentation and clerical work taking ED doctors away from patients. She has established a research team to test how the use of medical scribes can impact the efficiency of emergency departments and shares the findings with us.

AMA Victoria's Section of General Practice Chair, Dr Ines Rio, is also passionate about improving efficiency within our health system and writes about how to address the issue of the 'secret waiting list' for public hospital specialist appointments.

Our medical career service is a great asset for members. We've been overwhelmed by the positive feedback from the hundreds of students and junior doctors who attended our Medical Careers Expo (see the photos on page 14) and, as part of our service aimed at assisting those looking to transition to retirement, we are commencing a new profile series on retired doctors.

You can also read a policy and advocacy update, including the latest on the Victorian Royal Commission into Mental Health, a contribution from Victoria Police on fitness to drive, an analysis of cyber security risks and essential information about the introduction of voluntary assisted dying in Victoria from 19 June.

If you would like to tell us about an achievement in medicine or a personal interest you believe other members might enjoy reading, please contact me. We are also very keen to hear any other feedback on Vicdoc – particularly your ideas on how we might improve the publication. Vicdoc is sent to members every two months, so look out for the next edition in your mailbox in August.

Barry Levinson

Editor
(03) 9280 8722
BarryL@amavic.com.au

MEMBER GET A MEMBER

25% off your membership fee per referral!

THE MORE YOU REFER, THE MORE YOU SAVE!

Get 25% off your 2020 AMA Victoria membership by referring new members*

TO CLAIM DISCOUNT

1. Tell your friends to join!
2. If they join by phone: ...mention your name.

   If they join online they use promo code **'referral2019'**

   We will contact them to apply your discount.

To join, call **(03) 9280 8722** or online at **amavic.com.au**

*Referee must sign up for an annual AMA Victoria membership.
Referee must not have been an AMA Victoria member in 2018.
This offer is open to fee paying members only. Offer expires 30 June 2019
Maximum 4 x 25% discount applicable.

AMA VICTORIA

Contents

14

20

40

President's message

While the result may have been a surprise to some, the return of the Coalition in the federal election in May means we should now have some political certainty at state and federal level, at least for the medium term. The AMA looks forward to continuing to work with Federal Health Minister Greg Hunt to enhance our world-class health system and ensure we don't regress.

Although our work is always ongoing, it is an opportune time to reflect on some of the AMA's wins, on behalf of our doctors and patients, and assess some of the key areas that still require more attention.

For many decades, Australia's general practitioners have provided universal and timely access to preventative, acute and chronic care, often at little or no cost to patients. They have done so despite declining real incomes, but we are thankfully now seeing this addressed.

As a result of the AMA's strong advocacy, both sides of parliament agreed to fund over $1 billion for general practice in the 2019-20 Federal Budget and MYEFO. Importantly, the lifting of the five-year freeze on Medicare rebates for GP items has been brought forward by one year to July 2019, with an injection of $187 million.

We are continuing to push for better ways to fund general practice and this is starting to take shape, with $450 million for GPs to assist the coordinated care for people over 70. The AMA is also seeking funding for coordinated care for all Australians with a chronic illness.

However, we remain concerned about the next generation of GPs. Fewer medical graduates are choosing general practice as a career and it is becoming increasingly difficult to retain and recruit experienced GPs to work in regional and rural centres. Equally, in my observation, many GPs are showing signs of burnout. The AMA will now be pushing for a review of the employment models for the GP training program with the Morrison Government.

The healthcare challenges for rural communities are an ongoing concern, but the $60 million in funding to fast track the National Rural Generalist Pathway is a positive development, along with the announcement of the National Medical Workforce Strategy. These will encourage and support more doctors working in remote and rural areas in the future, but we understand more assistance is immediately required for those already working hard outside of our metropolitan areas.

Our advocacy for greater funding for public hospitals will also continue. The latest AMA Public Hospital Report Card, released in April, reveals a concerning picture of overstretched hospitals with patients waiting longer for their care.

Emergency treatment times for 'urgent' patients have gone backwards in most states and territories. None performed substantially better than last year. Furthermore, the picture for elective surgery is not much better, with most jurisdictions performing worse or remaining static. Indeed, compared to last year, elective surgery admissions per 1,000 population actually went backwards by 1.5 per cent nationally, and backwards in every jurisdiction except two. Unfortunately, no jurisdiction improved performance across all indicators in our Report Card.

We now have a hospital system that is stretched so tight that scheduled elective surgery is cancelled because ward beds are frequently needed for seriously ill patients who unexpectedly present to emergency. Our hospital system is so under-resourced that general practitioners often cannot find a hospital bed for their patients who need public elective surgery.

Greater funding is therefore urgently needed to support the highly-skilled, dedicated and hardworking doctors, nurses, other health professionals and hospital workers who are asked to do more with less every day in both primary and tertiary care. Quite simply the health demands being generated by a rapidly growing and

Late last year I joined Federal Health Minister Greg Hunt (right) on a section of his 500km Walk for Autism around his electorate of Flinders. While this was a good opportunity to raise awareness and funds for those living with autism spectrum disorder, I also had the chance to advocate for the AMA on several of our priorities. Building on the work of our Federal President, Dr Tony Bartone, I raised the $1 billion GP funding package with Minister Hunt.

ageing population are outstripping the 1.6 per cent, per annum, rate of population growth.

Of course one way to help reduce the strain on our public hospital system is fewer patients. Only 2 per cent of all our health expenditure is spent on prevention. Much more is required, including for a national obesity and alcohol strategy to prevent the very serious health problems that arise from these two issues.

For the past few months our politicians have been locked into a partisan debate over the various options for healthcare reform. And while the Commonwealth Fund has rated Australia's health system as number one for efficiency, what is needed is simply more funding to do the job, including much more for health promotion and disease prevention.

Clearly, 10.3 per cent of GDP doesn't provide quite enough funding to support our healthcare needs. The AMA will be urging the Morrison Government to recognise that we need to spend more on health and prevention and that achieving these goals will require improved strategic thinking.

A/Prof Julian Rait OAM
President

Medical scribes could help doctors care for more patients

Medical scribe Lachlan Hegarty and A/Prof Katie Walker, Director of Emergency Medicine Research at Cabrini Malvern.

Patients and doctors would both like to see more of each other and scribes can enable this, says emergency physician, Associate Professor Katie Walker.

If you started from scratch, you would never design a health system where the most expensive and highly trained decision-maker in the emergency department spends nearly 50 per cent of their time at a computer terminal. Yet this is exactly the situation many emergency doctors find themselves in.

As an emergency physician, I have spent more than 20 years feeling frustrated by how the design of the hospital system impairs my ability to provide care to patients. Since the introduction of electronic health records, we have become increasingly overloaded with documentation and clerical responsibilities that take us away from our primary duty of caring for our patients.

While we would all like electronic systems to undertake more tasks and streamline operations automatically, the reality is that current attempts at this are still in their infancy and nowhere near ready to be rolled out.

At a patient's bedside, I know what needs to be done for them in terms of diagnosis and treatment. Afterwards, I sit down at a computer and undertake a number of tasks (many of which are secretarial and weren't required 20 years ago) that take a minimum of 20 minutes per patient. During this time, I often feel distressed, as patients continue to wait while I fill in the necessary paperwork.

I wanted to test whether employing scribes in emergency departments would reduce the workload for emergency physicians and enable them to safely see more patients, so Cabrini created a team to investigate the role of scribes in emergency medicine.

When we started this work, we were surprised that despite scribes having been used in America for decades, there were no randomised, multi-site studies on their effect on emergency physicians' productivity. So we embarked on an Australian-first trial, where locally-trained scribes were used in five hospital emergency departments across Victoria – Austin Hospital, Bendigo Hospital, Cabrini Malvern, Dandenong Hospital and Monash Children's Hospital. This research was recently published in *The British Medical Journal*.

Scribes are usually health trainees, often studying medicine or another health-related discipline. They are trained to complete clerical data entry associated with a patient's visit to the emergency department, allowing doctors to concentrate on core medical tasks instead. Throughout the trial, scribes were present during patient consultations and assisted in writing up patient notes, in close consultation with the treating doctor.

Our research looked at data from 589 scribed shifts (5098 patients) and 3296 non-scribed shifts (23,838 patients), and compared how productive they were. Results from the trial found scribes increased the efficiency of emergency departments and decreased doctors' administrative workload. With the assistance of scribes, doctors were able to treat 26 per cent more new patients per shift.

Our research showed benefits at all of our participating sites, decreasing the total time patients spent in the emergency department by 19 minutes. In addition, 85 per cent of doctors said they preferred to work with scribes.

Patients were unaffected by the presence of scribes and the majority were unperturbed about having them in consultations.

There are many benefits to having scribes in hospitals. It allows health trainees to take part in meaningful paid work, while accessing a bedside apprenticeship alongside specialists, which is incredibly valuable to students in the healthcare industry. The use of scribes allows emergency physicians to have a more productive and satisfying experience at work and may help to reduce burnout and fatigue. Most importantly, it reduces the amount of time patients spend in the emergency department.

Given that, at worst, scribes are cost-neutral with significant associated qualitative benefits, I would say that their introduction is an important step to take for any complex, digitised health service. I hope this research will provide a business case for hospitals to employ scribes in Australia to support emergency physicians by enabling them to safely see more patients. Patients and doctors would both like to see more of each other and scribes enable this to happen.

A/Prof Katie Walker
Director
Emergency Medicine Research
Cabrini Malvern

For more information visit
www.bmj.com/content/364/bmj.l121
blogs.bmj.com/bmj/2019/01/30/its-time-to-think-hard-about-how-clinicians-work-in-a-digital-age/
www.cabrini.com.au/emergency

The author would like to give special thanks to Brian Clare, formerly of eScribe; the Cabrini Foundation; and the Phyllis Connor Memorial Trust, managed by Equity Trustees, for understanding the vision of this project and helping to bring it to life.

Please just tell me when the appointment will be!

Your patient told you they'd been putting off making an appointment to see you, but now they're finally at your GP clinic. At first the symptoms weren't that bad, but they haven't gone away and it's starting to affect their quality of life.

Perhaps it's that increasing pain in their hip, intermittent rash or a ringing in the ear that is now keeping them awake at night and affecting their functioning. So you decide your patient needs to see a non GP specialist for assessment; perhaps even an operation.

They don't have health insurance and can't afford the out-of-pocket cost of a private specialist, so you decide to send off a referral to the local public hospital's specialist clinic.

After a few weeks, your patient rings the hospital clinic to find out a date for their specialist appointment but they're given no idea how long it might be until one is available. You also try to enquire, but no-one can provide an answer. You may even be told they are on the waitlist for the waitlist. Your patient is now on what some call the public health system's 'secret waiting list'... and they may be there for years.

This is a scenario that confronts all too many of my patients. Without the funds to see a specialist in the private system, they join an opaque, seemingly endless queue for treatment at a public specialist clinic. Depending on their ailment and where they live, it can be months or even years until their first appointment. (There was outrage recently when it was revealed some people in South Australia had waited more than 16 years to see a specialist.) With an ageing population with more complex medical needs, it's a problem that is only likely to get worse if we don't act.

While elective surgery waiting times (the time between a specialist deciding a patient needs an operation and the patient having surgery) are reasonably transparent, data on how a hospital performs for the time to first appointment is notoriously poor. There is no national standard for compiling or releasing it; a situation complicated by the fact that the states use different triage practises. In Queensland, for instance, patients are classified as 'urgent, non-urgent and routine', while in Victoria they are simply 'urgent' and 'routine'.

Victoria, it should be said, is arguably one of the better states for releasing data on wait times, and among the best performers in timely treatment. The state recommends that routine patients should receive an appointment within a year and data from the Victorian Agency for Health Information shows 90 per cent of patients are seen within this time.

However, even here there is a frustrating lack of clarity and transparency in providing assistance for the patient in front of me. Often I am not even sure which hospital my patients are eligible to attend. Some hospitals have geographical catchments, but finding this out is almost impossible. Additionally, if I knew my patient faced a nine-month wait, we could have a second discussion about a private referral. They may decide that

the expense is better than months of pain and uncertainty. If this is not an option, my management plan while the patient is waiting may well be different.

Patients and their GP can feel abandoned and helpless. This is a situation that can and should be improved.

There are three simple measures that can make a profound difference:

1. Transparency and accountability

Hospitals need to make it abundantly clear which patients they are prepared to accept and how they perform. They should:

- make it clearer on their websites what conditions they treat, which areas they will accept patients from and the required tests and investigations that should be done by the GP before referral.
- publish the expected current waiting time for a first appointment for both urgent and non-urgent referrals for each of their services.

2. What we measure

The UK health system has a target that encompasses the entire process, from referral by a GP to the start of specialist treatment. This 'Referral to Treatment' is the clinical measure that matters and is the one that is harder to 'game' (having a waitlist for the waitlist).

3. What we think is acceptable

In the UK, the Referral to Treatment maximum waiting time is 18 weeks (for cancer it's even less). It is a high standard and British hospitals took time to come to grips with it, but there is every reason we should aim to match this system.

As much as possible, GPs should eliminate unnecessary referrals to specialist clinics in the first place. HealthPathways, a practical, free, online tool, can assist with this. HealthPathways, written by clinical GP editors employed at Primary Health Networks, provides up-to-date clinical and local service information for hundreds of conditions and diseases. It helps doctors provide optimal care for their patients and helps the GP navigate the referral to a specialist clinic when needed.

Another strategy is to make specialist advice available to GPs via email or telephone. Often a quick consultation at this level can resolve the GP's uncertainty, meaning there is no need to refer at all. Overseas experience shows these systems can decrease referrals to specialist clinics by 30 per cent in the first few months of use. I had a recent, informal experience of this when I talked over a case with a friend who is a gynaecologist and was able to resolve my patient's issue without them seeing a specialist.

Once a patient has seen a specialist we need to ensure they are discharged back to their treating GP with clear clinical handover to ensure continuity of care. This means that GPs who look after the whole of their patient's health needs can keep on doing this, knowing that specialist care or advice is there when needed.

Opaque waiting lists are not a problem unique to Australia. In any system that aspires to universal health coverage, access to specialist outpatient services is a noted choke point. But experiences in the UK and elsewhere show we can do better. For the sake of my patients, I hope to see those improvements here; sooner rather than later.

Dr Ines Rio

Chair, AMAV Section of GP and North Western Melbourne PHN

@InesRio1

ines.rio@optusnet.com.au

Medical Careers Expo

On Saturday 11 May, over 1,000 final-year students and junior doctors gathered at the Melbourne Convention & Exhibition Centre for our 2019 Medical Careers Expo to look for assistance navigating their careers in medicine.

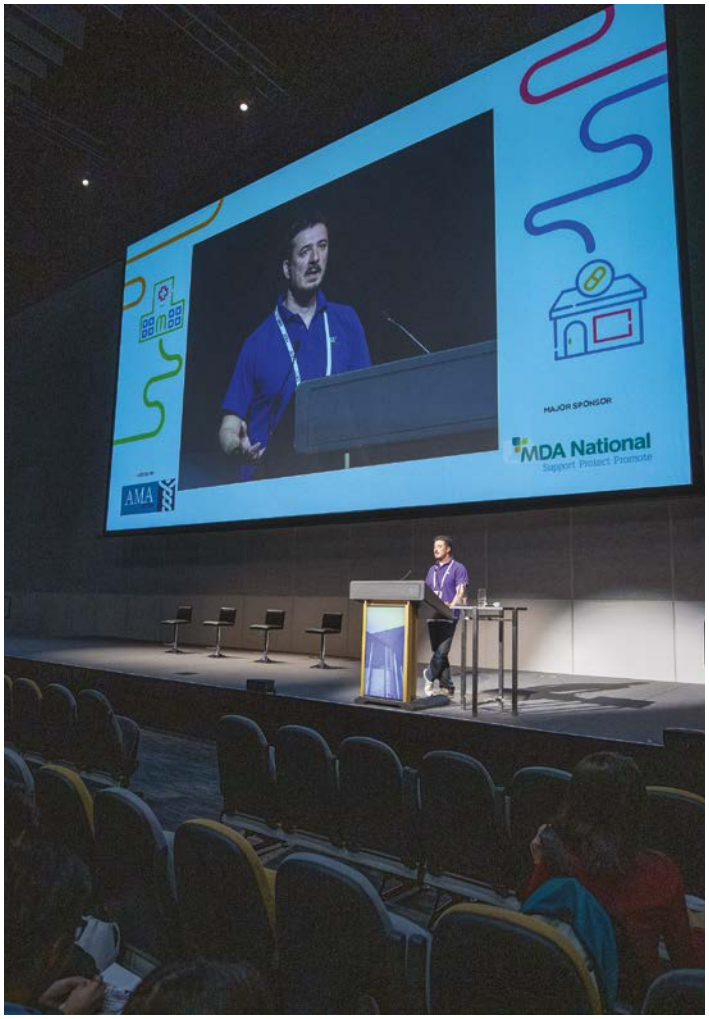
With over 40 exhibitors, including health services, specialist colleges and training providers, this was the perfect opportunity for medical students and doctors in training wanting to progress or even redefine their careers.

The Expo featured a jam-packed speaker schedule across three rooms with the key drawcards including Dr Louisa Ng from The Royal Melbourne Hospital, Dr Paul Eleftheriou from Western Health and Mardi O'Keefe, AMA Victoria's Medical Career Service Manager.

This year, the event included a number of interactive panel discussions that provided delegates with insights into a variety of specialty pathways and the opportunity to share experiences that might help them as they navigate their careers. The panels included a range of diverse career options including registrars, obstetrics & gynaecology, paediatrics, general practice and senior specialists, as well as creative careers in medicine

AMA Victoria would particularly like to thank MDA National, the Expo's major sponsor and CareSuper, for providing coffee throughout the day.

Thank you to all delegates, speakers and exhibitors for their involvement. The feedback we have received from those who attended has been overwhelmingly positive and we are already looking forward to the 2020 Medical Careers Expo!


MAJOR SPONSOR
MDA National
Support Protect Promote
AMA

A successful intern job share

Interns Dr Laura Toscano (left) and Dr Jean Gador-Whyte have a successful job share partnership. Photo: St Vincent's Hospital.

Job share arrangements are common practice in many industries, but for junior doctors the opportunities are almost nonexistent. Almost. After plenty of anxious moments searching for an opportunity and much persistence, two doctors are job sharing their intern experience over two years at St Vincent's Hospital. Following the success of their arrangement, they believe more colleagues should have the chance to do the same.

When going through the intern application process in 2017, Dr Laura Toscano and Dr Jean Gador-Whyte had never met, but they both had something in common – a desire to work part-time so they could spend some time at home with their young children.

While there were no job share intern positions listed publicly anywhere, the doctors had both heard from the Postgraduate Medical Council of Victoria (PMCV) that if they asked enough questions and hassled the right people, it might be possible... somewhere.

"I rang most of the hospitals I was applying to about the prospect of working part-time and almost all of the responses I received were, 'What is part-time internship? We've never heard of this!'," Dr Gador-Whyte recalled.

After hearing that St Vincent's would consider a job share, Dr Gador-Whyte applied knowing little about her prospects. "I didn't know throughout the process if I was the only one applying for part-time or if there were 10 other people."

Dr Toscano was concerned about the prospect of starting full-time work just three months after having her baby girl,

but if she was unable to find a part-time role, it looked unavoidable. She contacted many hospitals directly, only to be repeatedly told a job share position didn't exist and part-time was not option. So when she attended a St Vincent's information session heavily pregnant and asked if they would consider a job share arrangement, she was thrilled with the response. If a suitable partner could be found, it was definitely a chance!

It wasn't until after the two women had been informed that their applications for a job share arrangement had been successful that they learned the identity of each other.

"Once the job sharing arrangement was confirmed we met in person and we discussed the role, what we were looking forward to and what we were nervous about; which was a lot of things because it was a new position that had never been done before," Dr Toscano said.

The doctors have no overlap at work; it is treated like one position by the hospital. Both are contracted for 19 hours a week and they work the same two days each week and alternate on Wednesdays. The consistent arrangement works well with childcare.

"This was what we both really wanted and when I met Laura I was really pleased that she wanted the same structure," Dr Gador-Whyte said. "I know the Royal Melbourne has offered part-time work previously but it's either been two weeks on, two weeks off, or even six weeks on, six weeks off, which would have been less than ideal, particularly with the expense of paying for childcare (when you don't need it)".

The two doctors complete their rotations in the same manner as a solo full-time intern, but their program is over two years instead of one. For all rotations, apart from the emergency department, they do an extensive handover process in their own time, usually on a Wednesday and Sunday night, after their kids Arthur and Nina have gone to bed.

"Both Laura and I have been really keen to make it work," Dr Gador-Whyte said. "We've been working really hard to ensure we can do the job just as well as anyone else. It took us a little bit longer to get into the swing of things at the start, but we were very careful with our handovers to be as detailed as possible. Sometimes we'd be on the phone for a couple of hours, not just talking about the patients, but if it was a new rotation, talking about how the day would run and which people we would meet. We wanted to make it go smoothly and made our handover really thorough."

Dr Toscano believes the job share arrangement highlights the potential for more part-time work opportunities. "On emergency there's no need for a handover," she said. "I can't see why part-time work can't be offered to junior doctors in emergency at least because there's no handover required."

Both doctors feel very fortunate that their union has worked so well, recognising the pure luck that they were looking for the same opportunity at the same time. They'd like to see more hospitals follow the lead of St Vincent's.

"The more people that are looking for part-time internships for any reason (not just parenthood), then the more hospitals need to offer it," Dr Toscano said. "I think St Vincent's has shown that it doesn't mess up the whole intern year of rotations to have two people doing the one job.

"But the biggest challenge of job sharing is having the right partner. I think I was lucky with Jean in that we are quite similar."

Dr Toscano added her part-time experience has had many positives. "Two years gives me more time to get my head around some of the more complex parts of being a junior doctor and learning medicine," she explained. "It's also good for my own health and wellbeing. Even if I didn't have Nina, I still think full-time internship might have been too much for me. I think a lot of interns feel this way. It doesn't leave a lot of time to take care of yourself.

"Part-time means you get fresher workers. I'm not burnt out after a three-day week and I'm happy to help out with extra work when needed. At the start of our second year we were more experienced and confident."

Dr Gador-Whyte said their arrangement has been well-received by colleagues. "Other interns have viewed it really positively," she said. "Some have children of their own and think it's fantastic. A couple of residents have been envious of our job share arrangement. Consultants have also been really positive and said that they haven't noticed a difference from the first half of the week to the second half, after we've handed over."

Both women would be interested in pursuing part-time options after their intern years, but with limited options for junior doctors, the future is uncertain. They believe the health system needs to adapt.

"In this day and age it should be offered," Dr Gador-Whyte said. "The workforce is full of women. Women have babies, that's a fact of life and they might need some time off and they might want to work part-time. Our job share shows that hospitals can move with the times. It also gives us a stronger sense of loyalty to St Vincent's because they've offered us this opportunity that no-one else has."

"Attitudes to part-time work needs to change," Dr Toscano added. "I think there's a misconception that it's only women with kids who want to go part-time. There's a lot of people who would want to go part-time for other reasons."

Dr Toscano and Dr Gador-Whyte said they would not have their current opportunity without their persistence in ringing hospitals and "hassling as many people as you can". For now, they advise others to do the same. AMA Victoria would like to see every hospital have at least one intern position available as a job share. It may not always be filled, but they should have the capacity to offer one.

Mardi O'Keefe
Manager
Medical Career Service

Barry Levinson
Editor

TAKE CONTROL OF YOUR FINANCIAL WELLBEING

Book your financial health check* today

When you're a busy medical professional, finding the time to effectively manage your finances and retirement nest egg can be a challenge. When you partner with Dixon Advisory, we can help you plan for security in your retirement while making educated financial decisions for today, and the future.

That's why we're inviting you to book a financial health check* with Ashley Woodhead, a Director in our East Melbourne office. During this meeting, he'll discuss general investment and financial planning strategies for you to consider as well as outlining how Dixon Advisory works with medical professionals like yourself to help them stay in control of their finances.

During our 30+ year history, Dixon Advisory has supported more than 20,000 Australian families to achieve their retirement goals through a holistic approach to family wealth management. We're confident we can help you too.

Book your financial health check* today

03 9411 4023

ashley.woodhead@dixon.com.au

dixon.com.au/AMA

Ashley Woodhead
Director
Family Wealth Management

Number One Smartinvestor — Best Dealer Integrated Administration and Advice Providers

The Australian Business Awards — ABA|QQ — Service Excellence Winner 2017

dixonadvisory

SYDNEY | CANBERRA | MELBOURNE | BRISBANE | NEW YORK

PART OF THE EVANS DIXON GROUP

*The information provided will be factual information or general advice and may be suitable for individuals or families with combined retirement assets of more than $300,000.

Saving a life is worth the difficult conversation

It is not easy to tell someone they should not be driving. People immediately fear losing their licence, their independence and life as they know it. However, the repercussions of not having this conversation can be far worse.

Unfortunately each year a number of crashes on Victorian roads involve drivers with medical conditions. Tragically, some of these collisions also result in passengers, innocent road users, or the drivers themselves being killed. Medical professionals have a crucial role to play in making sure everyone using the road arrives home safely to their family and friends. This begins with a conversation about being fit to drive.

It is important for people to understand the impact medical conditions, medications and the ageing process can have on their ability to drive. The physical signs of ageing are easy to notice, but the cognitive ability to judge the speed of oncoming vehicles or a safe gap in traffic is often forgotten until a near miss occurs. Even then, it is often ignored.

Some are not so lucky and that near miss turns into a collision. To avoid these incidents it is important that medical professionals are having the conversation with their patients both early and frequently about being fit to drive. The conversation does not need to stop with their general practitioner or treating hospital team, but should also be flowing through to friends, family and loved ones.

Driving is a complex task requiring good vision, judgement, perception and physical abilities. Many health conditions and disabilities may affect a patient's ability to drive, so fitness to drive is an important consideration when assessing and managing patients.

The good news is that the solution does not have to be black and white. There is often false perception among the community that when a licence review is requested it means the person will automatically lose their licence. In fact only 12 per cent of referrals result in people having to retire from driving. A range of restrictions can be introduced to a driver's licence that allows them to keep their mobility and independence, while also keeping them safe behind the wheel. This could be only driving during the day or within a certain distance from home. Modifications can also be made to vehicles to assist with particular medical conditions.

It goes without saying that sometimes conversations about being fit to drive can be tricky to navigate. The ability to provide good and ongoing patient care often relies on the trust or relationship a doctor has with their patient. Without this, doctors often find patients withholding essential information about their deteriorating health or going elsewhere for medical advice. Starting the conversation early, preferably prior to the onset of any problems, may help keep this positive relationship and assist in making the transition to a non-driver a gradual and supported process.

In Victoria, anyone who has concerns about a person's driving can anonymously report this to the VicRoads Medical Review Section. While it is the responsibility of the patient to self-report serious injuries, a disability or medical condition, doctors are encouraged to frequently inform patients of their legal obligation to self-report anything that may affect their ability to drive.

This open and frequent conversation is a vital part of people being able to acknowledge when it is no longer safe to drive a vehicle. Knowing what signs to look out for and how to self-regulate driving habits plays an important part in this There will always be people who struggle to make this acknowledgement, but that is when the role of a medical professional is crucial.

We need the help of medical professionals to encourage people to assess their ability and confidence to drive, and provide advice on when to retire from driving. If your patient does not wish to report and you have concerns about their ability to drive it is all the more critical to make sure they receive the licence review they need. Without it, innocent lives may be lost.

Road safety is a shared community responsibility and the medical profession is a key component to keeping Victorian roads safe. Victoria Police urges all medical professionals to start the conversation early and frequently about being fit to drive. With your support we can be one step closer to having zero deaths on Victorian roads.

Stephen Leane
Assistant Commissioner
Road Policing
Victoria Police

Medical forms and fact sheets, information about being fit to drive and licence review requests can be found at www.vicroads.vic.gov.au/licences/health-and-driving

Understanding your cyber risk vulnerabilities

Cyber security threats are becoming more frequent, more sophisticated and more varied in type. In the past three years, cyber security incidents reported by the Australian Government and businesses have tripled. The cost of cybercrime to the Australian economy in 2017 was $4.5 billion.

Cyber-attacks and other privacy breaches often go unreported. But when they occur, they are stressful and costly, and may harm patients' reputations, as well as doctors'. They affect patient safety and the financial bottom line.

While cyber criminals find creative ways to steal data, healthcare professionals are increasingly falling victim to data theft. The OAIC in their quarterly report for April-June 2018 revealed 242 notifications in the first full quarter of the scheme's operation. In their first report, human error was identified as the reason for a majority of the reported cases, and 59 per cent of notifiable breaches were a result of 'malicious or criminal attacks'. Of the 97 incidents, phishing accounted for 29 per cent, brute force attacks 14 per cent, and 34 per cent by unknown methods. Included in the healthcare component were breaches reported by online booking app Health Engine, which connects to the My Health Record and Family Planning NSW.

The root causes of data breaches in Australia are human error (36 per cent), malicious or criminal attack (59 per cent) and system fault (5 per cent).

The scope of the threat is far-reaching. Australia is the number one destination for ransomware in the world, per capita. And a lack of attention paid to cyber threats is imperilling Australia's economic future, as heard at a conference in Sydney in November 2018.

Cyber-attacks can lead to two broad problems:

- disable systems and block access to data or services until a ransom is paid
- deny access to data to steal or manipulate the data.

Many methods can be used for cyber-attacks

Ransomware: Malicious software (malware) designed to block access to a computer system until a sum of money (usually Bitcoin) has been paid. Examples: TeslaCrypt, CyptoLocker, CryptoWall, Lockie, WannaCry and Petya.

The 2017 WannaCry ransomware attack on the UK health system did more than expose weaknesses in healthcare cyber resilience – it highlighted to the world the weaknesses in emergency response to healthcare cyber-attacks. The WannaCry attack hit over 200,000 computers in 100 centres and cost 93 million euros. The Malware exploited a flaw in the older Windows operating systems and affected one-third of the National Health System (NHS) hospitals. 6,900 NHS appointments were lost, five emergency departments were unable to access patient records and there was an excessive delay in accessing test results.

Closer to home, on 26 April last year, Family Planning was the target of a ransomware attack with up to 8,000 clients' health information hacked.

Malware: Can be viruses, worms, Trojan, spyware and malvertising which are designed to replicate and spread. The malware scans all your files it can access and sends a list of files to a command and control server with a private key. All the files are encrypted with the private key. It deletes itself and the user gets a message to pay the ransom. When the ransom is paid, a decryption code is provided to enable the victim to decrypt the encrypted files. In a shared file environment, which is typical in a hospital and organisational environment, more access is impacted.

In January 2016, The Royal Melbourne Hospital was hit by a new variant of the Qbot malware called Qakbot. This virus self-replicated and regenerated thereby avoiding detection by becoming a new virus.

Phishing: Fake emails tricking the user into disclosing information such as passwords, credit card details and personal information. Another form is spear phishing which is targeted and from a 'reputable sender'. These emails are often intended to steal data for malicious purposes and may also intend to install malware on a targeted user's computer.

Would you like to know some practical steps you can take, with links to useful resources? Read MDA National's article, 'Information security – Prevention is better than cure' online at: www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2019/06/prevention-better-than-cure

Denial of service flooding: These attacks are intended to shut down a machine or network, making it inaccessible to its intended user. This is accomplished by flooding the target system or computer with so much internet or network traffic that the servers are too busy managing the messages to do any other tasks.

Spoofing: Disguising oneself as another person via email, a source of fraudulent activities.

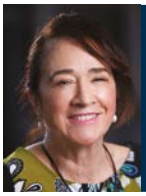
Man in the middle: Tricking someone into joining a compromised network. Allowing a person to intercept another person's connection and gather all the information transmitted across that network.

Hacking of medical devices: Wireless medical devices such as ventilators, patient-controlled analgesia pumps and MRI machines are vulnerable to cyber-attacks. In 2017, the US Federal Drug Authority recalled 500,000 St Jude Pacemakers as they could be hacked, the batteries run down or even alter the patient's heartbeat.

What can you do?

Medical practices are legally required to take reasonable steps to protect the security of personal information they hold. Failure to do so increases the risk of privacy breaches, harm to patients, reputational damage, disruption to the functioning of the practice, and substantial fines or penalties.

You need to be aware that there is never going to be one fix, or an easy or static solution. You and your staff need to be constantly involved, share your experiences with your colleagues and learn from one another's mistakes.



Deborah Jackson
Claims & Advisory Counsel
MDA National

References available from the Editor on request.

MDA National
Support Protect Promote

This article is provided by MDA National. They recommend that you contact your indemnity provider if you need specific advice in relation to your insurance policy.

In profile: Choosing a specialty

Choosing a specialty is one of the most important career decisions for a doctor. Some study medicine with a clear career pathway in mind; others commence with no idea of the direction they might head. In this series, we profile a range of specialists who reflect on their careers and selected fields, with the aim of helping others who are still to make a decision.

Dr Joanna Glengarry, Forensic Pathologist, Victorian Institute of Forensic Medicine

Why and how did you choose your specialty?

I am embarrassed to admit this, but as a teenager I read Patricia Cornwall books (on forensic pathology) and loved them, however, my school careers counsellor was quite the pessimist and dissuaded me from considering this as a career because, "It's pretty hard to do".

Years later, at medical school I wanted nothing more than to be a surgeon. I was so very certain that was the career I wanted. However, when I became a surgical trainee, instead of enjoying my dream, I became cynical, short-tempered and disillusioned with my role. Reality wasn't playing out in the way my youthful dreams had anticipated! This is not a fault of surgical training – I worked with exceptional colleagues who were talented, caring and passionate about their job.

What became startlingly clear to me was that I did not share that passion. As a person who aims to give their best, wholeheartedly to a job, this realisation unsettled me. What do you do when you have what you wished for, but it's not what you really wanted? One day, sitting in a multidisciplinary meeting, I observed the pathologist who was presenting his cases. He seemed so very clever, with fascinating diagnoses and he looked relaxed and happy. I decided that since I felt I wasn't giving my best care to my surgical patients, I would try anatomical pathology for a year whilst I turned my mind to what sort of doctor I truly wished to be. I never returned to surgery – I was hooked on pathology. The job fulfilled everything I loved about medicine – knowledge, time to ponder difficult diagnoses, enthusiastic colleagues and a field that covers every organ system and nearly all clinical specialities. When the time came for my rotation through the forensic pathology department, I knew I had found my passion. From there, the rest was history and I still enjoy coming to work, every single day.

What personal qualities and skills do you think are integral to reaching your potential in your role?

An inquisitive mind, with a passion for learning (and a strong stomach) is essential. On any given day you may be faced with natural disease, accidental trauma, suicide, drug-related death, infant death or murder, so if you wish to have a niche focus of expertise, you'll be out of luck! You also need to be able to critically assess the significance of the knowledge you have gained, in terms of causing death, or in the legal context in which it sits. If you want a job that is repetitive and protocol-based, this is not the job for you. Each case is unique, so nimble thought processes are key. You must also be methodical and thorough, anticipating the questions and issues that may arise from the medico-legal investigation. We also deal with cases that display the worst of humankind and are frequently subjected to legal and media scrutiny. This also means you must be resilient, with a well-balanced personality and life outside of work. And last but certainly not least, a sense of humour will serve you well in nearly any job!

What do you love and what do you find challenging about your role?

I feel humbled to sometimes be the first one to know how someone died; to perhaps understand their final moments. But this can also be challenging because for each person I examine, there are family and friends, devastated by the loss of their loved one. It's a significant responsibility, so you have to put aside the emotional sequelae of death. I am here to do my job the best I can, to speak for the dead to provide answers for the living.

Describe your typical day as a forensic pathologist.

A forensic pathologist is primarily involved in investigation of death. Identifying the cause of death and reconstructing the circumstances by which the death occurred is the main day-to-day role. We perform autopsy examinations of deaths reported to the Coroner as well as providing 24/7 on-call expertise for the state of Victoria for suspicious deaths and homicides. We are occasionally required to visit crime scenes and to testify in court. We have strong links with universities to provide teaching and research. We also provide international support for mass disaster situations.

What advice do you have for those doctors considering your specialty?

Personally I think this is a fabulous job that is rewarding and interesting. I am thrilled if trainees are interested in considering forensic pathology as a career. There is a shortage worldwide and it is certainly a career that can take you anywhere. The most important thing is to find a job that you are passionate about.

We would love to hear from you if you want to share your story about choosing a speciality, or if you would like assistance in navigating your career path. Please contact our Careers Consultant Carolyn Speed on CarolynS@amavic.com.au

Policy and advocacy update

Royal Commission into Victoria's Mental Health System

A Royal Commission is a major government public inquiry into an important issue. In recent years in Australia, Royal Commissions have involved investigations into police and government corruption, the Black Saturday bushfires, organised crime and child abuse, to name a few.

On 24 February 2019, the Labor Government released the Terms of Reference that will guide the Royal Commission into Victoria's Mental Health System. The Terms of Reference were finalised with the community's input and provide direction for the Royal Commission regarding its program of work.

The Royal Commission is being led by Ms Penny Armytage as Chairperson, supported by Commissioners Prof Bernadette McSherry, Prof Allan Fels AO and Dr Alex Cockram.

To inform and support AMA Victoria's response to the Royal Commission, an internal advisory taskforce has been established. Taskforce Chair Dr Ajit Selvendra will be supported by AMA Victoria President A/Prof Julian Rait, Prof Nicholas Keks, Dr Michael Levick, Dr Ines Rio, Dr Karen Gaunson, Dr Sarah Whitelaw, A/Prof Jonathan Knott and Dr Katherine Tan.

The Royal Commission visited communities throughout Victoria in April and May 2019 to hear about people's experiences with mental health services and their suggestions for change. Consultation sessions were open to everyone. People living with mental illness, their families and carers, health workers in the sector and those who have an interest in improving mental health outcomes were all encouraged to attend.

AMA Victoria representatives attended almost all of the community consultation sessions in and around metropolitan Melbourne and rural and regional areas of the state.

The Royal Commission has also announced a timeline, available on their website, for the progress of the Inquiry. A call for submissions was announced in mid-April. AMA Victoria will submit a response by the due date of 5 July.

To inform AMA Victoria's response to the Royal Commission, our efforts have focused strongly on internal and external stakeholder engagement. We have hosted open meetings of the Section of Psychiatry inviting all psychiatrists and psychiatry registrars and likewise the Section of General Practice. The Doctors in Training (DiT) subdivision will also be providing its feedback.

The AMA Victoria President, A/Prof Rait has fostered strong working relationships with the Ministers for Health and Mental Health. We have liaised with the Royal Australian and New Zealand College of Psychiatrists (RANZCP), heard from youth mental health authority, Prof Patrick McGorry AO and met with the Victorian and Tasmanian Primary Health Network (PHN) Alliance. Janne McMahon OAM, CEO of the Private Mental Health Consumer Carer Network also agreed to meet with AMA Victoria to provide the consumer perspective. We have also sourced subject matter experts in the field of mental health and would like to thank Prof Graham Meadows, from the Department of Psychiatry at Monash University's School of Clinical Sciences for taking time out to speak with us.

The Commission has committed to deliver a preliminary report by 30 November 2019 and a final report in October 2020. The Victorian Government has already committed to implementing every recommendation from the Royal Commission.

To read more about the progress of the Royal Commission into Victoria's Mental Health System, visit www.rcvmhs.vic.gov.au

Members can stay up to date by visiting our website: www.amavic.com.au/policy-and-advocacy/royal-commission-into-mental-health

If you have any questions or feedback, please contact me on NadaM@amavic.com.au

Medical Certification of Cause of Death

The Registry of Births, Deaths and Marriages Victoria (BDM) released a new online system in February this year for registering life events.

The current online portal is causing significant frustration for medical practitioners as it is not user friendly, increases administration and does not comply with the AMA's '10 Minimum Standards for Communication between Health Services and General Practitioners and Other Treating Doctors'.

We thank our members for providing feedback on the significant issues being experienced with the new system. These have been communicated to BDM and we will continue to strongly advocate for paper forms to be available for the next 12 months. It is hoped that by this time BDM will have developed a system that complies with the AMA's 10 Minimum Standards.

Nada Martinovic
Senior Policy Advisor

LITTLE REAL ESTATE

Special Offer

At Little Real Estate, your investment property is as important to us as your patients are to you!

As a member of the AMAVIC, you receive a special offer of 6 months free management, just for trying us.

For more information please contact

Sarah Jubb
Relationship Executive – Strategic Partnerships
M 0418 914 413
P 02 9301 5603
sarah.jubb@little.com.au

littlerealestate.com.au

DEAKIN
BUSINESS
SCHOOL

Manage and lead health services in Australia and overseas

Deakin's MBA (Healthcare Management) is jointly run and managed by Deakin Business School and the School of Medicine.

The course is accredited by the Australasian College of Health Service Management (ACHSM) and offers an advanced combination of business insight and healthcare focus to succeed in the critical area of health service management.

Apply today to gain skills and knowledge and maximise your opportunities in work-integrated learning, professional development and networking.

Apply now
deakin.edu.au/mba-hcm

Deakin University CRICOS Provider Code: 00113B

Voluntary assisted dying guidance for health practitioners

The *Voluntary Assisted Dying Act 2017* will commence operation in Victoria on 19 June 2019.

The Act will allow medical practitioners to prescribe patients a medication to cause their death if the person meets strict eligibility criteria and has completed the request and assessment process.

In preparation for the commencement of the Act, the Voluntary Assisted Dying Implementation Taskforce and the Department of Health and Human Services have created a range of resources to support health practitioners and the community.

Guidance for health practitioners

A comprehensive *Guidance for health practitioners* document is now available. The document provides information and advice for health practitioners about each stage of the voluntary assisted dying process and their role. The guidance will be an important reference for any health practitioner involved in voluntary assisted dying.

Training for medical practitioners

Prior to assessing a patient's eligibility for voluntary assisted dying, a medical practitioner must complete voluntary assisted dying training. The training may be undertaken online and will take approximately six hours, including an assessment module. The training focuses on voluntary assisted dying and the new legal requirements, it is not intended to provide comprehensive training on end of life care more generally.

Medication protocol

A medication protocol has also been developed for medical practitioners who are providing voluntary assisted dying. This medication protocol will only be made available to medical practitioners who have completed the voluntary assisted dying training.

Community and consumer information

A range of community and consumer information is available. General community information about voluntary assisted dying has been translated into Easy English and 17 community languages. More detailed information for people considering voluntary assisted dying has also been developed, which provides guidance for people at each stage of the process, including suggestions for questions to ask their doctor, what to bring to the appointments, and information for carers, family and friends. Health practitioners should be aware of the information available so that they may refer patients to appropriate information if this is requested.

It should be noted that health practitioners cannot initiate discussions about voluntary assisted dying with their patients and should not display information about voluntary assisted dying in a health service or in a waiting room.

New statewide support services

There will also be two new services to support consumers and health practitioners who need information and guidance about voluntary assisted dying.

1. Voluntary Assisted Dying Care Navigators will provide information and support to health practitioners and the community across Victoria. Care navigators will offer a range of services, including providing information about voluntary assisted dying and linking people with voluntary assisted dying and other end of life care services.

2. The Voluntary Assisted Dying Statewide Pharmacy Service will be responsible for dispensing and delivering all voluntary assisted dying medication across Victoria. The statewide pharmacy service will also provide support and advice to health practitioners and the community.

Further information

These resources and further information can be found at:

www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying

The *Voluntary Assisted Dying Act 2017* will commence on 19 June 2019 and it is important that health practitioners understand the new laws and the potential implications for their practice. Health practitioners should be aware of where they can find information and what information they may provide to patients.

VICTORIA State Government | Health and Human Services

Editor's note:

The AMA recognises there are divergent views within the medical profession on voluntary assisted dying (VAD). Some of our members are supportive of VAD and may choose to be involved in these processes. After the Victorian Parliament passed the VAD legislation, it was important for the AMA to be involved with the Implementation Taskforce, to ensure the protection of doctors and patients. The conscientious objection provisions in the legislation ensure that no doctor (or other health practitioner) will ever be forced to be involved in VAD if they do not wish to be. It is voluntary for the patient and their doctor.

Update on the Professional Performance Framework

The Medical Board of Australia (the Board) is working steadily with partners in the profession to build the Professional Performance Framework. This long-term project will support doctors to take responsibility for their own performance and encourage the profession collectively to raise professional standards and build a positive, respectful culture in medicine that benefits patients and doctors.

There will be no new requirements for doctors this year, but a range of advisory and expert groups are making progress with the work that needs to be done before the Professional Performance Framework can become a routine part of the way that doctors in Australia approach their medical practice.

Here is a brief update on our progress towards each of the five elements of the Professional Performance Framework:

1. Strengthened Continuing Professional Development

Under the framework, all doctors will:

- do at least 50 hours of continuing professional development (CPD) per year, that is relevant to their scope of practice, based on a personal professional development plan and includes a mix of reviewing performance, measuring outcomes and educational activities
- participate in the CPD program of their CPD home.

The Board established a CPD Advisory Group to provide advice on Strengthened CPD. The Board is currently drafting a revised CPD registration standard and will consult widely with the profession and other stakeholders about it later in 2019. Changes to CPD requirements will not take effect this year and there will be a transition period so doctors, colleges and CPD homes can revise their current arrangements to meet the new requirements.

2. Active assurance of safe practice

This element of the framework will identify risks to patient safety from practitioners at risk of poor performance, such as doctors aged 70 years and older and isolated doctors. Increasing age is a known risk factor for poor performance. The Board is proposing to require practitioners who provide clinical care to have peer review (as part of their CPD) and health checks at the age of 70 and three yearly after that. We expect the vast majority of doctors aged 70 years and older with identified risk factors will demonstrate their ability to provide safe care to patients and remain in active clinical practice.

No date has been set for the introduction of health checks for doctors aged 70 years and older. Heath checks will not be introduced in 2019. At the moment, we are identifying the clinical components of a practical and effective health check for doctors aged 70 years and older, including physical and cognitive checks. Detailed neurocognitive testing will not be involved routinely. We are assessing who should conduct these checks, including what are the relevant qualifications and experience, when cognitive screening is indicated and what validated cognitive screening tools should be used.

We are putting the various elements of the proposal together in consultation with a range of clinical experts. We will spend the next few months building a rigorous, evidence-based approach and will consult widely with doctors and all our stakeholders about it.

3. Strengthened assessment and management of medical practitioners with multiple substantiated complaints

Multiple substantiated complaints are a clear predictor of future complaints. Three per cent of Australia's medical workforce accounts for nearly half of all complaints made to health practitioner regulators or complaints entities. Action to improve the care being provided by a relatively small number of these 'high-risk' practitioners is economical, will improve safety and quality and quantifiably improve the current regulatory system.

We will be working with our notifications team, including our clinical advisors, to define 'multiple substantiated complaints' and develop a process for doing formal peer reviews. We will pilot this approach, with ongoing evaluation and structured review, to determine its effectiveness and define the threshold for formal peer review for different areas of practice.

4. The Board will continue to develop and publish clear, relevant and contemporary professional standards and guidelines to support good medical practice

We recently published revised guidelines on *Sexual boundaries in the doctor-patient relationship*.

We are now finalising revisions to *Good medical practice: a code of conduct for doctors in Australia*, after a lengthy consultation process. The Board will introduce the revised code later in 2019.

We are consulting on draft guidelines on complementary and unconventional medicine and emerging treatments.

We will be developing guidelines for registered medical practitioners and students in relation to blood-borne viruses and with the boards for other regulated professions, will be reviewing the mandatory reporting guidelines.

5. Foster a positive culture of medicine, focused on patient safety, by working in partnership with the profession to reshape the culture of medicine and build a culture of respect

The Board has an important role in helping build a culture of respect, in partnership with many others. The Board's regulatory framework and approach, as much as the specific actions it takes to improve patient safety, will help reset the culture of medicine.

Good medical practice: A code of conduct for doctors in Australia sets out the Board's expectations of all registered medical practitioners. Section nine of the code sets standards to help doctors maintain their health and wellbeing, including by having a regular treating general practitioner. We have reviewed and strengthened the parts of the code that aim to encourage doctors to look after themselves and each other.

We support the work being done to build a more respectful culture of medicine. We encourage a profession-wide focus on doctors' health and want all doctors to feel comfortable to get help when they need it. Doctors' health matters for individual doctors, for our profession as a whole and for public safety.

The Board wants doctors to feel okay about seeking help for their health when they need it. The Board allocates $2 million each year to Doctors' Health Services Pty Ltd (DrHS) across Australia. But we have to do much more to address the fear, reluctance and other barriers that stop some doctors seeking the care they need. We want to work with other health agencies and the medical profession to meet this shared challenge.

Medical Board of Australia

Australasian Doctors' Health Conference

The Australasian Doctors' Health Conference (ADHC) is being held in Perth on 22-23 November 2019. These conferences have been held biennially in Australia and New Zealand for nearly 20 years, with 2019 being the first time the event will take place in WA.

The theme is the important topic of 'Creating a Healthy Workplace'. This will be relevant to doctors at all stages of their career, from medical students, to doctors in training, to doctors established in their chosen career. A particular focus will be looking at the impact of the work environment on a doctor's health, be they a solo private practitioner or working in a hospital. Issues will include the effect of medical culture on work-life balance, bullying and harassment, and physical and mental health problems. The conference will also be relevant to anyone involved in the training or management of doctors.

The conference will feature a mix of national and state keynote speakers, accompanied by a program featuring presentations and workshops. Keynote speakers include Professor Fiona Wood (Australian of the Year, 2005), Professor Geoff Riley (expert on doctor burnout), Dr Geoff Toogood (Crazy Socks for Docs) and Dr Nikki Stamp (cardiothoracic surgeon and campaigner against gender stereotypes). For details visit www.ruralhealthwest.eventsair.com/2019-adhc

dhaswa
doctors' health advisory service
western australia

CORE SME.

Reduce Operating Costs, Increase Profits and Streamline workflow

We use our business knowledge, network of partners and suppliers to lower clients' operating costs while streamlining workflow and increase profits.

We do this utilising our two key services.

30 Day Business Analysis

Our team will address and quantify performance in areas such as I.T and business infrastructure, productivity, supplier contracts, financial solutions and process work-flow. Once changes are identified and implemented operating costs reduce while productivity, ROI and tangible net worth increases.

Office Connect

If you are reviewing current costs, expanding existing operations or opening your first office this service is for you. Core SME will work with you to understand your requirements and provide a managed and cost effective office solution.

These two services are underpinned by the following:

- Telecommunications & Internet
- Cloud Storage
- Managed Printing Services
- Computer hardware & Software
- I.T Support/Help desk
- I.T Solutions
- Scanning & Archiving Solutions
- Electricity & Gas Services
- Solar & Battery Solutions
- Stationery & Office Supplies

Core SME research and negotiate new supply contracts on almost anything your practice requires (e.g. medical supplies). They also offer personalised account management, giving you one point of contact for all of your services.

To give your business a health check, contact **Ray Keogh on (03) 9133 8905** to book a no-obligation free one hour consultation.

www.coresmeservices.com.au

The pros and cons of social media and medicine

Social media platforms such as Instagram, Facebook, Twitter and LinkedIn are increasing in popularity amongst the medical workforce, with many physicians using the online platforms for both professional and personal purposes.

Pros

Not surprisingly the next generation of future doctors – current medical students – have the highest rate of use, using social media for education and advocacy during their training. However, it's becoming more common for older doctors to launch into the networking tools, further expanding their communication and collaboration opportunities.

These platforms are providing a voice for women in medicine, offering a space to talk about topics that have previously been confined by social and gender barriers, such as sexual harassment or discrimination in the workplace, lower pay, maternity leave, slower career advancement, lack of role models and mentors, burnout, social isolation and the difficulties of juggling a career, family and a life outside of medicine.

Facebook has become a widespread safe space for these conversations using private online support groups to foster supportive communication between female medical students and doctors in all stages of their careers. These groups have grown in popularity, offering a coping mechanism and encouragement for women in medicine to build communities of like-minded professionals and virtual networks, accessible 24/7. Outlets like Twitter are also utilised for communicating educational messages and the latest in research, allowing doctors and clinical researchers to connect remotely over common interests.

Instagram is also used as a supportive and uplifting platform, inspiring young female physicians to overcome barriers and change social norms with the use of hashtags such as #ILookLikeASurgeon created by Dr Nikki Stamp, one of the 11 female cardiothoracic surgeons in Australia. This is providing women in medicine with role models and mentoring opportunities that had previously seemed inaccessible.

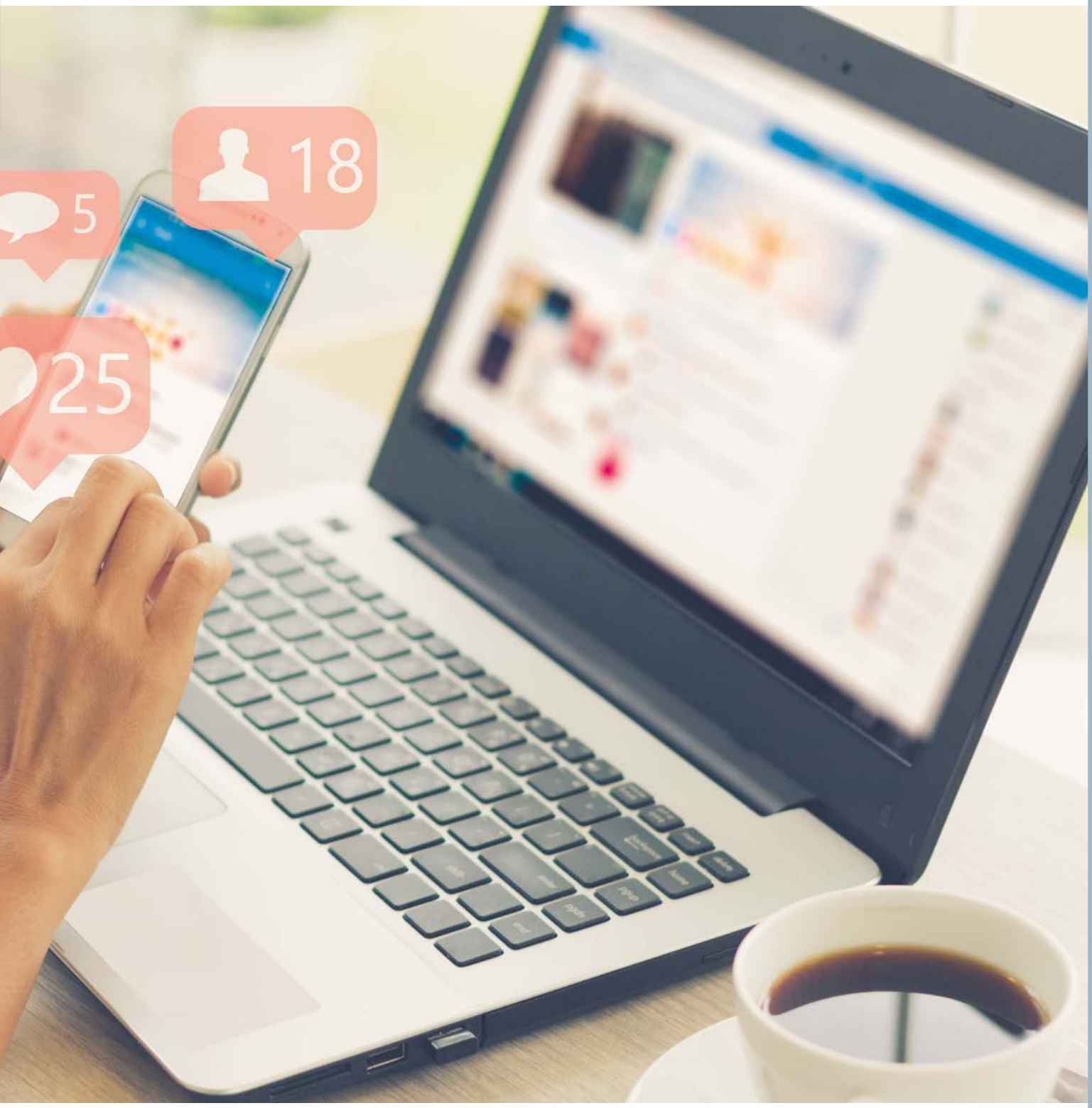
Career benefits through social media have been observed through additional avenues for circulating novel research and voicing unique visions, insights and attitudes in specialist areas. Building an online presence and consequently professional reputations and dissemination of academic success is also of particular benefit to women, as these modes of communication do not rely on mentorships or invitation, areas where women have been traditionally disadvantaged.

Cons

Although for the most part there is a strongly supportive and encouraging community of social media doctors and medical students, there is also a distaste amongst those who are not onboard with the online movement. Online bullying is not isolated to school children; it can also be experienced within the medical community. Having an online presence can also draw unwanted attention from those who are less encouraging and more judgemental. While mostly well-received, some medical students have faced bullying from peers as a direct result of their successful engagements and enthusiastic medical media content.

Privacy is becoming a growing concern, both for the practitioner and their patients. Many medical institutions are enforcing strict social media guidelines to prevent the privacy of patient experiences being exposed, sometimes unknowingly to the internet at the benefit of those posting. Many practitioners with a wide following are also becoming cyber celebrities and the added limelight can add extra pressure not previously experienced in their careers.

The AMA Victoria Women in Medicine Committee is looking forward to bringing you more inspirational and supportive events and collaborations in 2019. Visit www.amavic.com.au/events for more information.

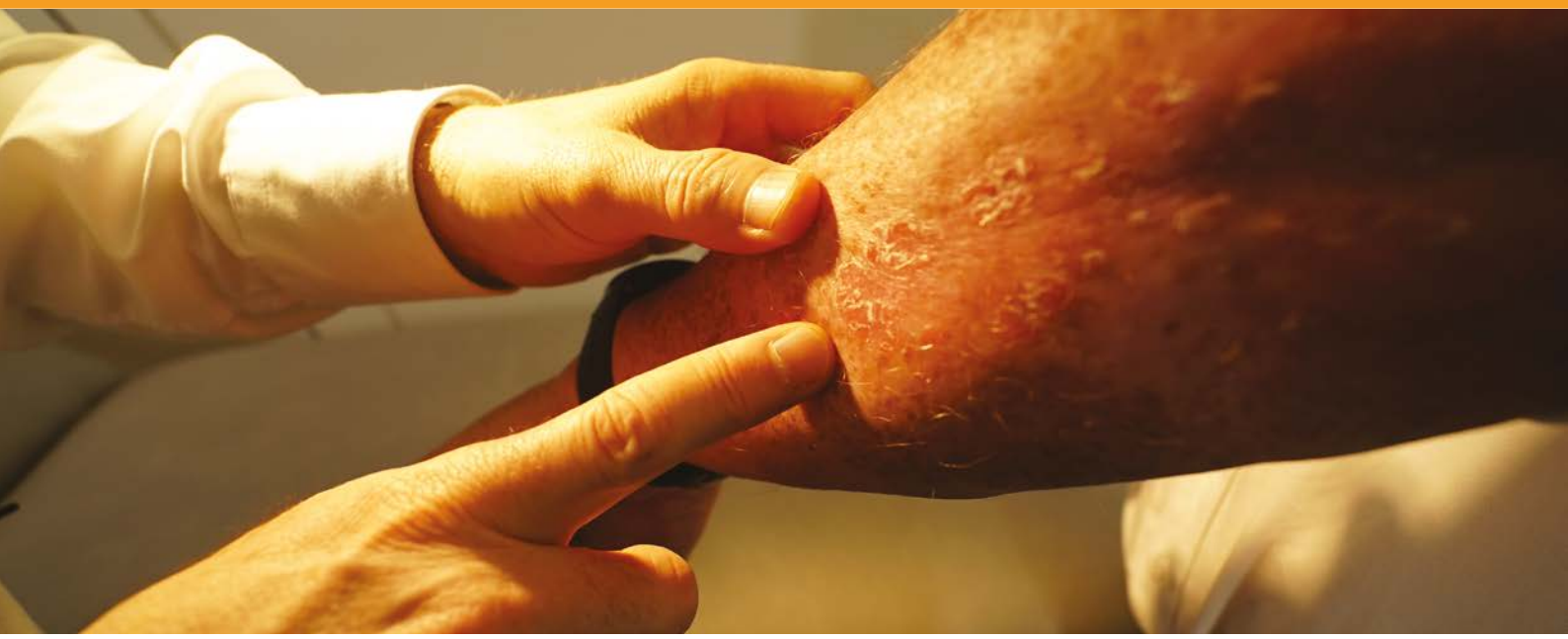


The online glamorisation of a medical career is also a concern for the future mental health of doctors and medical students. As with all posts on social media we often rarely see the negative sides of life and only the highlight reel of people's lives. This can give an unrealistic expectation of what medicine really is and can impact those going through hard times in a negative way.

Overall the use of social media in medicine seems to be growing with seemingly no end in sight to its possible uses over one's career. When used correctly it can be a wonderful technique for boosting your communication, connections and career. Some useful social media tips include: be respectful, avoid swearing or arguing and always try to be nice!

Emma Sutton
Medical student
AMA Victoria
Women in Medicine Committee

New treatments for chronic plaque psoriasis



Psoriasis is an immune-mediated, inflammatory skin disease, where the immune system reacts inappropriately to unknown environmental stimuli. The abnormal immune reaction triggers the recruitment of pro-inflammatory cytokines, promoting inflammation within the skin and throughout the body. This process causes the affected skin cells to rapidly divide, resulting in raised, red, scaly patches on the skin. The patches can become itchy, shed scale and are occasionally painful.

Psoriasis affects both men and women equally and most of these people develop the disease in adulthood, before the age of 45. Once affected, patients rarely spontaneously improve and require life-long treatment. In Australia, psoriasis affects approximately 2–6 per cent of the population, and it is estimated that between 15,000 and 20,000 Australians may be living with a severe form of the disease.

Psoriasis is known to have a significant psychological impact on patients with severe disease and can cause quite a devastating effect on their social interactions, professional and personal relations and overall quality of life. In addition to these psychosocial complications, the widespread inflammation associated with psoriasis can lead to inflammatory arthritis, metabolic syndrome and an increased risk of cerebrovascular events and other autoimmune conditions.

Over the last 10 to 15 years, a number of new treatment options have become available to treat patients with severe psoriasis. These medications are generally termed 'biological agents'. Three proteins, or cytokines, in particular are the targets for this new class of medication – tumour necrosis factor alpha (TNF-α), interleukin 23 (IL-23) and interleukin 17 (IL-17).

These proteins are known to play a central role in the development of psoriasis, causing the rapid skin cell turnover and recruitment of other inflammatory cells that results in the psoriatic plaques. Biological agents target these cytokines directly, blocking their effects, and in turn dampening the overactive immune reaction seen in psoriasis. Currently, there are six subsidised biological agents available in Australia; secukinumab and ixekizumab, which both target IL-17, ustenkinumab which targets IL-12 and IL-23 and infliximab, etanercept and adalimumab which target TNF-α.

On 1 February 2019, a new class of biological agents was approved as subsidised therapy for patients with severe psoriasis in Australia. These agents, tildrakizumab (Ilumya) and guselkumab (Tremfya) target the IL-23/p19 pathway and are given as subcutaneous injection every 8–12 weeks. In Phase III clinical trials, 60–90 per cent of patients achieved at least a 75 per cent improvement in their psoriasis and approximately 65–70 per cent of patients had clear skin or minimal disease activity. Compared to traditional immunosuppressives, which carry potential risk of nephrotoxicity, hepatotoxicity and cytopenias, biological agents are very well tolerated. The main adverse effects seen are mild injection site reactions, nasopharyngitis and fatigue.

These two new agents are a welcome addition to our arsenal of biological agents, which are demonstrating fantastic results in patients with severe psoriasis, without significant side effects.

Dr Stephanie Blake
Research Fellow
St George Dermatology and Skin Cancer Centre

A/Prof Stephen Shumack OAM
Senior Staff Dermatologist
Clinical Associate Professor
University of Sydney

References available from the Editor on request.

Overseas model shown.

EXCLUSIVE CORPORATE BENEFITS

LEXUS CORPORATE PROGRAMME — Get exclusive benefits across a range of Lexus models with our Lexus Corporate Programme*.

EXCLUSIVE BENEFITS FOR ALL MEMBERS OF AMA VICTORIA

- **Preferential Corporate Pricing**[1]
- **3 year / 60,000kms complimentary scheduled servicing**[2]
- **Reduced delivery fee of $995 (ex GST)**
- **Priority ordering and allocation**
- **Encore Privileges Programme, including:**
  - Service loan cars or complimentary pickup/dropoff
  - Lexus DriveCare, providing 24-hour roadside assistance
  - Lexus Exclusive events

Find out more at Lexus.com.au/Corporate

To access the Lexus Corporate Programme please contact Dion Nugara from Lexus of Brighton

LEXUS OF BRIGHTON | 99 Nepean Highway, Elsternwick
PH 03 9524 2099 | **www.lexusofbrighton.com.au** | LMCT 9897

1. Conditions apply. See your Lexus dealer for further details.
2. Complimentary servicing expires at 3 years or 60,000kms from the date of first registration, whichever occurs first.
*Eligible models for the Corporate Programme are subject to change and may vary from time to time. Please contact your local Lexus Dealer for more information.

LEXUS
EXPERIENCE AMAZING

Supporting doctors to retire well

The Medical Career Service of AMA Victoria engages with doctors at all stages of their professional journey, from students and interns through to senior specialists and academics in leadership positions.

Many engage our service to obtain guidance in advancing their careers, while others seek support in navigating career options, or to transition both within and outside of medicine. Retirement is emerging as one of the big issues for which our senior members are seeking support, with several common questions:

- How do I plan for retirement?
- How do I retire well?
- What is the best way to retire?
- What does life look like once I stop working as a doctor?

We think it is important to highlight from the outset that retirement is a very personal journey – there is no one way to retire. Each doctor approaches it differently. For some, succession planning is considered early, while others scale down over time. Some doctors intend to just stop practising and either sell or close their practice. For a small minority the choice is imposed on them without any opportunity to plan or prepare.

Retirement for a doctor is a complex process. There are many retirement issues to consider including:

- Legal requirements, such as sale or closure of a practice, including employment issues and notifying patients and suppliers.
- What do I do with patient records? What are my obligations regarding the transfer, storage and disposal of medical records?
- Registration – AHPRA and Medicare requirements.
- Insurance – do I need to keep being covered and which policy? What are the implications of this?
- Financial security – do I have enough money for retirement? Can I retire well and afford the lifestyle I would like to maintain?

However, in our experience often the biggest challenge is the impact of retirement on personal identity. For many senior doctors, their personal identity is deeply tied to their professional role, with a considerable overlap between personal and professional identity. To alter such a large part of identity can be very challenging without preparing for it.

In response to this, our career service has expanded its coaching offering to deliver a targeted retirement solution designed to support senior doctors to retire well. This program assists doctors to navigate the retirement process and can be tailored to each doctor's individual needs. Some doctors may wish to explore a portfolio career as their means of transitioning to retirement. Others look to scale down slowly, allowing themselves time to foster other interests and non-medical pursuits.

For some the establishment of ongoing non-clinical involvement in the medical profession is an essential component of their transition strategy, such as becoming involved in boards, committees, mentoring, teaching and/or medical interest groups. Others prefer a clean break, moving to a new, entirely non-medical lifestyle with no transition period.

As one wise retired doctor told us recently, he defines retired as, "Having the time to do what you really want". The choice is yours, but you need to plan for it, it doesn't just happen! The AMA Victoria Medical Career Service is here to help you smoothly navigate this process to achieve that outcome.

In response to the increased demand from members for assistance with retirement, we are also publishing a series of interviews with doctors who are happy to share their retirement stories. The series is titled 'Retiring Well' and the first profile follows this article.

Carolyn Speed
Senior Consultant
Medical Career Service

Mardi O'Keefe
Manager
Medical Career Service

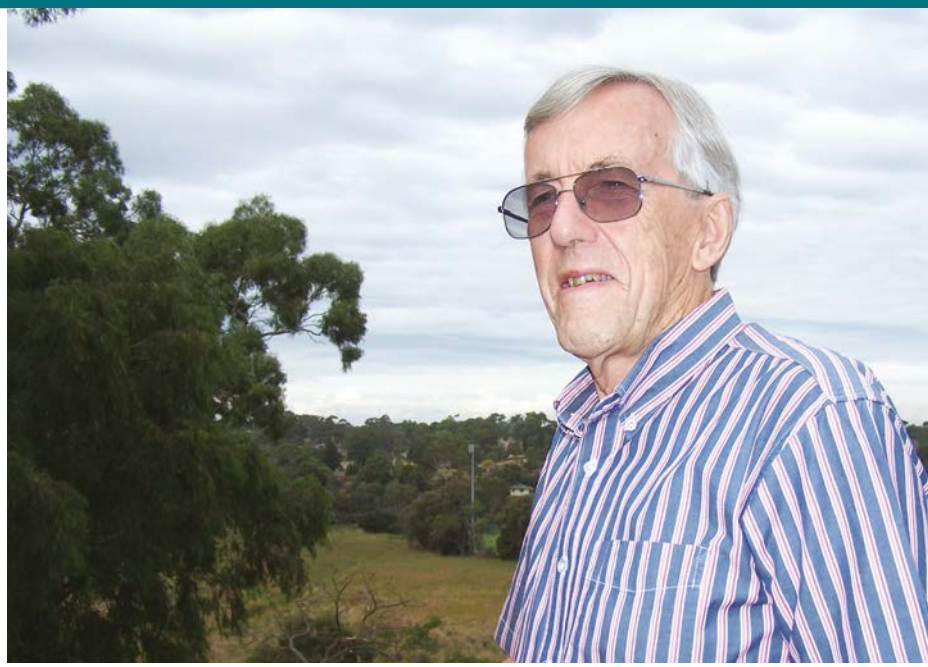
If you are interested in sharing your story as part of this series, or if you would like assistance with planning your path to retirement, please contact us at the AMA Victoria Medical Career Service on careersadvisor@amavic.com.au or (03) 9280 8722.

CareSuper

caresuper.com.au

We'll free you from thinking about super, so you can concentrate on your business.

Retiring well: Dr Geoff Pearce



Can you tell us about your career and what you are doing now?

I graduated from Melbourne University in 1960, then did two years residency at Footscray Hospital, followed by one year at the Repatriation Hospital in Heidelberg. I then worked as a GP for 43 years in a group practice, principally in West Preston, but for some of that time we had a branch in Reservoir. I've now been retired for 12 years.

I play tennis and go to the gym twice a week and my wife Rosemary and I usually spend a couple of days a fortnight down at our holiday house in Lorne. We enjoy going to the theatre, the cinema, lectures (mainly scientific) and minding our nine-year-old grandson.

Every Wednesday I have lunch with a group of six to 10 doctors, most of whom are still working. The group has been meeting every Wednesday for over 25 years and I joined them when I retired. I also have regular luncheons with two other groups of doctor friends, but not as frequently. Until recently I was the President of the Heidelberg Probus Club.

Currently I am the Chairperson of AMA Victoria's Retired Doctors Group and I still attend AMA Victoria subdivision meetings.

Gardening and travel are other interests. Since retirement we have been to Southern Africa, Iceland, Laos, Vietnam, Myanmar, South Korea, USA, Costa Rica, Mexico, Cuba, Ecuador and most countries in Europe. Last year we travelled by rail from Beijing to Moscow via Mongolia and Siberia. We've also travelled throughout Australia.

What was your approach to retirement? What steps did you take to prepare?

I worked full-time until I was 65 and it was then that we purchased the holiday house and I reduced my working hours to about half-time. I did this for five years, thus facilitating the transition to retirement.

What worked well for you during this transition?

Reducing my hours was a good way to start the process. As a self-employed doctor, it wasn't hard for me to do. People who work in other industries might find this more difficult, so I think doctors in private practice are fortunate in this regard.

What resources or support did you utilise in implementing your retirement?

Not a great deal. I spoke to some other doctors who were also thinking about retiring. A couple were finding the process difficult.

The late Tony Sahhar, who was a good friend of mine, approached me at the time saying that he and Kevin McDonald had noted there were no support groups for retired doctors within the AMA and they decided to hold a meeting. This meeting that I attended was the first of the Retired Doctors Group of AMA Victoria, around 13 years ago. I was fortunate that it came up at the right time for me. I've been on the committee ever since and so has Kevin. We don't have to do too much. We come up with a few ideas for social gatherings and the AMA Victoria staff organise it all for us.

When I retired I thought the thing I would miss most would be my contact with colleagues but having my regular luncheon groups helped fill the gap.

Were there any challenges or surprises for you during or after the transition process?

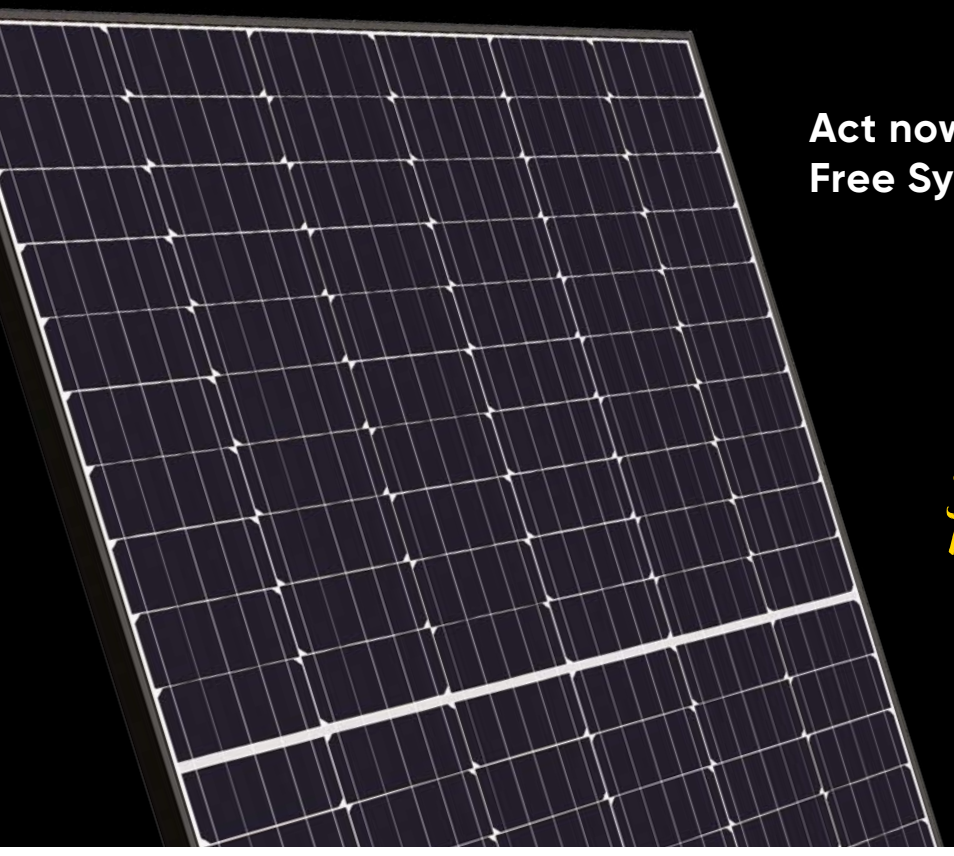
Not really, it all went pretty smoothly. Rosemary retired at the same time which made it easier and we had a few more holidays than usual to look forward to, which definitely helped.

Is there anything about your retirement that you would have done differently? Do you have any advice for others considering retirement?

Personally, I wouldn't have done anything differently. But I would say to others it's good to start thinking about what you want to do when you retire, well before actually doing so. Don't be so busy in the months and even years before you retire that it feels like a sudden stop. It's a good idea to have things in mind that you hope to achieve in your change to a new life. I would also recommend reducing working hours before retirement, to help with the transition.

Suffering from "horrendoma" after looking at your electricity bill?

Start saving with a smart solar and battery system. Surgically installed by the in-house team at Sky Energy.



Act now and receive Free System Monitoring.

Power your life.

Call us now on 1300 787 488

SkyEnergy

skyenergysystems.com.au

Retired Doctors day trip to Geelong

On Thursday 21 March, AMA Victoria hosted the first Retired Doctors event for 2019. The day was a great success with 35 retired doctors and partners in attendance.

The Retired Doctors group travelled by train from Melbourne to Geelong for a guided tour of the National Wool Museum. Guests were shown a demonstration of a 150-year-old carpet loom which featured over 100 bobbins of different colours of wool. Towards the end of the tour, members were given a live sheep shearing demonstration from a local farmer with a wealth of information about sheep, shearing and the land.

Following lunch at Denny's Kitchen inside the museum, the group travelled to the Geelong Gallery to view the National Gallery of Australia's collection of Sidney Nolan's 'Ned Kelly' paintings.

The Retired Doctors Special Interest Group meets regularly to discuss the needs of the sector and to establish social and networking opportunities for retired doctors.

Future Retired Doctors Events

Thursday 19 September, 2019
Guided tour of the Islamic Museum of Australia in Thornbury and lunch nearby in Northcote.

Thursday 28 November, 2019
Christmas lunch hosted at the Lyceum Club, Melbourne.

If you are interested in attending any future Retired Doctors events, please email events@amavic.com.au for more information and to register your interest.

The importance of preconception health

Many Australians want and expect to have children. But some are not aware of the range of factors that can affect their fertility, let alone the health of their potential child.

We also know that it can be difficult for GPs to discuss fertility with patients, particularly men. A recent survey of 304 GPs by Healthy Male (formerly Andrology Australia) found that some of their perceived barriers to discussing the subject with male patients included: a lack of knowledge; not feeling able to start the conversation unless specifically asked; and the general perception that fertility issues are a female problem.

To help GPs feel more confident with preconception health, the team at Your Fertility, which includes the Victorian Assisted Reproductive Treatment Authority (VARTA) and Healthy Male, recently hosted a webinar on how to best look after your patients of reproductive age to maximise their chance of a healthy pregnancy and baby. The webinar, now available online, includes a briefing on current evidence for male and female fertility and advice about how you can broach these sensitive topics with your patients.

Women's fertility

During the webinar, gynaecologist and fertility specialist Dr Shannon Zawada unpacked the impact of age, lifestyle, environment, weight and medical conditions on women's fertility. While age is a major factor for women (a woman under 30 has about a 20 per cent chance of conceiving each month compared to 5 per cent at age 40) one of the top modifiable factors for women is weight.

Dr Zawada said a low BMI can increase the risk of ovulation disorders and premature birth, while a high BMI can decrease the quality of eggs, lengthen time to conception and cause complications during pregnancy such as gestational diabetes, preeclampsia and still birth. Babies born to women who are obese also have an increased risk of childhood diseases and obesity later in life.

In more positive news, women who lose 5-10 per cent of their body weight can significantly improve ovulation, time to conception and decrease their risk of pregnancy complications. A 10 per cent decrease in weight is so powerful it drops the risk of still birth by 10 per cent.

Nutrition is important too. A 2018 study published in the *Lancet* found that at least 90 per cent of young women trying to conceive in high income countries do not eat the recommended five serves of vegetables and two serves of fruit a day. Given protein deficiency has been associated with placental insufficiency, Dr Zawada said it's worth paying attention to your female patient's diet before she conceives.

Men's fertility

Healthy Male Medical Director, Professor Rob McLachlan said there was great scope for GPs to assist men with their fertility because one in 20 men are sub fertile and most don't understand their reproductive health. Modifiable factors include:

- age
- smoking
- alcohol
- obesity
- poor diet
- environmental/occupational chemical exposure
- heat
- infections
- medication, drugs, steroids.

When discussing fertility with men, Professor McLachlan said it was important to ask about their sex lives because poorly timed or infrequent intercourse can cause fertility problems.

Endocrine disorders, obstructions, or damage to the testicles that may have been caused by toxins such as chemotherapy, can result in sperm production problems. A gentle examination of the genitals is also advised. Professor McLachlan said one in 550 men have Klinefelter syndrome which is typically diagnosed in men aged in their 30s because of fertility problems. While the disorder means a man's testis are the size of a baby fingertip, many affected men have never thought to raise this with their doctor or are too embarrassed to do so.

If a male patient discusses fertility concerns with you, Professor McLachlan said it is appropriate to do a semen analysis and sex hormone test at the first presentation because it may uncover a serious diagnosable condition.

With one in six couples experiencing infertility, Professor McLachlan said GPs referring to fertility specialists should look for those with training in male fertility. He described it as, "An accident of history" that IVF specialists tend to be gynaecologists when men require equal evaluation to that of their female partner.

Finding the right moment

Dr Magdalena Simonis, a general practitioner with a special interest in women's health, said there were many opportunities for GPs to ask patients about whether they aspire to be parents. These moments include:

- cervical screening for women
- general health checks for men
- vaccinations
- STI checks.

Dr Simonis said if patients aren't interested in discussing children, you can always take the opportunity to raise contraception instead.

The webinar is available to view on the Your Fertility and Healthy Male websites. For reliable resources to help your patients understand their fertility, including an ovulation calculator, visit yourfertility.org.au and healthymale.org.au

Your fertility
www.yourfertility.org.au

Your Fertility is brought to you by the Fertility Coalition: Victorian Assisted Reproductive Treatment Authority, Healthy Male (formerly Andrology Australia), Public Health and Preventive Medicine at Monash University and The Robinson Research Institute.

References available from the Editor on request.

Exclusive Member Benefits

Emirates

1300 303 777

Member benefits: 5% off business saver and economy saver fares across all Emirates destinations; 8% off Business and Economy Flex / Flex Plus fares across all Emirates destinations; 10% off Business Flex Plus fares on select flights.

MDA National

1800 011 255

Member benefits: Discounted and complimentary medical indemnity insurance for eligible doctors in training. Greater access to education and promotion of doctors' health and wellbeing and collaborative events and activities of interest.

BMW Melbourne

(03) 9268 2222

Member benefits: Complimentary BMW service inclusive up to 5 yrs 80,000kms/ Complimentary use of BMW during scheduled servicing/ Door to door pick up during scheduled servicing/ Corporate pricing/ Reduced dealer deliver charges/ Exclusive finance rates offered by BMW Financial services/ BMW Advantage benefits extended to your spouse/ Reduced rate on BMW Driving Experience course.

Virgin Australia Lounge

1300 133 655

AMA members are entitled to great discounts and special rates. Partners of AMA members can also enjoy the Virgin Lounge at special rates.

Member benefits: Discounted Virgin Australia Lounge membership for AMA members – Joining fee $100 (save $230, annual fee $300 (save $120 per year).

Avis / Budget

(03) 9280 8722

AMAV members have access to a set rate usually only offered to corporate renters.

Member benefits: Valid all year round with reduced excess levels; earn Qantas or Flybuys points; free Avis preferred membership; exclusive 10% discount for Australian car rentals.

Doctors' Health Fund

1800 226 126

Member benefits: The Fund was created specifically with the needs of the medical community in mind. Their cover supports freedom of choice and clinical independence. Visit www.doctorshealthfund.com.au to find out more.

The Scotch Malt Whisky Society

(02) 9974 3046

The Scotch Malt Whisky Society is the foremost whisky club in the world and allows its members exclusive access to whisky.

Member benefits: Tasting events/Training and education/Publications/Member rooms and lounges across the globe.

Wakelin Property Advisory

(03) 9859 9595

Wakelin Property Advisory finds and negotiates the purchase of the highest quality residential property in Melbourne for our clients to invest in with the objective of maximising return. We also offer home buying and vendor advisory services.

Member benefits: Discounted AMA Victoria-negotiated VIP rate across our services. Please call for details.

Qantas Club

1300 133 655

Member benefits: Save $140 off the joining fee; save $119.30 off one year membership or $227.50 off two years of membership.

Devereux Recruitment

1300 99 5627

Member benefits: Access to professional recruitment services with discounted permanent placement fees and extended guarantee periods.

Member Permanent Placement Fee: 10% of Total Employment Cost

Member Guarantee Period: Doubled to 6 months

devereuxrecruitment.com.au

Dixon Advisory

(03) 9411 4023

We are excited to partner with AMA Victoria and provide members with investment advice, self-managed superannuation solutions and expert insights to help you effectively manage your financial future.

Member benefits: Exclusively complimentary Financial Health Checks; savings on receiving financial advice, or a first year discount for members who join our ongoing services.

AMA Insurance

1300 763 766

Intelligent insurance advice and services at competitive prices tailored specifically to the needs of the medical profession.

Member benefits: Free advice / Best available rates / 30 years experience in serving the medical profession.

AMA Training AMA4

9280 8722

Impairment Assessment Training
AMA Victoria is delivering courses to enable medical practitioners to assess impairment for TAC, WorkSafe and for the purposes of Part VBA of the *Wrongs Act 1958* (personal injury).
amavic.com.au/training/impairment-assessment-training--ama4-

Member benefits: Generous discounts across all offerings.

Little Real Estate

(03) 9514 8992
property.littlerealestate.com.au/amavic

Member benefits: Little Real Estate has partnered with AMA Victoria to offer you 6 months of free professional property management services. Based on weekly rental payments of $450, this will equate to approximately $900 in savings for the first year. To arrange, speak with our dedicated account manager, Lida Roshan on (03) 9514 8992.

Lexus

(03) 9524 2099

Member benefits: Preferential corporate pricing; 3 year/60,000km complimentary servicing; reduced delivery fee of $995 (excl. GST); priority ordering and allocation; encore privileges program, including: service loan cars or complimentary pick up/ drop off during servicing, Lexus DriveCare, providing 24 hour roadside assistance, corporate events.

AMA Auto Solutions

9280 8722 nationalsalarypackaging.com.au/ama-auto/

A one stop auto-tendering service tailored specifically to the needs of members.

Member benefits: Substantial discounts on new vehicles, as well as on financing, accessories and insurance. All provided with excellent customer service.

Reho Travel

(03) 9823 5222

The only B Corp certified travel management company in the world, we use the power of business as a force for good.

Member benefits: 5% discount on a wide range of tours from a selection of operators; 10% discount on travel insurance; free Tesla airport transfer (up to 35km) for business class travel; Spot Specials – exclusive AMA Victoria member deals.

PRUSHKA

(03) 8872 5982

Prushka Fast Debt Recovery is the leader in collecting medical debts. Prushka operates on a No Recovery - No Charge basis, so all you pay is commission on monies recovered - from 11%.

Member benefits: Receive an ongoing discount of 10%.

Clear to Work

amavic.com.au/corporate-partners/clear-to-work

Member benefits: AMA Victoria has partnered with Clear to Work to offer our members a 'best in the market' price on National Police History Checks. It's a very simple process - all you need is your passport and driver's licence, or other recognised ID and you're good to go. To start your police check go to amavic.com.au/corporate-partners/clear-to-work

TERMS AND CONDITIONS
Commission Statement
AMA Victoria and its related entities at times receive income from commissions paid by service providers that provide commercial benefits to members. This income allows us to provide improved services to members and keep subscriptions to a minimum. Also see our privacy policy at amavic.com.au.

The five essential questions to ask your private health fund

Since 1 April 2019, private health insurers have begun implementing the latest round of reforms initiated by the Australian Government. Some of these reforms will significantly impact existing policies, which means it's a good time to re-examine your current policy and see if you are affected. Here are five essential questions you should ask your private health insurer to ensure you are still getting the cover you need and at the best value.

1. What tier is my hospital policy in?

As part of the reforms, private health insurers are required to group their policies into four tiers; Gold, Silver, Bronze or Basic, depending on the clinical categories the policy covers. These tiers aim to improve transparency by standardising terminology and making it easier to compare different policies.

Gold being the highest tier covers all 38 new clinical categories; conversely Basic policies are only required to cover three clinical categories (rehabilitation, psychiatric services and palliative care).

Policies that offer above the minimum cover as defined by the tiers are classified as 'Plus' policies.

Further information about the clinical categories and tiers can be found at www.health.gov.au

2. What excesses do you offer?

Health insurers can offer a higher excess of $750 per year on their hospital policies (limited to $1,500 for couples and family policies).

Ask the fund whether they have a cap on their excess payment in their couples and family policies. Some funds (including Doctors' Health Fund) will cap the excess amount to $750 for every person on the policy, meaning the same person will not pay more than one excess per year.

While the option of higher excesses will reduce your hospital policy premiums, you should carefully consider the savings in the context of the higher excess that may be payable should you need to go to hospital.

3. Am I likely to pay an out-of-pocket cost?

Even on a Gold cover, you may still incur out-of-pocket medical costs. These costs can arise where the treating doctor charges more than the fund's medical schedule. Ask about the proportion of services that the fund pays with no out-of-pocket costs. This is an indication of the quality of the fund's medical schedule.

Also, ask whether your fund operates a 'known-gap' schedule as well as a 'no-gap' schedule. Known-gap allows the treating doctor some flexibility to charge a predetermined gap above the schedule fee, while the medical fees still qualify for benefit payment by the fund.

Finally, ask whether your fund has any restrictions on paying medical fees in uncontracted hospitals, including public hospitals.

4. Do you have a preferred provider network?

Some funds operate preferred provider networks for their Extras policies. This means some of their policy benefits may only be available at providers either owned or contracted by the fund. Always ask whether the benefits offered will be the same at your chosen allied health provider as they are at the fund's preferred network.

5. Do you offer discounts for 18 to 29-year-olds?

From 1 April 2019, private health insurers can offer discounts of up to 10 per cent off their hospital premium to members aged between 18 and 29 on their hospital policy. This new initiative is designed to make private health insurance more affordable for young people.

The discount is voluntary and health funds can choose to implement it. If you are under 30 years old, make sure you ask whether this discount is available at your fund.

These reforms are a step in the right direction in simplifying private health insurance while improving the affordability and sustainability of the system. Asking the right questions will help you get the best cover for your needs.

doctors health fund
Avant mutual

Dedicated to you, dedicated to the profession

AMA VICTORIA

Doctors' Health Fund is the preferred provider of AMA Victoria

As the only health fund created exclusively for doctors, we are dedicated to supporting you both as a patient and as a medical professional.

- Unique **Top Cover Gold** hospital pays up to the AMA list of medical services and fees.
- Comprehensive **Prime Choice Gold** hospital includes cover for all inpatient services eligible for Medicare benefits with no exclusions and restrictions.
- Choose to add **Essential Extras** and get $500 benefits over two years for optical, and 100% of the cost of up to two general dental check-ups per year[1]. Plus you have complete choice of your extras provider.

Join the health fund that's for doctors
Visit doctorshealthfund.com.au
or call 1800 226 126

Join on combined Hospital & Extras cover by 30 June 2019 and choose your gift*

Apple Watch Series 3 GPS
RRP $449

OR

$400 Flexi eGift Card

* Terms and conditions. To be eligible for the offer, applications to join Doctors' Health Fund must be received by 11.59 PM (AEST) 30 June 2019. Offer is only available to those who are eligible to join Doctors' Health Fund restricted access group and who do not currently hold private health insurance with Doctors' Health Fund. The new member must take out combined Hospital & Extras cover to be eligible for the gift. Cover start date and join entry date must be within the campaign period of 6 May 2019 to 30 June 2019. Only one gift will be provided per policy, the choice between an Apple Watch Series 3 GPS 42mm RRP $449 or a $400 Flexi eGift Card. Member needs to be active, financial and remain on combined Hospital & Extras cover for 10 continuous weeks after joining the fund before the gift is issued. Gift will be delivered approximately 14 weeks after joining. The offer does not apply to policy upgrades, or when a spouse, or dependant is added to an existing Doctors' Health Fund policy. This offer is not available to those who have held an active health insurance membership with Doctors' Health Fund in the last 24 months (either in their own right or under a Couple/Family/Single Parent health insurance membership). Policy holder must be over 18 years old to be eligible for the offer. This offer is not available with other offers. Doctors' Health Fund is not responsible for any lost, stolen or damaged gifts. Gift colour may vary from image shown. Each new member should look to the product issuer for all warranties, terms and conditions, which are subject to change without notice. Apple is not a participant in or sponsor of this promotion. Flexi eGift Card is valid for redemption 3 years from when the electronic gift card email is sent. Each retailer has their own expiry terms. eGift cards are not redeemable for cash. For more terms and conditions, visit www.giftpay.com.au. The promoter shall not be liable for any loss or damage whatsoever which is suffered (including but not limited to direct or consequential loss) or for any personal injury suffered or sustained in connection with any prize/s, except for any liability which cannot be excluded by law. Private health insurance products are issued by The Doctors' Health Fund Pty Limited, ABN 68 001 417 527 (Doctors' Health Fund), a member of the Avant Mutual Group. Cover is subject to the terms and conditions (including waiting periods, limitations and exclusions) of the individual policy.
1. Check-ups limited to an examination, fluoride and a scale and clean where the fees are within the range of the usual, customary and reasonable charges.

DHF 270_6/19

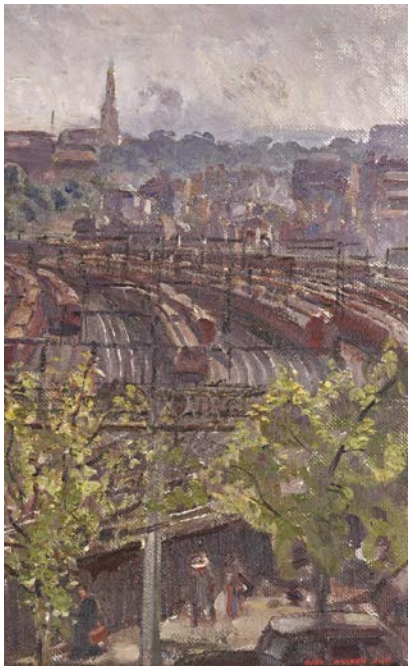
Hans and Nora Heysen: Two Generations of Australian Art

Nora Heysen, Petunias, 1930
Art Gallery of NSW
© Lou Klepac

Hans and Nora Heysen: Two Generations of Australian Art brings together the work of Hans and Nora Heysen, father and daughter artists whose work spanned more than a century during which Australia and the world underwent numerous social, political and artistic transformations. In many ways, theirs is an archetypal 20th century Australian story of migration, family life, war-time separation and a deep connection to place. Both artists travelled in Europe and their work demonstrates both international influences and engagement with their Australian contemporaries. While Hans devoted his mature practice predominantly to the depiction of landscape, Nora became renowned as a portraitist and painter of still life.

Hans and Nora's lifelong written correspondence offers rare insight into a mutually loving and supportive relationship, as well as into their working methods, inspirations and thoughts on the key artistic debates of their time. Their shared reverence for the natural world, manifested in Hans's evocative landscapes and Nora's vibrant flower paintings, strengthened their bond.

***Hans and Nora Heysen: Two Generations of Australian Art* is on display at NGV Australia, Federation Square until 28 July 2019. Tickets and information available via www.ngv.vic.gov.au/exhibition/hans-and-nora-heysen/**



Nora Heysen, Flinders Street Station no. 2, 1943–44
National Gallery of Victoria © Lou Klepac

Hans Heysen, Spring, 1925
National Gallery of Australia, Canberra © C Heysen

Hans Heysen, Flinders Ranges landscape, 1956
National Gallery of Victoria © C Heysen

Nora Heysen, Dedication, 1941
Hamilton Art Gallery of Victoria © Lou Klepac

Property research: More than just number crunching

Greater public access to property data has eroded much, if not all, of the insider's advantage estate agents have enjoyed over lay buyers.

For instance, there is now plenty of free data on property portals such as domain.com.au that charts the performance of suburbs broken down by property type (house or apartment) and by the number of bedrooms over different timeframes. And at a more granular level, it is often possible to obtain transaction and rental history of specific properties going back over 30 years from these portals as well.

Of course, mining this property data for insights has its limitations in terms of quantity, quality and timeliness. Notwithstanding the golden seams of data at one's fingertips, there is only a slither of it that is relevant once an investigation reaches the pointy end of the process – deciding on and between a finite number of property targets. Properties are traded infrequently, so even reaching back 30 years only delivers a small sales history sample size. Furthermore, there can be an 'apples and oranges' issue with this longitudinal data. Properties change over the years due to renovations and improvements, which can weaken the value of the historic numbers.

The other challenge is finding comprehensive current data. This is when many wannabe desktop analysts come unstuck. Often, they struggle to gather enough recent comparable sales data. In some scenarios, this is simply because relevant sales are infrequent. But in other instances, they discover that the data is patchy. Sales agents aren't required to immediately disclose a sale price and some opt not to. Sometimes this is their client's instructions. But more cynically, at times agents seek to frustrate the desktop analysts and hide a poor result to protect other similar listings from being dragged down. Eventually the price information must be disclosed to the relevant state valuer general and can be accessed (for a fee) from data providers, but this can be several months later.

Therefore, a prospective investor can't entirely rely on third party data. Effectively, they must be their own data gatherer and quality controller. That means having the discipline not to jump in too soon with their first bid or other offer, but instead commit to several weeks of simply going out and visiting open for inspections and auctions. This routine should also reveal to the aspiring investor that the judgement about what to buy cannot be simply about numbers.

Many properties appear to stack up after doing the maths, but they feel wrong when a physical check of the property and its surrounds are undertaken. For instance, a property may suffer from overshadowing from a tower recently built up the street. Or a dwelling that looks on paper proximate to the pleasant village-like shopping strip turns out to be a steep walk through soulless streets and across a busy road.

So investors need to use both halves of the brain: combining data collation and analysis with the softer empathetic skill of understanding the tastes and needs of the everyman and everywoman who make up the market, and filtering out discordant properties. With enough practise, those who can marry the art and science of asset selection tend to do well. If you're stronger on one side of the brain, consider working with the life partner, relative or friend who complements your skill set.

Richard Wakelin
Founder
Wakelin Property Advisory

WAKELIN
REWARDING PROPERTY DECISIONS

Wakelin Property Advisory is an AMA Victoria Member Benefits Partner and an independent buyer's agent specialising in acquiring residential property for investors. wakelin.com.au

WAKELIN

REWARDING PROPERTY DECISIONS

24 YEARS INDEPENDENT

PROUD AMA VICTORIA MEMBER BENEFITS PARTNER

Will you identify the distinctive **5%** of Melbourne properties that consistently achieve **strong capital growth?**

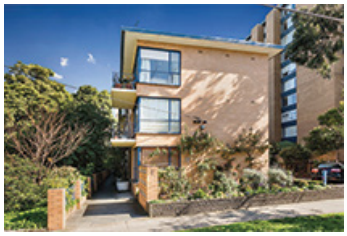
Learn the unique

Wakelin Strategy

for selecting investment properties

Special VIP Rates For AMA Members On:

- ☑ Investing property asset selection and negotiation service
- ☑ Home buying
- ☑ Vendor advisory
- ☑ Portfolio review



WAKELIN

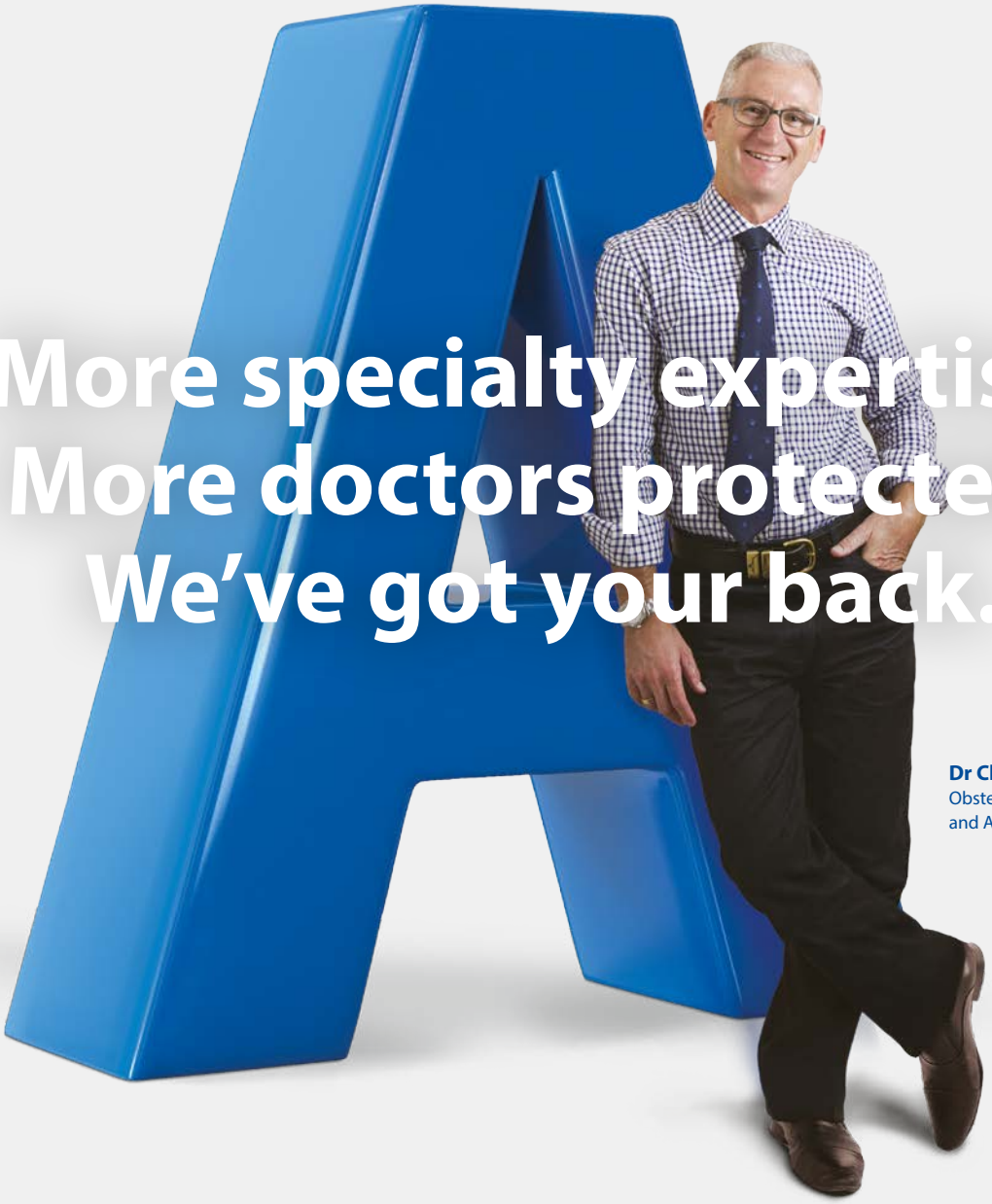
REWARDING PROPERTY DECISIONS

FOR MORE INFORMATION

(03) 9859 9595

wakelin.com.au

Richard Wakelin, founder
Jarrod McCabe, director



More specialty expertise. More doctors protected. We've got your back.

Dr Cliff Neppe
Obstetrician and Gynaecologist
and Avant member

As a respected doctor, you stand by your reputation and our reputation is built on protecting yours. The fact is, no medical indemnity insurer has more resources or expertise to safeguard your reputation than Avant. With Avant, you'll have the support of award winning Avant Law, Australia's largest specialist medico-legal firm. And more doctors on staff delivers the unique support and understanding that only a peer can provide. The depth of our experience and expertise gives us knowledge of your specialty that's simply unmatched. We've got your back.

Don't risk your reputation. Talk to us today about Professional Indemnity Insurance.

1800 128 268
avant.org.au

Avant mutual
by doctors for doctors

*IMPORTANT: Professional indemnity insurance products are issued by Avant Insurance Limited, ABN 82 003 707 471, AFSL 238 765. The information provided here is general advice only. You should consider the appropriateness of the advice having regard to your own objectives, financial situation and needs before deciding to purchase or continuing to hold a policy with us. For full details including the terms, conditions, and exclusions that apply, please read and consider the policy wording and PDS, which is available at www.avant.org.au or by contacting us on 1800 128 268.

2258.6 11/18 (0811)