

V I C D ⊕ C

AMA VICTORIA

AUTUMN 2021

ART+ COVID-19

» **OVERCOMING BARRIERS**
AUTISTIC WOMEN'S HEALTH

» **VACCINE EQUITY**
WHO CALLS THE SHOTS?

» **2020 HINDSIGHT**
AN INTERN'S PERSPECTIVE



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AMA
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Look for this symbol and click for more information; websites, podcasts, videos etc

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MUCH TO LEARN ON QUARANTINE



A/PROF
JULIAN RAIT OAM

AMA Victoria President

Quarantine is not a new concept. It has been known since biblical times and been practised throughout history to fight against devastating plagues and epidemics by isolating the infected from the healthy population.

In fact, the word *quarantine* arises from *quarantena*, meaning '40 days', used in the Venetian language of the 14th century, during which all ships were required to be isolated before passengers and crew could go ashore during the plague of the Black Death.

Australian quarantine stations were used in the past to control diseases such as typhus and tuberculosis. In Victoria, the Point Nepean Quarantine Station was established in 1852 to process and manage people and even, animals; and to eventually manage many soldiers returning home from World War I during the Spanish Flu pandemic.

Being an island, Australia's isolation and ability to close its borders is a natural advantage in a pandemic – an advantage that must be guarded by an effective and safe quarantine system.

Yet, curiously, prior to COVID-19, neither Australia's federal nor state pandemic plans included arrangements for mandatory mass quarantine.

The resulting scramble across the country to establish hotel quarantine very quickly last March, appears to have been managed more successfully by some states compared with others.

AMA Victoria advocated as far back as April last year for an operational approach to our state's quarantine system. That is to say, that hotel quarantine is a complex logistical exercise. It's not just about putting people in a hotel room for two weeks and that's it.

But despite its complexity, it's not new. It's all been done before. Operational plans have been developed and applied successfully in similar circumstances, for example, the management of returning Australian citizens from Wuhan; and there are expert advisory bodies like the National Critical Care and Trauma Response Centre or AUSMAT, whose expert staff can provide advice, support and assistance.

Following Victoria's second wave last year and the 69 recommendations made by the Hotel Quarantine Inquiry, the Victorian Government seems to have partly recognised and acted on this through its management of the state's 'hot hotels' accommodating people who have returned positive COVID tests. It's notable that these hotels have not experienced any breaches or leakages into the community so far.

But unfortunately, Victoria is running a two-tier hotel quarantine system, and the same level of necessary operational rigour is not applied to its 'cold hotels' accommodating people who have not returned positive COVID tests.

This is a mistake. Every quarantine facility must be considered a high-risk, healthcare facility and every person who enters Victoria from overseas must be considered and treated as if they have COVID-19 and isolated from the community until proven negative after 14 days.

Recent commentary concerning the role of new COVID mutations, variant strains, and a higher transmission probability are irrelevant. The whole emphasis of quarantine should be on isolation and the strictest of infection control procedures to reduce the risk of viral spread in the first place.

During February's 'circuit breaker' five-day lockdown it was announced that Melbourne will consider a new quarantine station at Avalon. Purpose-built quarantine facilities in open air locations could be preferable to city hotels, as the air exchange inside many inner-city hotels just isn't up to the standards we expect from our hospitals or indeed many other health facilities.

Spatial separation of residents is more easily achieved in an open-air location and let's face it, we will need to accommodate overseas travellers in high quality quarantine facilities for potentially years to come. These facilities could be used for other purposes in the longer term when the pandemic is over, just as the Point Nepean Quarantine Station served other needs when it wasn't required for the purposes of quarantine. In the future, purpose-built quarantine facilities could be used as emergency accommodation for Victorians – for example, anyone made homeless as a result of bushfires, floods or other natural disasters.

Ultimately though, the location is not a panacea. A best-practice, expert-led approach is more important than where quarantine might be located.

Hopefully the Victorian Government is starting to realise this. It was certainly pleasing to hear Victoria flag its intention to send a delegation to Howard Springs to obtain advice from experts.

It would appear that the Victorian Government has much to learn from Howard Springs and the experts who have run these types of facilities successfully all over the world.

GOODBYE AND THANKS

As this is my final Vicdoc column as AMA Victoria President, I would like to take this opportunity to thank the AMA Victoria Board, our Chief Executive Steven Burrell and staff, along with many members for their support of my leadership over these past three years.

I hope that our organisation's operational effectiveness has improved and that we have pursued members' policy priorities faithfully. I have especially enjoyed working with the Chair of Council, Dr Mukesh Haikerwal AC, and our Director of Communications and Advocacy, Ms Taryn Sheehy, who have always been a source of sound knowledge, advice and assistance with health policy issues.

I anticipate continuing success for AMA Victoria both in representing our members' interests and in advocating for the growing health needs of our community.

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AMA Mortgage Broking puts YOU first

A new service with an exciting cashback offer – what's not to like!

There are plenty of new kids on the block but when it comes to your hard-earned money, always stay with the tried, the tested and most importantly, the trusted. AMA Financial Services has worked as a dedicated broker and financial adviser to health and medical professionals around Australia for more than 25 years. The company has now expanded its existing suite of insurance broking and financial services by venturing into mortgage broking.

With access to hundreds of loans from a range of Australia's leading lenders, the new mortgage broking service is available to both AMA members and non-members across Australia.

Thanks to its extensive industry experience and lender networks, AMA Finance Brokers is best placed to help you navigate through the competitive and ever-changing landscape of loans. No matter the type of loan, be it for your first home, renovating, refinancing or building a portfolio of investment properties – the team will work closely with you to find the right loan to suit your needs.

Sweet Start

To kick off the new service, AMA Finance Brokers has unveiled an exclusive Member Cashback offer, which provides all eligible AMA members with up to \$2,000* on any loans successfully settled between 4 November 2020 and 31 December 2021.

This exclusive cashback offer is in addition to any bank/lender cashback offer (if eligible) that you receive – giving you more money in your pocket.

If you are not currently an AMA member but decide to join, you will receive the AMA cashback offer plus access to the AMA (VIC)'s exclusive Member Benefits Program, where you can enjoy rewards and discounts across a wide range of goods and services from hundreds of retailers across the country.

For more information on the AMA Mortgage Broking Service or its cashback offer, visit amafinance.com.au, email info@amafinance.com.au or call Racheal Warne direct on **1800 262 346**.



Hello Racheal!

Helming the AMA's new mortgage broking service is Racheal Warne who has joined the team as a mortgage broker and will work closely with clients to identify a loan to meet their needs. With more than 20 years of banking and finance experience, Racheal will take care of all the legwork, streamlining and simplifying a process that can often be complex and time-consuming. With Racheal leading AMA Finance's mortgage broking service, expect an end-to-end reliable and professional experience.

Authorised Credit Representative: A.M.A. Recruit International Pty Ltd T/ As AMA Finance Brokers. ABN: 27 113 446 861
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*Cashback Offer T&C's

1. AMA members are eligible for a cashback per application successfully settled during the promotional period.
2. Promotional period – The loan is lodged and settled between 4 November 2020 and 31 December 2021.
3. AMA members are entitled to receive the AMA cashback in addition to any bank/lender cashback offers (if eligible).
4. AMA Members will be eligible to a cashback on any loans successfully settled during the promotional period as per the below schedule under the following conditions:
5. Net loan value up to \$750,000 receive \$500 cashback
6. Net loan value \$750,001 – \$1,500,000 receive \$1,000 cashback
7. Net loan value above \$1,500,000 receive \$2,000 cashback
8. The net loan value used to calculate the cashback is calculated after considering any offset balances or redraw facilities, as AMA Finance Brokers receives their share of commission after the aggregator/licensee split on the net loan amount.
9. The eligible cashback is calculated on total consolidated loan value per loan settled.
10. The eligible cashback will be paid within 6 weeks from the date of successful settlement by AMA Finance Brokers directly to the member's nominated bank account only.

NEWS, VIEWS + REVIEWS

Would you like to share your thoughts, suggestions and views with us? We love to hear from our members. Email: vicdoc@amavic.com.au



AMA SOCIAL



INFECTIOUS DISEASES EXPERT FIRST VICTORIAN VACCINATED

Monash Health Medical Director for Infection Prevention, Prof Rhonda Stuart became the first person in Victoria to receive the Pfizer COVID-19 vaccine, when the rollout officially began on 22 February.

Prof Stuart's team at Monash Health treated the first Australian case of COVID-19 in January 2020, a returned traveller from Wuhan in China.

"I'm really proud to be getting this vaccine and starting the next chapter as our work against COVID," Prof Stuart said.

"And now our aim is to get all the healthcare workers vaccinated, and then out to the public as well."

Frontline workers in healthcare, hotel quarantine and aged care were among the first people to receive a shot.

Due to the cold storage requirements of the Pfizer vaccine, the first phase of the vaccination rollout will be conducted at nine sites across Victoria: Western Health, Austin Health, Monash Health, Barwon Health, Goulburn Valley Health, Latrobe Health, Bendigo Health, Ballarat Health and Albury-Wodonga Health.

QUESTIONS RAISED ABOUT VICTORIA'S HOTEL QUARANTINE

AMA Victoria was very prominent in the media in February on the topic of hotel quarantine. President, A/Prof Julian Rait, told the ABC he was "gobsmacked" to learn the hotel quarantine program was left out of Victoria's key taskforce on infection control for frontline health workers and the policies were not applied to the embattled system.



Click here for more news

MENTAL HEALTH PATIENTS WAIT DAYS IN EMERGENCY WARDS

Suicidal and psychotic patients spent days waiting in Melbourne emergency department cubicles in February as a shortage of mental health beds was exacerbated by the forced lockdown of psychiatric wards at three hospitals.

There were 129 beds temporarily closed to new admissions at The Alfred, the Northern Hospital and Broadmeadows Hospital because a mental health worker who had worked in all three health services tested positive to COVID-19 and was linked to the Holiday Inn outbreak.

Emergency physician and AMA Victoria Board Member, Dr Sarah Whitelaw, told *The Age* ambulances had to travel further with acutely unwell mental health patients due to the bed shortages.

Distressed patients were then spending days under the bright lights of unfamiliar hospital emergency departments instead of being cared for by staff who knew their medical history.

"The mental health system is already shattered. This is just grinding those pieces into dust in the ground," Dr Whitelaw said. "The moral distress among staff is the greatest of any issue I have ever seen right now... They are so concerned about the care of these patients."

BREAKTHROUGHS

REPORT + READ + WATCH + LISTEN

REPORTS **BARRY LEVINSON**
REVIEWS **ANNA CLARK**



REPORT

New website to predict IVF success

The success rates of all IVF clinics across Australia will be available online for the first time, making comparisons between clinics easier and more transparent for future parents.

The YourIVFSuccess website will allow patients to search all 85 accredited IVF clinics in Australia, providing independent and impartial information about the clinics and their treatment success.

The new online tool has been developed by the National Perinatal Epidemiology Statistics Unit (NPESU) at UNSW Sydney and is funded by the Federal Government.

A patient will be able to predict their chance of IVF success by entering characteristics such as the couple's age, diagnosis, whether the couple is new to IVF, previous IVF cycles and if the patient already has children. Similar websites have been developed in the UK and US.

"IVF is a difficult process both physically and emotionally and each cycle can leave patients significantly out of pocket," said Prof Georgina Chambers, Director of NPESU. "This independent site will be invaluable for anyone thinking about starting or continuing IVF and looking for impartial information to inform those choices."

Previously the only way a patient could look at success rates was to go to individual clinics directly where outcomes are presented in different ways making comparison more difficult.

The IVF prediction tool, created by data scientists from UNSW's Centre for Big Data Research in Health, is based on information from more than 600,000 IVF cycles done between 2009-2017 in Australia recorded via the Australia and New Zealand Assisted Reproduction Database (ANZARD).

ANZARD collects information on almost 80,000 IVF cycles performed by Australian fertility clinic each year. The most recent data from ANZARD shows that more than around 14,500 babies were born each year in Australia from IVF treatment, representing almost one in 20 babies born each year in Australia.

The success rates of clinics are measured using four indicators including births from each egg retrieval cycle for all women and for those who are new to IVF, births per individual treatment attempt and births for each embryo that is transferred.

"These four measures provide an overall view of a clinic's performance, while respecting clinician and patient autonomy for how IVF is practised, and most importantly, these measures minimise incentives for poor clinical practise, or incentivise clinics to only treat patients with a good chance of IVF success," Prof Chambers said.

Visit yourivfsuccess.com.au for more information.



BOOK REVIEW

Still Together by Manoj Dias

Still Together explores all the ways we feel detached from our lives, goals and relationships, and teaches us how we can begin to reclaim ourselves through mindfulness and meditation. While technology promises us constant connection, the reality is that we often feel more disconnected than ever before. Expert teacher Manoj Dias takes us step-by-step through the core teachings of Buddhist meditation and shows how to apply this ancient wisdom to modern life. He provides the tools to help develop your own practice at home using mindfulness exercises and meditations, and shows us why cultivating wisdom is so important.

Pub Date: 5 May 2021,
Hardie Grant Travel



TED TALK

Psychological Safety by Amy Edmondson

Sharing expertise, ideas and concerns are vital for high performing teams, learning and innovation. But so often we stay silent. No one wants to look ignorant, incompetent, intrusive, or negative – especially highly-trained doctors who have spent decades honing their craft. But when we withhold we don't learn, we don't make better decisions and we don't give better care. Delivering complex care requires expert collaboration and the input of many people, from different specialties and roles. We need people speaking up – including talking about mistakes and adverse outcomes.

Edmondson speaks clearly about the realities of complex and collaborative work, and applies it directly to healthcare delivery. Her research sheds light on what we can do to cultivate and maintain workplace cultures that can be safe for speaking up, without foregoing accountability and striving for excellence.



PODCAST

Teamwork and Medicine by NEJM

New England Journal of Medicine recently discussed how to foster better teamwork in medicine. The panel includes Prof Amy Edmondson, Thoralf Sundt (Professor of Surgery and Chief of Cardiac Surgery at Massachusetts General Hospital), Neel Shah (Assistant Professor of Obstetrics at Harvard Medical School and Director of the Delivery Decisions Initiative at Ariadne Labs). This is a fascinating discussion that emphasises how people speaking up in safety critical healthcare environments contributes to health outcomes. The examples, especially from obstetrics, really highlight the reality of team care and the importance of everyone having a voice.



DID YOU KNOW?

— 435 —

Number of coaching sessions, in AMA leadership division

17,452

Amount of calls received in 2020 by AMA Victoria

— 666 —

Number of meetings via Zoom conducted throughout the year

ENQUIRY

AT THE TABLE + ON THE ROUND

Five questions about the rewarding aspects of work in two very different medical settings.



Can you provide a brief overview of your medical career?
I graduated from the University of Melbourne in 1965 and did post-graduate training in obstetrics and gynaecology at the Royal Women's Hospital (RWH). I was Professor and Chairman of the Department of Obstetrics and Gynaecology at the University of Melbourne from 1978-1998. In 2000, I worked for Duke University in the USA to evaluate data on the use of hormone replacement therapy in menopausal care, with this leading to the production of education programs now widely used. I officially retired from Melbourne University in 2004 and became Professor Emeritus. I have been published over 100 times in refereed journals, provided medico-legal opinions in more than 1000 cases and been a senior examiner for the Australian Medical Council for many years.

Why did you choose to study medicine?
During year 12 I was working with an insurance company and decided I wanted to become an actuary. However, after gaining a Commonwealth scholarship, I came in contact with someone who had just completed medicine at university and thought I'd try it. At this time, I had no intention of pursuing my career as it later turned out. I nearly withdrew in my first year to pursue mathematics.

What was the best part about your work?
I have spent a lot of my life teaching and really enjoyed it, in Melbourne and also in Malaysia for two years. I enjoyed the method of teaching I used, giving trainees and students experience in operating sessions in labour wards. I was heavily involved with specialist trainees and medical students at the RWH.

What was the hardest part about your work?
Coping with the changes at university which increased the amount of administrative work I had to do. The responsibilities of running a department often came at the expense of clinical work and teaching. It wasn't a major problem though and the whole time I was in charge the department never made a loss.

Do you have any advice for others pursuing a medical career?
Begin your research work when you are a trainee and then make a decision about whether you want to go into a university position with lots of teaching and research, or clinical care.



**AT THE TABLE WITH
PROF ROGER PEPPERELL AM**

"I have spent a lot of my life teaching and really enjoyed it."



What is your current role in medicine?
Head of Urology at Western Health. I was also their Director of Surgery until April 2020. I run a private surgical practice at Epworth Freemasons, East Melbourne and am an Honorary Professor at the University of Melbourne.

Why did you choose to study medicine?
Medicine looked like a reliable path to helping people. Melbourne University had a great reputation and I believed I would be well trained for a range of careers. I thought I was destined to do psychiatry.

What is the best part about your work?
I love the surgery itself probably the best, but caring for a patient being considered for surgery is so much more than surgery. Working with a great team is a joy, and operating towards a shared goal of a great patient outcome is the driving force.

What is the hardest part about your work?
The reason we get paid well is not as much the skill as the being available to look after the patient through thick and thin. Overnight calls are not easy. Working through fatigue is also hard. Ensuring responsibility and recreation are balanced is really important.

Do you have any advice for others pursuing a medical career?
Pursue your dream. Our career is a great path to personal growth; helping others to a better life is good. Remember to make time and energy for your family and friends though. I suspect a great career is empty without them.



**ON THE ROUND WITH
PROF HELEN O'CONNELL AO**

"Working with a great team is a joy, and operating towards a shared goal of a great patient outcome is the driving force."



Click here to read the full interview, as part of our International Women's Day member profile series.

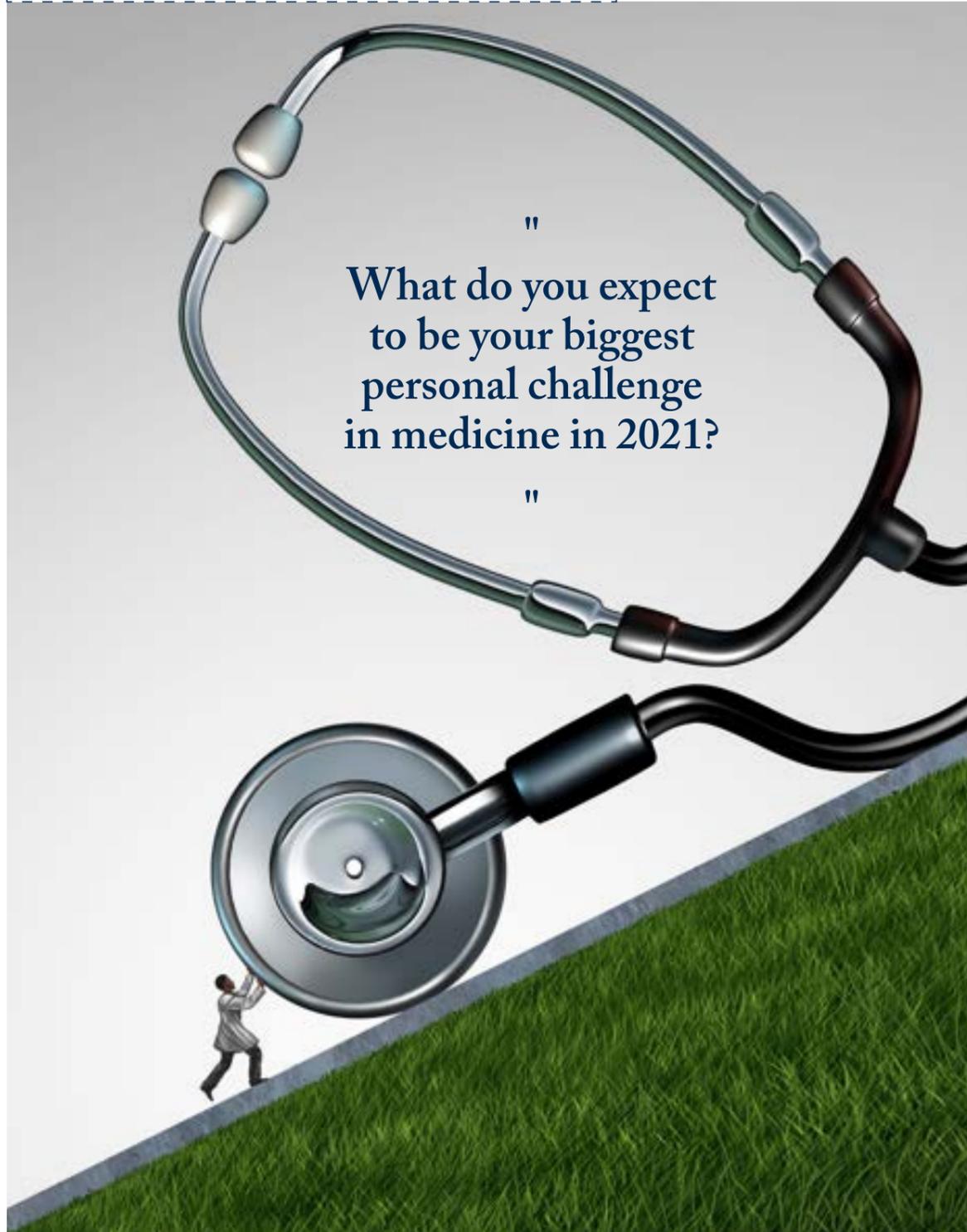
SECOND OPINION

ASK THE EXPERT

If you would like to feature in Second Opinion email vicdoc@amavic.com.au



"
What do you expect to be your biggest personal challenge in medicine in 2021?
"



DR SARAH WHITELAW

*Emergency medicine physician
Royal Melbourne Hospital
AMAV Board Member*



A/PROF VINAY RANE

*Obstetrician &
Gynaecologist
Melbourne Mothers*



DR SUE ENGLISH OAM

*General practitioner
Brighton Family &
Women's Clinic*



My biggest personal challenge in 2021 is ensuring that our existing health system issues pre-COVID continue to be addressed. In many ways the pandemic has exposed how severe the stress on our acute health system really is, and more clearly revealed the dangers of having inadequate surge capacity to manage even daily fluctuations in our acute system demand. We can't stop progressing the system improvements that we desperately need!

I'm determined to ensure the impact of the pandemic on our health workforce drives reform at all levels, including industrial, the mental and physical health of our profession and occupational health and safety.

I need to find my new balance of professional, personal and advocacy roles that 2020 upended – and I think many of our colleagues' and our patients' and their families' needs have shifted also. I think in 2021 I need to be very aware that it will take significant time to work out exactly what the impacts are of even the last 12 months, and that this is truly a marathon. I'm really conscious also of actively appreciating the extraordinary progress that we have made in many areas of medicine and science in such a short period of time – a truly amazing period for our profession.

Recently, medicine has tended to be viewed by the community as a retail commodity much like any other. Our practice has been relegated to a good or service which is provided in exchange for a fee. The expectations of our patients are at an all-time high, not only with regards to clinical outcomes but also with waiting times, ancillary services and the food served in our hospitals. At the conclusion of the patient experience, patients are invited to publicly rate us from one to five stars, indistinguishable from any other transaction in the community. As a profession, our focus has largely been directed on the impact that this culture shift has had on our patients.

Nevertheless, we must take care to ensure that this doesn't affect our profession adversely also. The global pandemic and border closures have helped us appreciate more traditional values. A return to a time when we had colleagues, not competitors; and patients, not clients, would be warmly welcomed. Disease alone is a formidable opponent, but now that we also face political, business, regulatory and popularity challenges, we must recognise that our profession is far stronger united than divided.

Coming off the back of 2020, with the advent of telehealth, practice nursing staff hour cuts and social distancing in response to COVID, my biggest challenge is going to be re-engaging patients in their preventative healthcare and catching up on regular over 75 year-old health assessments, Pap smears, skin cancer checks etc.

Our practice is going to be stretched further managing the rollout of the COVID vaccine, let alone the flu vaccine.

Preventative healthcare is a very important part of general practice, as well as our day-to-day management of illness. The fear factor of COVID transmission has played a massive part in patients ignoring their regular checks and "only doing what's necessary".



Meet the first-ever GLB.

Make space for more - [the GLB](#) has arrived. With its unique design, versatile interior featuring 7 seats as standard, MBUX system and advanced comfort and safety features, the GLB is the most flexible compact SUV in our family - and it's ready to welcome yours.

The first-ever GLB is now available with the benefits of the [Mercedes-Benz Corporate Programme](#),¹ including:

- Preferential pricing.²
- Access to the Corporate Rewards Portal.³
- Reduced retailer delivery fee.⁴
- Access to your own Corporate Sales Consultant.

Take advantage of the benefits today. Find out if you qualify by speaking to one of our Corporate Sales Consultants at an authorised Mercedes-Benz retailer.

¹Corporate programme is available to approved corporations who meet the eligibility criteria and is available on selected new passenger cars only. The programme requires a minimum commitment over 24 months. ²Purchase of a Compact vehicle will attract a discount of \$1500.00 off the Manufacturer's List Price. Purchase of a Non-Compact Vehicle will attract a discount of \$2000.00 off the Manufacturer's List Price. Refer to the Terms and Conditions of the Mercedes-Benz Corporate Programme and Fleet Support for further details regarding which vehicles are considered to be 'Compact Vehicles' and 'Non-Compact Vehicles.' ³Available to customers who purchase a vehicle under the Corporate Programme on or after 1 January 2020. Access (including ongoing access) to Corporate Rewards is contingent on the customer holding a valid membership with the Mercedes-Benz Corporate Programme. Member Benefits is not a representative or agent of Mercedes-Benz and Mercedes-Benz accepts no legal responsibility for the Member Benefits website, any information supplied or any goods or services provided by Member Benefits. ⁴Not applicable to all models.



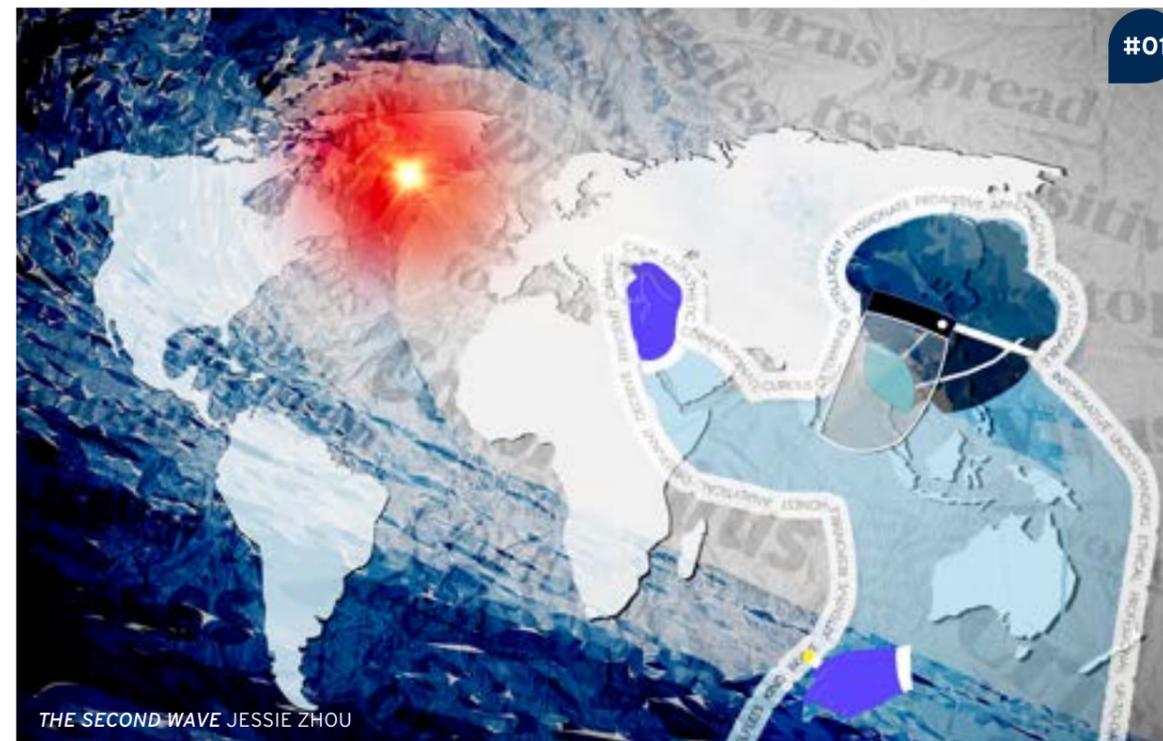
#15 ARTWORKS:

*Film, Dance,
Pottery, Painting,
Drawing, Jewellery
Photography*



The 'Art of Medicine' submissions from the AMA Victoria WIM Group were based on the theme 'Medical life during COVID-19'

— ART — OF MEDICINE



#02



HEART OF THIS CITY LAURA CHENG

▲
"A reflection of Melbourne during lockdown – a vibrant city suddenly still and pensive. Beating quiet and steady, patiently waiting, hoping for the storm to pass."



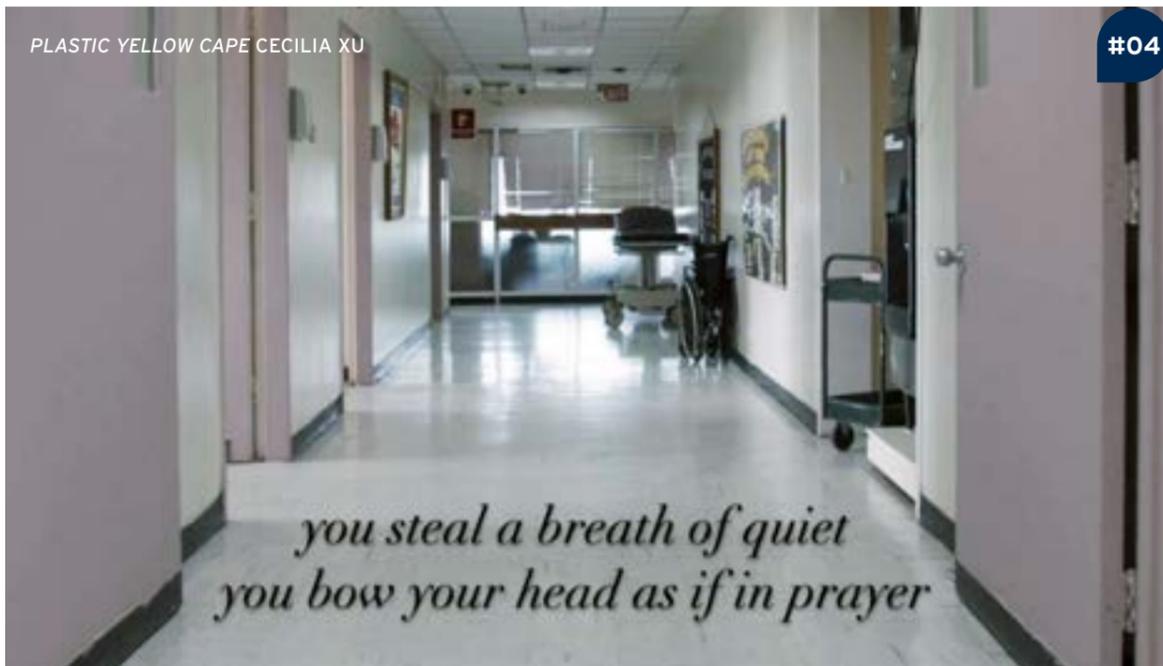
Watch Plastic Yellow Cape by Cecilia Xu

#03



SELF PORTRAIT SHANNON MCCARTHY

#04



PLASTIC YELLOW CAPE CECILIA XU



LIFE DURING COVID JESSICA WONG

#05



JEWELLERY KATE GLEDHILL

#06

"I think that 2020 has pushed us to grow in ways we didn't expect. Whether it be by learning to be alone, learning to appreciate what we have, or even learning a new skill".

Kate Gledhill

UNTITLED JESSICA O'KEEFE

POTTERY CAROL SILBERBERG

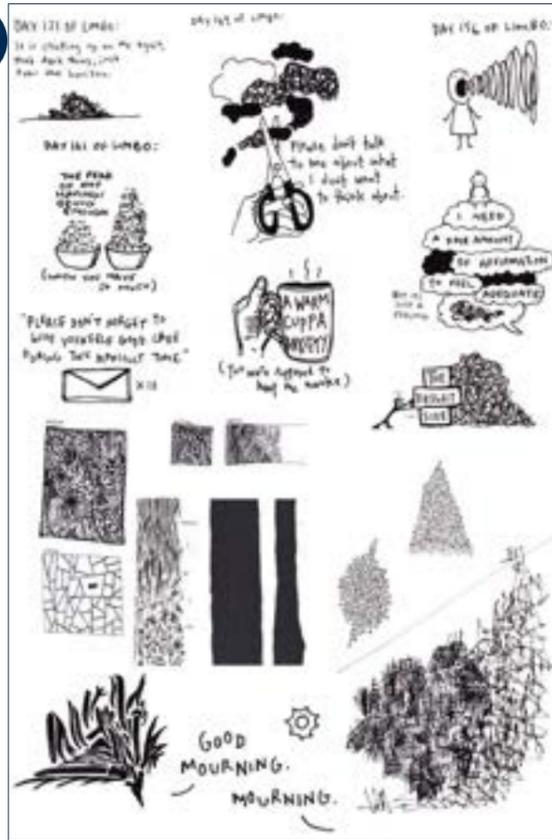


#08

#07



#09



DOCTORS LIFE RAVINA RAJENDRA JADHAV



#10

PRECIOUS HOURS IN BETWEEN SHIFTS RACHEL BRENNAN



#11

"These pictures were taken straight out of my journal this year, as I turned to art to distill the uncertainty and negativity felt during the lowest parts of this rollercoaster of a year".

UNTITLED JASMINE KENZIE + HER HOUSEMATES

#12

15 ARTWORKS WITH THE THEME 'MEDICAL LIFE DURING COVID-19'.



#13

A CHILD'S PRAYER KYM ASHLEY WONG

"This piece symbolizes my past and present self, with my inner child comforting my present-self who is seen here seeking peace in prayer..."

"Two of my students made a video documenting their dance journey with me throughout COVID".



#14

DANCING CLASSES KATHLEEN PAK



Watch Bachata Lady Styling classes by Kathleen Pak



UNTITLED TAYLAH COOK

#15

THE IMPACT OF COVID-19 ON WOMEN

At its last meeting in 2020, the AMA Federal Equity Inclusion and Diversity Committee (EIDC) considered the impact on women of the COVID-19 pandemic and found women were disproportionately negatively impacted by the pandemic.

REPORT DR HELEN MCARDLE
CHAIR AMA FEDERAL EQUITY,
INCLUSION AND DIVERSITY
COMMITTEE

MIND THE GAP:

COVID-19 has not only exposed the comparative circumstances of women but has exacerbated the gender gap.

Research suggests during times of crisis such as the COVID-19 pandemic, the challenges and burdens faced by women are exacerbated with women's economic security, participation in formal employment, political representation, health outcomes and educational achievement negatively impacted, and more so than men.

Women's actual experiences back up the research. Australian women made up the majority of those who lost their jobs during the initial stages of the COVID-19 pandemic and recorded a large fall in hours worked. While 60 per cent of jobs created since May 2020 have been filled by women, the literature suggests that the pandemic is likely to have more long-term negative implications for women than men.

This is due to the financial and public health impact from women participating less in the workforce during COVID-19 (and hence having poorer health outcomes/poorer health outcomes for their families), and the compounding effect of career breaks and gender-based discrimination on career progression.

Within the healthcare sector, nearly four in five healthcare workers on the frontline tasked with managing the pandemic were women, increasing their exposure and potentially their family members to the virus. As pandemic-related work responsibilities increased, women were more likely to manage increased childcare and schooling obligations, coupled with disproportionate household responsibilities, even among dual earning couples.

COVID-19 has not only exposed the comparative circumstances of women but has exacerbated the gender gap. Having been re-engaged in the workforce post COVID, women have lost superannuation contributions, wages and borne the brunt of family responsibility stressors (including domestic violence).

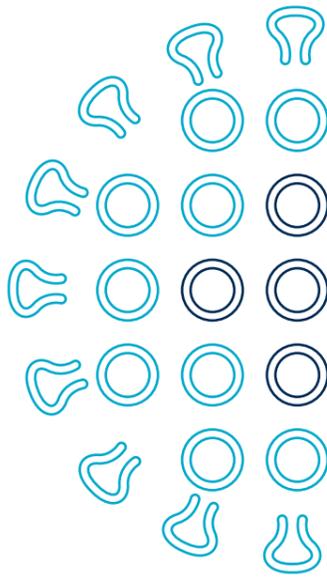
The EIDC was established in 2017 and provides the AMA with a forum for the identification and consideration of equity issues. It is tasked with developing policy and initiatives targeted towards enhancing equity and addressing inequitable and discriminatory practices that exist in the medical profession.

At its last meeting for 2020, AMA Federal Council discussed the impact of COVID-19 on women in the workforce and passed a motion calling on the Commonwealth Government to:

- 1 Recognise the disproportionate and negative impact of COVID-19 on women in workforce.
- 2 Ensure that strategies to achieve gender equity are at the centre of national COVID-19 recovery plans.
- 3 Commit to support gender equity by providing funding to increase access to:
 - » equal and reasonable paid parental and carers leave entitlements for each parent to empower men to seek an equal share of the parenting responsibility
 - » flexible work arrangements for each parent, so that women can participate in the workforce without comparative disadvantage
 - » domestic and family violence support (including 10 days paid leave)
 - » flexible and affordable childcare so that parents can return the workplace.

The *Gender Equality Act 2020* passed in Victoria provides the AMA with an opportunity to advocate for measures to improve gender equity within public hospitals and the community more broadly. We hope this is a mechanism to monitor change, beginning in Victoria and extending to other jurisdictions.

The AMA Equity Inclusion and Diversity Committee will continue to advocate in this area and collaborate with like-minded organisations with a view to affecting real change.



PULSE

- ▶ The COVID-19 pandemic had a disproportionately negative impact on employment for Australian women.
- ▶ Nearly 4 in 5 frontline healthcare workers managing COVID were women.
- ▶ The AMA is advocating for measures to improve gender equity within public hospitals.

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OVERCOMING BARRIERS

AUTISTIC WOMEN'S MENTAL HEALTH NEEDS

REPORT AMAZE

More recently, there is better understanding of how autism presents in women and girls.



AMAZE + GPS:

Amaze and Deakin Uni, aimed to understand the experiences of autistic women presenting to GPs for mental health referrals and identify barriers to effective engagement with GPs.

Autism is a neurodevelopmental condition that often presents early signs in childhood. However, with more awareness today in the community and amongst clinicians, adults are increasingly being diagnosed with autism.

More recently, there is better understanding of how autism presents in women and girls. For some, the common signs and symptoms are subtle and may be misread, such as a young girl being viewed as shy. Some women and girls tend to mask or camouflage by learning how to mimic in social situations. This is called 'passing'.

Autistic women often experience complex mental health issues, with as many as 60 per cent reporting at least one comorbid psychiatric diagnosis. Mood disorders including depression and anxiety are most common and are thought to heighten core features of autism such as challenges with social and communication skills.

The presence of comorbid mental health issues is associated with lower ratings of quality of life, greater demands for specialist intervention, and present greater interference with everyday life for autistic adults than neurotypical (non-autistic) adults. Mental health issues thereby worsen outcomes for autistic women, while complicating the clinical picture overall.

While the need for specialist mental health services among autistic women is notably high, there remains a lack of understanding of how specialist services are being accessed, and the barriers that currently exist. Amaze, together with Deakin University, aimed to understand the experiences of autistic women presenting to general practitioners for mental health referrals and identify barriers to effective engagement with GPs.

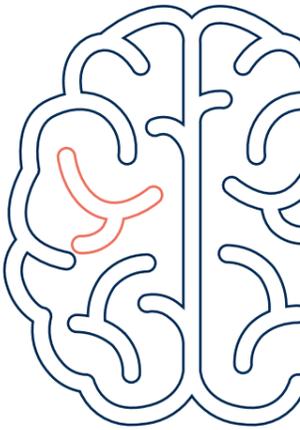
The study surveyed 236 Australian women aged between 18 and 71 years old (110 autistic women and 126 non-autistic women). Participants were asked to complete the Depression, Anxiety, Stress Scale (DASS-21), Eating Disorder Examination Questionnaire (EDE-QS) and Personal Wellbeing Index (PWI), as well as processing time and communication barriers. The results showed: 33 per cent of autistic women were in the high-risk category for an eating disorder, 78 per cent of autistic women scored above the 'normal' range for depression symptoms, 77 per cent of autistic women scored above the 'normal' range for anxiety symptoms and 76 per cent of autistic women scored above the 'normal' range for stress symptoms.

Language and communication barriers also provided additional challenges when completing mental health questionnaires, with one participant reporting,

"Downhearted? My heart is always in the same spot, I don't understand."

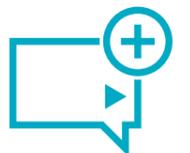
A small group-facilitated discussion with autistic women indicated while there were many barriers to visiting a GP, the women had developed a range of strategies over the years. Having a supportive GP who could communicate clearly and directly, using executive functioning support strategies, like writing important symptoms down before the consultation and having a trusted support person to provide support before, during and after the appointments were some of the strategies that helped reduce barriers.

To help address the issues from the research and discussion findings, Amaze developed a new resource – *Going to the GP About My Mental Health – A Guide for Autistic Women* to support autistic women access mental health support through their GP. The guide provides information, including templates and scripts to support successful planning and communication during their GP visit. There are also practical tools to assist autistic women after the appointment.



PULSE

- ▶ *Going to the GP About My Mental Health - A Guide for Autistic Women* is free and can be downloaded from the Amaze website.
- ▶ The guide can be downloaded in full, or there is also the option to download the sections relevant to each individual.
- ▶ This guide is one of the many ways Amaze aims to ensure that autistic women's health needs are identified and supported so that it creates equal opportunities for meaningful participation and contribution to society.



Click for the Amaze website



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VACCINE EQUITY

WHO CALLS THE SHOTS?

As we settle into 2021, there are few things on the minds of medicos other than the ongoing COVID-19 pandemic.

REPORT DR MARCO GIUSEPPIN
CHAIR, AMA FEDERAL COUNCIL
OF RURAL DOCTORS



THERE IS A MISCONCEPTION BY MANY THAT COVID-19 IS PREDOMINANTLY A DISEASE OF CITIES — DUE TO CONCENTRATED POPULATIONS WHERE TRANSMISSIBILITY IS INCREASED IN CLOSE QUARTERS. NOTHING COULD BE FURTHER FROM THE TRUTH.



GEOGRAPHY:

The scourge of geographic narcissism has devalued rural practice to the point where our rural hospitals and infrastructure are stretched thin.



As we settle into 2021, there are few things on the minds of medicos other than the ongoing COVID-19 pandemic. With each news cycle we are treated to new fears and hopes; vaccines, new outbreaks, and the harrowing situation in countries like the United States and United Kingdom.

There is a misconception by many that COVID-19 is predominantly a disease of cities - due to concentrated populations where transmissibility is increased in close quarters. Nothing could be further from the truth. The impacts of the pandemic on rural Australia have been profound. Members of our community are unable to travel to and from major centres out of fear of bringing the virus home to a community unable to cope.

The scourge of geographic narcissism has devalued rural practice to the point where our rural hospitals and infrastructure (both humans and buildings) are stretched thin. Our communities face the twin challenges of COVID-19 and bushfires in the warmer months. Rural doctors are unable to access locum relief in a timely and effective manner, and the training of our next generation of rural doctors and health professionals has gone through profound change.

The vaccines offer hope. The rollout of the Pfizer/BioNTech vaccine commenced in late February, with the Oxford/AstraZeneca option beginning in March. Another produced by Moderna is likely to follow, subject to receiving approval from the Therapeutic Goods Administration (TGA). This sets the road out of this pandemic - a return to a world where we no longer have to live in fear.

Unfortunately, the delivery plans for these vaccines are ultimately controlled by a small number of senior people (clinical and non-clinical) in our major cities. Already we have heard musings that some states have decided that delivery of the Pfizer and Moderna vaccine candidates to rural areas will be 'too hard' owing to storage and

transport requirements as well as ageing infrastructure in rural areas.

This creates a 'two tier' system where vulnerable populations in major cities will likely have access to a vaccine candidate far earlier than those in rural areas.

COVID-19 is a disease that knows no boundaries and no borders. It affects us all in profound and unique ways, even if we never actually have the misfortune of contracting it. Travel and work restrictions alone have caused significant suffering particularly amongst our rural and remote communities.

Rural families have been displaced from their city relatives. Students and prospective rural workforce are afraid to take the leap into rewarding rural careers for fear of not being allowed back home. Isolation worsens mental health outcomes that have already been magnified by the pandemic. Rural Australia has very significant pockets of vulnerable populations including the elderly, those with chronic conditions, and indigenous populations.

It is not all doom and gloom, however. In the US, resourceful clinicians are working to develop logistics and supply chain infrastructure to allow the delivery of all vaccine candidates to the most remote corners of the country. It is by no means a perfect system. The US has long abandoned primary care and this is reflected by the significant access barriers faced by rural Americans.

If you approach the problem from a less metrocentric attitude, that is, how do we deliver a minus-70-degree vaccine to the most remote community in Australia safely, it makes the rest of the rollout plan - including to cities - incredibly straightforward.

Rural Australia is an equal participant in our society. Rural Australians deserve equitable access to all prospective COVID-19 vaccine candidates. The time is ripe for our State and Federal Governments to listen to this call. They must ensure our vaccine rollout plans are equitable and encompassing of our entire population.



PULSE

- ▶ [Click here to view Victoria's rollout plan which does include regional areas.](#)
- ▶ Governments must ensure our vaccine rollout plans are equitable and encompassing of our entire population.



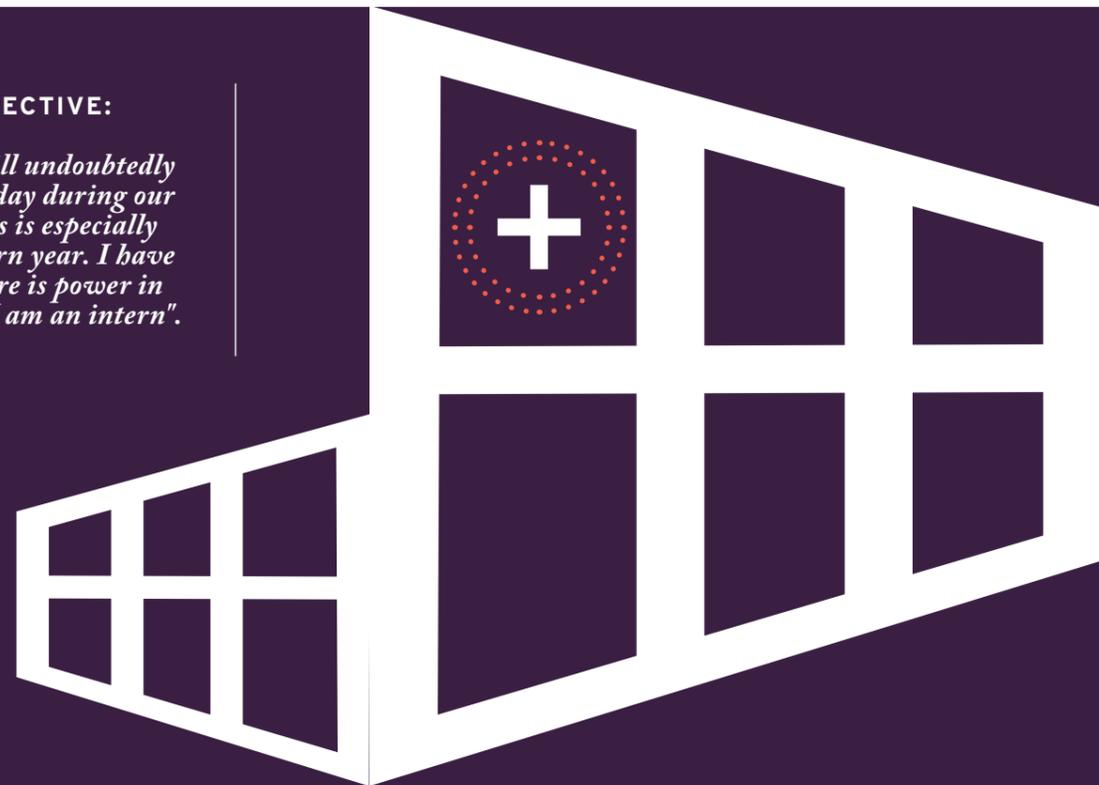
[Click to view Victoria's rollout plan](#)

2020 PERSPECTIVE

INSTRUMENTAL INTERNSHIP

PERSPECTIVE:

While we will undoubtedly learn every day during our careers, this is especially true for intern year. I have realised there is power in the phrase, "I am an intern".



There were many days when I honestly felt terrified of the fact that "I am a doctor".

Last year was not the year I envisioned for my debut as a medical doctor, nor did it allow for the social life I was expecting. Despite this, it is a year I will certainly never forget and have gained so much from. To those who have recently commenced their medical careers, these are a few personal tidbits from my internship year.

There were many days when I honestly felt terrified of the fact that I am a doctor. However, as the Harry Potter films precisely articulated, "Help is always there to those who ask for it". This is one of the most pertinent pieces of information I have taken away from my intern year.

I will always distinctly remember the few days leading up to my first set of nights on general medicine. I was overwhelmed as it dawned on me that I would be covering eight wards and providing care for 120-130 patients, combined with being in a hospital I was barely familiar with and working with only two registrars who would be busy admitting patients and attending to MET calls.

As I started my first night shift and the pages began hitting me like bullets, I quickly realised that when I needed further assistance, advice and guidance, my registrars were absolutely approachable and contactable. I had wrongly anticipated that I would feel completely abandoned. Although I spent the majority of these shifts physically alone, I felt absolutely supported with help only a message or phone call away.

Internship is a year for learning. While we will undoubtedly learn every day during our careers, this is especially true for intern year. I have realised there is power in the phrase, "I am an intern". Identifying myself as an intern to more senior doctors, allowed them to recognise that this might be the first time I was approaching a particular problem as a doctor. It meant that they slowed down to allow me more time to explain my queries and to provide me with educational opportunities.

As previously mentioned, all doctors regardless of seniority learn continuously, and therefore as an intern it's worth always remembering that no-one expects

you to be an expert in any one thing. This is why we have protected teaching time, and this is why we should be encouraged to ask questions.

Even though at times it can be frightening and at other times we may feel the pressure of being excessively busy, say 'yes' to every learning opportunity. ED in particular was an ideal environment for this. When I put my hand up to be involved for the first time in certain procedures and patient care, I was always met with enthusiasm and support. I am grateful to the resident who sought me out one night (doing multiple laps of the ED floor to find me) because I had once told her I wanted to do a nerve block. Not every new experience has been successful or accomplished to perfection, however with each new exposure I gained the confidence to reattempt or develop this skill at other times during the year.

You will make mistakes. I remember one of my university lecturers reinforcing this when I was a final year medical student. I thought I understood and accepted this, however when it actually

happened to me, I was stunned! I made a medication error. For context, this happened during one of my first MET calls and I had briefly left the patient's bedside to source a computer and order imaging. While doing this, I was approached and asked to chart melatonin for a different patient. I charted it, then returned to the MET call. The error I had made was charting the wrong medication unit and when it was brought to my attention, I felt guilty and embarrassed.

I had always considered my approach to work as careful and thorough. Again, this does overlap with my earlier 'learning as an intern' discussion, however the point I want to make here is it's really crucial not to negatively dwell on the mistakes you make. It is important to re-evaluate and reflect on your practice, but don't let this be at the cost of your self-worth. I haven't forgotten this mistake, however I am no longer plagued with those feelings of guilt and embarrassment.

Finally, I consider myself incredibly lucky to have known more than half of my co-interns prior to starting work, some of whom were close friends. It's hard to describe the relationships I have formed with the interns with whom I worked last year. Offering a listening ear to my problems and alleviating my stress with kind words of support and reinforcing that I am doing my best has been invaluable.

There is something utterly therapeutic and comforting in voicing your problems aloud with those who have most likely encountered the same experiences as yourself. It has continuously reinforced that I am not alone. I am sorry – but also not very sorry – for the countless rants that I shared with my co-interns, because by the end of the day it meant I went home feeling a little less frazzled and a little more sane!

PULSE

- ▶ It's really crucial not to negatively dwell on the mistakes you make.

I wish all of our 2021 interns the best of luck.

LEGAL REVIEW OF RESPONSE TO COVID-19

REPORT CINDY TUCKER + ANJALI WOODFORD, PARTNERS AT KENNEDYS

Kennedys' international health team are undertaking a review of the operational and digital response to COVID-19 across the globe. In Australia, the onset of COVID-19 intensified pressure on the healthcare system, and accordingly the Federal and State Governments implemented policies including:

- Lower priority services, such as elective surgery, were put on hold whilst attention was provided to the management and treatment of COVID-19.
- Increasing the supply of a suitably qualified workforce was critical to being able to meet healthcare demands. Practitioners and healthcare staff were redeployed from private settings to the public health system to support COVID-19 efforts. The Australian Health Practitioner Regulation Agency (AHPRA) established a pandemic response sub-register to fast-track the return of retired practitioners to the workforce.
- One of the most significant operational changes to healthcare has been the significant update in telehealth consultations. Telehealth services has continued to grow and expand since its introduction in March 2020, to include general practitioners, specialists, nurse practitioners, midwives, psychologists and other allied health services.

It is premature to predict the impact of COVID-19 on the Australian medical malpractice claims landscape, but we consider there is likely to be an increase in claims regarding delays or misdiagnosis. Historically our industry has seen an increase in claims during periods of economic downturn and all medical defence organisations have reported increased claims numbers in the last 12 months.

With patients opting for telehealth consultations and not presenting for face-to-face consultations, there has been a reduction in routine health screens, including

breast cancer screening, pap smears, and cardiac monitoring. As we have not previously faced the same or similar circumstances presented by the pandemic, the law in Australia will ultimately be evolving.

AREAS OF EMERGING RISK IN 2021

Our anecdotal experience of an increase in regulatory complaints has been supported by AHPRA which has reported that there was a 7.2 per cent increase in the number of notifications made against medical practitioners to AHPRA in the last year (5,745 versus 5,359).

The most common types of notifications were complaints about clinical care which accounted for 54.2 per cent. Medication and communication were the next most common types of complaints. Complaints in relation to the provision of mental health consultations by telehealth (including privacy breach claims) and the lack of available resourcing during the pandemic has featured in notifications. Complaints relating to professional boundary transgressions/breaches by medical practitioners are increasingly being tested in AHPRA before progressing to civil proceedings and are an area of growth in claims.

AHPRA has provided recent guidance on the circumstances that enliven the obligation to notify the Medical Board under s.130 of the National Law. One of these obligations is entering a section 92 agreement (pursuant to the Health Insurance Act 1973 (Cth)) following a review by the Director of Professional Services which includes a disqualification from rendering or initiating specified services under the Medicare Benefits Schedule or the Pharmaceutical Benefit Scheme. It is important that practitioners who are considering a s.92 agreement are reminded of this obligation to avoid the risk of further disciplinary action by breaching the notification deadline (seven days).

Yet more reasons to buy a home or investment property in Victoria... right now!

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SOUNDS LIKE A GOOD IDEA... BUT HOW DO I START?

REPORT DR ANNA CLARK, PHD
LEADERSHIP CONSULTANT AND COACH

Many professionals seek leadership development as their careers progress and they take on senior roles with more complex responsibilities.

Investing in leadership development can increase effectiveness and satisfaction at work – by creating awareness of the potential in leadership roles to develop and nurture both self and others, processes and structures to support the desired way of working and outcomes. Therefore, it is both an investment in oneself – and one's skills and capabilities – and in the other people around you, your teams and organisation as a whole, as the benefits flow to others working with you and the organisational climate more broadly.

There are a plethora of opportunities and methods for embarking on professional and leadership development, from business school courses to micro certificates to coaching and mentoring. So, where and how should you start?

After more than a decade working in leadership development, I believe that while there are many useful

entry points for people wanting to develop their leadership capabilities, the key is to start in a way that immediately embeds your learning and development goals in your current day-to-day work. So, whether you decide to read a leadership book, join a webinar, enrol in a leadership program or one-on-one coaching, what's important is that you can meaningfully translate any learning into your daily work.

For example, if you are keen to improve your skills in giving feedback, can you find or design a suitable conversation with a colleague or staff member where you can practise some new skills, and where you feel safe and supported to ensure that you can learn from your efforts and make sure that both you and the other party benefit? And can you design a way to practise this regularly, so it becomes a sustainable habit? My point is that the 'input' from a book, talk, program or coaching conversation is only part of the work – the rest is translating that experience into learning, and then into reliable and effective regular practise in your workday.

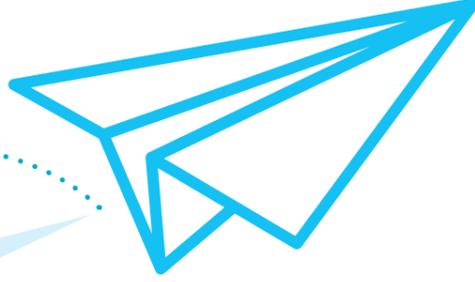
The reason it's so important to ground your learning in your current role and day-to-day work is:

- 1 It ensures that you work on what's relevant to you in your role right now.
- 2 It ensures one can apply and practise new skills and behaviours in the work setting immediately, i.e. one can put learnings into practice straight away.

A specific starting point should be where you are now – who you are, and performing the core responsibilities of your current role. This allows you to plan some development work in a way that is securely anchored both in terms of the person you are (and current skillset) and the work you need to do. Indeed, self-awareness is generally regarded as fundamental in leadership development, because we bring ourselves into the role, and think and act in ways that is the product of our history and experience. It's important to understand how your experience contributes to effective – and perhaps ineffective – leadership behaviours.

ASK:

*How do I lead?
Who am I as a leader?
What am I doing right
now that seems to be
working well?*

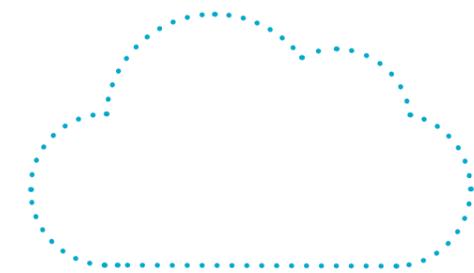


There are a plethora of opportunities and methods for embarking on professional and leadership development, from business school courses to micro certificates to coaching and mentoring.

In developing and strengthening self-awareness ask ourselves (and, in time, ask others for this feedback), "How do I lead? Who am I as a leader? What am I doing right now that seems to be working well? And what isn't working so well?" Pay attention to the information, stay curious and spend some time thinking and reflecting on this data.

This helps to locate a starting point that concentrates on building and expanding the strengths and also developing areas of weakness. For example, "I think I'm quite open and friendly – so this is helpful in building relationships and trust – but I have difficulty in being forceful when I need to be and tend to shy away from confrontation."

In summary, while the leadership area can seem excessively broad and perhaps intangible, developing skills to support a leadership role can be very rewarding. Start small and specific. And build a strong base of self-awareness.



PULSE

- ▶ Developing skills to support a leadership role can be very rewarding.
- ▶ It's important you can meaningfully translate any learning into your daily work.



*Click for
leadership
courses and
resources.*



FINDING + KEEPING THE PERFECT TENANT

THE POST-COVID MARKET

With the COVID-19 related hit to the rental market over the last 12 months, the importance of securing a reliable tenant for investment properties has been brought to the fore. And with the eventual lifting of rental moratoriums and the reopening of international borders, landlords will once again have greater certainty around leases and a larger pool of tenants to choose from.

Having said that, finding and keeping the perfect tenant will always be something that requires a high level of due-diligence, expertise and management.

The perfect tenant pays the rent on time, looks after the property as if they owned it, stays for years and is an early warning system for problems inside or outside the property.

But perfection is hard to achieve. In the leasing space, it is dependent on the attitude and behaviour of the tenant, the investor landlord and the property manager. And some luck.

The mistake of many investors is a singular focus on securing a tenant quickly at a top-notch rent. All too often this becomes the brief for the property manager responsible for the leasing process.

Yes, leasing swiftly and negotiating a high rent are desirable. But these objectives aren't always conducive to enticing the perfect tenant who costs far less over the long-term than the typical occupant due to low turnover, minimal wear and tear and shallow demands on the owner's scarce time.

The investor who accepts this sustainable approach must also find a property manager who understands it as well and is willing and able to apply it in practise. And that's a challenge, because property management is a highly

competitive price-driven industry. There is enormous economic pressure on practitioners to provide a low-cost service.

Nevertheless, there are great property managers out there, who will be absolutely at one with an owner's goal of finding the perfect tenant.

The great property manager's marketing nous harvests an impressive choice of prospective tenants. Thereafter, the great property manager has the knack of keeping on top of their workload, responding to tenant concerns and issues speedily and sensitively, avoiding expensive escalations whilst faithfully adhering to the routine periodic inspection and owner-reporting timetable.

If you're an investor looking for the perfect tenant, aim to pass two tests. The second of these tests is to find the great property manager. Ask friends and associates for recommendations and interview candidates thoroughly about their philosophy, and their leasing and management processes. Always ask for client references and call to check out assertions.

But the first and most important test is to try and act like the perfect landlord. Offer a quality asset, fill it with modern conveniences and contemporary decorations. Apply a fair market rent. Don't deliver nasty surprises: so, raise the rent modestly each year. Don't refuse reasonable tenant requests and respond promptly and constructively to your property manager.

Before you know it, your perfect behaviour fashions you that perfect tenant. It's not just about luck after all.

REPORT **JARROD MCCABE**
DIRECTOR, WAKELIN PROPERTY ADVISORY

FOR MORE INFORMATION:

(03) 9859 9595 WAKELIN.COM.AU

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LAUNCH

NEW MENTOR PROGRAM 1:1

From March 2021 AMA Victoria is launching a new Mentoring Program to cater for a wider range of members at different stages of their careers.

REPORT **KAY DUNKLEY**

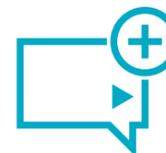


INVITATION TO FUTURE MENTEES

Potential mentees can lodge an expression of interest through the AMA Victoria website on the mentoring webpage. Mentees will undertake an interview before being invited to register if the program is suitable for them. They will then create a profile on our Mentorloop platform and undertake an induction program before being matched with a mentor.

INVITATION TO FUTURE MENTORS

One of the main reasons for the success of the AMA Victoria Mentoring Program is the generosity and excellent calibre of our mentors who are all AMA members with a fellowship in their specialty. Additional mentors are always welcome and are invited to register and create a profile on our Mentorloop platform through a link on the mentoring webpage. An induction process is provided to each new mentor, who will also receive ongoing support in their role.



*Click for Mentor
Program enquiries.*



DR NANCY SAAB

HMO3



i am a mentee

PERSPECTIVE:

"My mentoring relationship has demonstrated the value of having an appropriate support network especially when making significant decisions."



Going into this program, what did you hope to get out of it?

I started the mentoring program whilst on maternity leave as I was struggling to navigate my future career pathway. I had always wanted to do O&G but after having my second child I started second guessing my decision. I began to weigh up my career aspirations and considered lifestyle factors and how this could impact my family.

As I was navigating the AMA Victoria website for guidance with my CV writing, I came across the Mentoring Program and after getting in touch I was linked up with a mentor best suited to my 'profile'. After three months, I feel like I have made significant progress with regards to my career indecision and getting involved in research.



What do you think is the 'secret' to a good mentoring relationship?

I have had several mentoring relationships in the past, however none of them have been as successful as this one for me. The main difference is that I have started this relationship with defined goals. I took some time to think about what I really wanted to gain and also to think about what I had to offer.

Writing down my goals gave my mentor and myself a basic guide for our meetings and made me feel accountable in some ways. The transparency in my progress has allowed a more open relationship in which I feel comfortable asking for guidance when I get stuck. My mentor has mirrored my efforts by being an excellent listener as well as following my progress closely and making suggestions as required.



How has mentoring changed your professional or personal life?

My mentoring relationship has demonstrated the value of having an appropriate support network especially when making significant decisions. Having someone more senior available to listen to you and help you ask the right questions can be what is needed to guide you along the right path or to flag warning signs, if necessary. For myself, I made some major well-informed career decisions which will impact both my professional and personal life.



DR JAGDEESH SINGH DHALIWAL

GP, Medical Director, Medical Advisor



i am a mentor



Going into this program, what did you hope to get out of it?

I joined this program to be of help and service to early-career doctors. In this way, I hoped to also gain new ideas from their perspective.



What do you think is the 'secret' to a good mentoring relationship?

I believe it is important for mentors to:

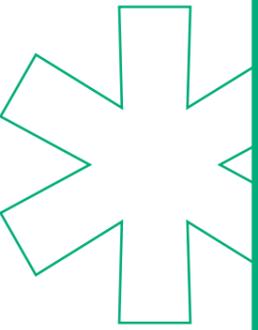
- » Empathise — really try and see the world from the perspective of the mentee.
- » Ask supportive, open-ended questions. This allows you to unpick the issues the mentee is facing and, together, come up with potential options for action.
- » Respect the mentee and remember that what might be a good option for you may not be right for them.

In all of this, I try and remember to keep myself centred on the key goal, which is to provide support while also enjoying the opportunity to contribute to a colleague's career in this way.



How do you think mentoring has helped your mentee?

In the beginning, my mentee wasn't quite sure of her goal. She seemed to have several options. Through our conversations, we've achieved clarity around her medium-term goals and I've encouraged her to network and build up opportunities. She feels that she is now on track. I have found that it's been important to agree to actions at the end of every meeting and then confirm that they've been completed in the next one. If not, we identify the reasons the actions could not be completed.



PULSE

- » The program is ideal for members who are at registrar level and above, including new fellows and doctors re-entering the workforce after a career break.



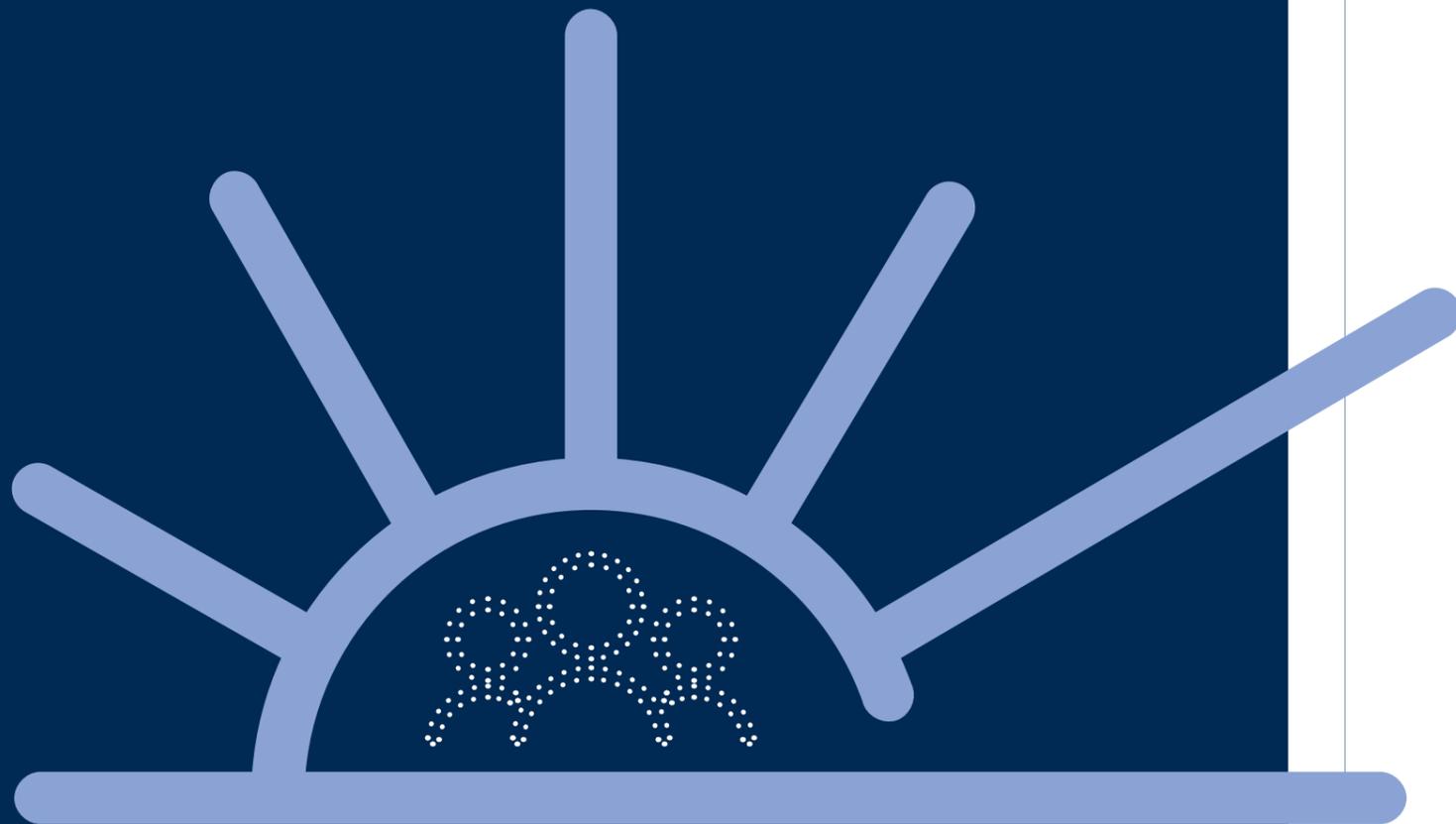
Click for more information

OPPORTUNITIES

ADVANCE CARE PLANNING IN A COVID-19 WORLD

When talking about advance care planning (ACP), sometimes it's hard for patients and families to consider its benefits and relevance.

REPORT DR SONIA FULLERTON
PALLIATIVE MEDICINE CONSULTANT
PETER MACCALLUM CANCER CENTRE



Sometimes it's hard for patients and families to consider the benefits and relevance of advance care planning (ACP) but widespread media attention during COVID-19 has helped the general public to understand the limitations of medical care and the reality that sudden events can happen to anyone. Confronting images are hard to ignore. People can suddenly imagine a scenario where they might be unable to make their own medical decisions or consider medical interventions they would prefer to avoid.

We health professionals know ACP can reduce anxiety, depression and stress. ACP has benefits for the patients, who can avoid unwanted interventions, plus the health system can also benefit in terms of allocation of resources. But given that so many people will be unable to make their own end-of-life decisions, it's troubling that less than 15 per cent of Australians have documented their preferences in an advance care directive (ACD).

ACP AND CANCER

Advance Care Planning Australia (ACPA) recently published a study to better understand the experiences of people with cancer and their support people, in relation to advance care planning. People with cancer often face complex and difficult decisions related to treatment. Up to half of patients with advanced cancer experience delirium on admission to hospital, while 90 per cent will experience delirium in the days before death.

The findings highlight important questions around when the sensitive topics of ACP and end-of-life care should be raised in cancer care. Around 40 per cent of respondents said they wanted to discuss ACP and end-of-life care when their disease was no longer curable, and a third said they'd prefer to raise the matter when they felt the time was right. Only 4 per cent of study participants reported that they didn't want to discuss ACP and end-of-life care at all.

The findings of the study suggest that people with cancer and support people should have the opportunity to engage with ACP at regular intervals throughout their 'cancer journey'. Yet we know that doctors frequently report a lack of time, knowledge and skills in ACP as a key barrier.

THE THREE SENTENCE ACP CONVERSATION STARTER

When I did ACP training over a decade ago, it was a two-day extravaganza accompanied by a huge binder folder bursting with papers and forms. It seemed complex and intimidating. In real life though, I have found a simpler approach to be easier for both me and my patients and their families that starts with three sentences:

"If you were to become so unwell that you could not talk to the doctors about what treatments you wanted, and didn't want..."

"Who would talk for you? And would they know what to say?"

I might then be able to identify straight off that they have a medical treatment decision-maker in mind, or have already appointed one.

I can also send the patient home with a copy of an advance care directive to consider and bring back next time, or refer them to the website which has forms and information for each state. I also refer patients to the free ACPA advisory service (see contact details to the right).

With luck, at the next appointment we can document the medical treatment decision-maker and the patient and family might have discussed preferences or even started the advance care directive. Documenting conversations and communicating with other health providers is really important. If we physically sign forms, I make sure to print off five copies and hand four to the patient to distribute.

I find this approach to be relatively quick and stress-free. Don't underestimate the importance of printing copies and communicating with the patient's other care providers, such as GPs and community palliative care.

Happy advance care planning!



PULSE

- ▶ Doctors frequently report a lack of time, knowledge and skills in ACP.
- ▶ Find resources, forms and online learning at advancecareplanning.org.au. For free advice call 1300 208 582, Mon-Fri, 9am-5pm.



National Advance Care Planning Week is 22-26 March 2021.

AGEING + ORAL HEALTH

REPORT DR SAMANTHA LEW + DR JAMES FERNANDO
ORAL HEALTH COMMITTEE, AUSTRALIAN DENTAL ASSOCIATION VICTORIAN BRANCH

Two of the most common diseases in elderly Australians are tooth decay and gum disease. Recent data shows a quarter of Australians aged 75 years and over have untreated tooth decay, and 70 per cent have moderate to severe gum disease.

The factors contributing to the increased oral disease in older patients are generally complex. They include impacts compounded over time, such as a lack of fluoride exposure and access to dental care, changes in diet, the death of a spouse, changes in saliva flow and quality, and a decrease in self-care due to cognitive or mobility changes. As general practitioners commonly have strong relationships with older patients, they can play an important role identifying the early signs of oral disease and referring for appropriate care.

STRONG LINKS BETWEEN GENERAL AND ORAL HEALTH

There is growing evidence of the association between systemic health and oral health, highlighting the significance of a multidisciplinary approach to

geriatric healthcare. Periodontal (gum) disease, also called periodontitis, has a significant impact on general health. The oral inflammation of periodontal disease directly exacerbates systemic inflammatory responses, contributing to an increased risk in the development of cardiovascular disease, cerebrovascular disease, Alzheimer's disease, cancer, and diabetes mellitus.

Diabetes mellitus and periodontal disease have a bidirectional relationship. Untreated periodontal disease worsens glycaemic control and increases the risk of diabetes complications, while chronic hyperglycaemia increases the severity of periodontitis and results in an impaired response to its treatment. Making elderly patients at risk aware of the association between systemic and periodontal disease and referral for management with appropriate health practitioners can improve health outcomes.

INFECTIONS

Infections, including pneumonia, are the leading cause of hospitalisation in Australia for

people living in residential aged care. Poor oral health and hygiene is associated with large plaques of micro-organisms building up in the mouth, and inhalation of these organisms is theorised to contribute to aspirational pneumonia, and in some cases, pneumonia-related deaths. More recently, it has been suggested that poor oral hygiene and periodontal disease may lead to an increased severity of COVID-19 infection. The seriousness of these infections and their link to oral health emphasises the significance of preventive oral care in high risk settings such as aged care and in the general elderly population.

IMPACT OF SALIVA DEFICIENCY

Saliva deficiency (hyposalivation) and the feeling of oral dryness (xerostomia) are both more common in the elderly than any other age group and correlated with depression or poor quality of life. Saliva deficiency is also known to increase the risk of tooth decay, oral infections, speech/eating difficulties, denture problems and sleep impairment. Identifying and

INSIGHT:

As GPs commonly have strong relationships with older patients, they can play an important role identifying the early signs of oral disease and referring for appropriate care.

Approximately one quarter of Australians aged 75 years or older only visit the dentist once every two or more years, generally for treatment of a problem rather than preventive treatment. Nearly half of Australians aged 85 years and older have not seen a dental professional in the past two years.

communicating the cause of oral dryness to patients is important in establishing strategies to mitigate the effects and to improve quality of life for the elderly.

Systemic autoimmune diseases such as Sjogren's syndrome and/or medications (especially polypharmacy) are a frequent cause of hyposalivation in older adults. Mitigation strategies may include review and adjustment of medications by the general practitioner or referral to a dental practitioner for regular preventive care and management of symptoms.

ORAL HEALTHCARE ACCESS

Access to oral healthcare is associated with an improvement in quality of life. However, many older Australians experience irregular dental care. Approximately one quarter of Australians aged 75 years or older only visit the dentist once every two or more years, generally for treatment of a problem rather than preventive treatment. Nearly half of Australians aged 85 years and older have not seen a dental professional in the past two years. As we increase in age, dental restorations (fillings/crowns) and the periodontium are more

prone to deterioration and require regular maintenance with a dental practitioner as well as excellent home care. Elderly individuals with dementia or impaired dexterity can find oral hygiene challenging, and professional dental care can be irregular if access is dependent on others. Oral hygiene routines must be tailored to the individual taking into consideration physical or cognitive impairments, and this usually necessitates the guidance of a dental practitioner.

Poor oral health may present to a general practitioner not only as a physical symptom or sign, but instead as a change in behaviour or routine, reported by an older patient, carer or family member. As highly trusted individuals involved in caring for older Australians, doctors have an opportunity to screen for oral disease risk factors, as well as detect signs of deteriorating quality of life resulting from oral disease impacts. Encouraging elderly individuals to seek dental care and maintenance where possible is essential to support their oral and general health. Click here to access consumer information on ageing and oral health to pass on to your patients.

PULSE

- ▶ A quarter of Australians aged 75 years and over have untreated tooth decay.
- ▶ It has been suggested that poor oral hygiene and periodontal disease may lead to an increased severity of COVID-19 infection.



[Click for more information](#)



MEDICINE FROM A DIFFERENT PERSPECTIVE

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



A/PROF HEATHER G MACK

Clinical Associate Professor of Ophthalmology, University of Melbourne

Firstly, can you give us a brief overview of your medical career?

I am a Victorian ophthalmologist. I consult a broad range of patients, but practise mainly in the field of retinal diseases, with a special interest in inherited retinal diseases. I am a Clinical Associate Professor of Ophthalmology at the University of Melbourne. I was chair of the Royal Australian and New Zealand College of Ophthalmologists' Continuing Professional Development committee 2004–2011, and President of the college 2018–2020. Since then, I have been able to develop skills in clinical trials and have been developing my research relating to genetic testing and patient understanding of gene therapy for inherited retinal diseases.

How long have you been an impairment assessor, and why did you get involved?

I did my core training in 2008, visual stream training in 2010, and have attended updates periodically since then. Initially I wanted to understand impairment assessment methodology, prompted by patients who often want me to

quantitate their vision loss. As it turns out, I do not use the methodology for this purpose!

How would you define the role and responsibilities of an impairment assessor?

The role of an impairment assessor is to accurately use standard tools and quantitate, as best as possible, impairment suffered by a client. In Victoria, the legislated tool is the American Medical Association Guides to the Evaluation of Permanent Impairment 4th edition. Other jurisdictions use other tools and/or later editions of the Guides. My expertise is in visual system assessment; when individuals have suffered injury to multiple systems, a collaborative approach is used to assess the whole person impairment. Use of impairment methodology is a foundational skill used in different ways in medico-legal practice. Impairment assessors consult in multiple settings including Medical Panels Victoria, for the Wrongs Act in Victoria, Transport Accident Commission, insurers and legal firms.

The responsibilities of the impairment assessor are to use the standard tools correctly, and afford clients natural justice. It is not the setting to treat patients, act as patient advocate or be biased in any way, and requires a different mindset to clinical care.

Why should a clinician become an impairment assessor and when do you think is the right stage in a doctor's career to begin this work?

Clinicians become impairment assessors for multiple reasons. For some it allows participation in the medico-legal/compensation system and ensuring clients are managed in a timely way according to the principles of natural justice.

For others it allows practice diversification due to the different population of clients, and different mindset that is needed in working with this group.

Mid-career is the best time to commence this work. Impairment examiners need to have broad clinical experience to work with referred clients. Examiners need to be abreast of latest developments and standard of care, so this is not an activity to be taken up only after retiring from routine clinical practice.

In your experience, what are the most rewarding and challenging aspects of being an impairment assessor?

The most rewarding aspects are the diversity that it brings to my clinical practice. The field is very challenging in that it takes some years to gain the expertise necessary for best-practice assessments. Taking a course and learning the methodology is only the first step. Being an impairment assessor requires continually refining the skills over time.

How important has the practise of impairment assessment been in your professional career?

It's been important because of the diverse range of clients who attend for assessment. I have had the opportunity to see a much wider range of pathology than seen in routine clinical practice, and I value the broadening of my expertise that this brings.



IMPAIRMENT ASSESSMENT TRAINING



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

- ▶ Information on modules covering Victorian legislation
- ▶ Information on modules covering NSW legislation

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

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

AMA Victoria members will receive a special discount for courses only in Victoria. Please enquire at: training@amavic.com.au



Click for courses throughout 2021

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Discount for
AMA Victoria
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All Projects

- ▶ Is your medical practice still stuck paying high electricity bills?
- ▶ Have your electricity costs continued to increase over time?
- ▶ Would you like to permanently reduce your power bills?

As a medical practice, the majority of your operational hours likely coincide with the sunshine hours. Solar power presents both a simple and cost effective way of permanently reducing your operational electricity costs by efficiently generating the power you need to run your practice.

Practice Manager from Casey Medical Centre, Jenny Berkhout said, 'We quickly saw the results our 45KW system was achieving for us at our Cranbourne clinic, so it was an easy decision to work with Energis again to install the 50KW system at our Clyde clinic.'

The results really do speak for themselves, we have successfully reduced our combined electricity cost across both clinics by more than 50%, whilst improving our practice's environmental sustainability at the same time'.

Energis supports healthcare businesses to achieve and harness the very real economic and environmental benefits that solar power & smart energy management have to offer.

Through a careful and comprehensive assessment of your practice's power costs and usage, we can identify, recommend and implement a tailored energy solution to meet the individual needs of your practice.

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Sheridyn Lynch
0412 708 344 (or)
Andrew Blackburn
0424 818 884

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▽ PARTNER CONTENT

PRACTICAL TIPS TO BUILD YOUR BUSINESS IN 2021

REPORT ROGER MENDELSON, CEO PRUSHKA FAST DEBT RECOVERY

Few will be sad to wave goodbye to 2020. Now is the time to look ahead. Such disruption has changed the way successful businesses think and operate and there is real consensus that we won't simply go back to the old ways.

My experience comes from building a business which has reinvented itself several times over a 45-year history and from being at the coal face of seeing business failure at close range.

Medical practise is a business and as such, is subject to the same economic and technological trends as all businesses. Be open to change and equate change with improvement.

INVOLVE KEY STAFF

There is no rule book for the review process. It is basically exploration. Your staff, collectively, probably know more about your practice than you do.

Listen to them, encourage them to think about the issues and to have their say. The more views contributing, the better.

The best way to do this is at round table discussions. I suggest a series of them, each to be no more than one hour.

Invite your accountant to join some.

WHAT TO LOOK FOR

I suggest two main focus areas:

- » How to cut costs by at least 15 per cent over 12 months. This will involve seeking out efficiencies, by greater use of technology, reducing wage costs, by better rostering and perhaps examining ways to reduce rent.
- » How to lift revenue. Your working life is limited to a finite number of professional hours. How can the practice lift the daily revenue? Should you concentrate on particular services?

AIM FOR BEST PRACTICE

No doubt you strive for best practice medical services. One area which our business observes on a daily basis often needs improving - few practices operate best practice credit and billing functions. Improving them is not difficult and it involves minimal expense. It just requires the will to seek some advice and to follow it.

And if it is relatively easy to adopt best practice in this area, how many other practice functions can also be improved at minimal cost?

During the pre-COVID era, most practices held enough financial slack to allow for inefficiencies.

In the current COVID world, with uncertainty potentially hanging over the economy and normal way of life for years, there will be no room for complacency.

Medical practices don't usually fail, in the insolvency sense. But sometimes they underperform in failing to provide the business owners with maximum potential return.

Everyone who runs their own medical service should strive for the satisfaction that comes from captaining a business which is operated on best practice principles.

The writer is CEO of Prushka Fast Debt Recovery Pty Ltd and is principal of Mendelsons National Debt Collection Lawyers Pty Ltd. Prushka acts for in excess of 58,000 small to medium size businesses and practices across Australia and operates on the basis of NO RECOVERY - NO CHARGE. The writer is also the author of The Ten Mistakes Businesses Make and How to Avoid Them and Business Survival, both published by New Holland Publishers. Prushka is a partner of AMA Victoria and offers AMA members an ongoing discount of 10 per cent on its products and services. It has been assisting medical practices with debt collection for 45 years.

PRUSHKA
FAST DEBT RECOVERY
NO RECOVERY - NO CHARGE

FED FACTS

Here's a summary of just a few of the advocacy areas being worked on at AMA Federal.



AMA + DoH:

The AMA was involved in a number of meetings with the DoH to inform the vaccination rollout.

COVID-19 VACCINATION ROLLOUT

In the first weeks of 2021, the AMA attended numerous meetings with the Federal Department of Health (DoH), the Australian Technical Advisory Group on Immunisation (ATAGI), the Therapeutic Goods Administration (TGA), the Science and Industry Technical Advisory Group (SITAG) and other relevant bodies to ascertain as much information as possible about the vaccination campaign and communicate this to members.

The AMA was involved in a number of meetings with the DoH and the Royal Australian College of General Practitioners RACGP to inform the vaccination rollout, the development of an EOI document and the remuneration package for participating GPs and general practices.

In relation to proposed MBS items for COVID-19 vaccinations, AMA advocacy secured the inclusion of after-hours items, a double bulk billing incentive for the first dose, a \$10 PIP for completion of the second dose, and the ability to co-claim attendances where required.

The AMA also attends weekly GP peak body meetings with the DoH and has provided extensive feedback on the EOI document and subsequent information for practices.

GENERAL PRACTICE TRAINING

The 2020 update of the AMA Vision Statement for General Practice Training was released last December. The updated statement lists the essential elements that must be in place to preserve the integrity, accessibility, and quality of general practice training along the domains of governance and training, professional development and learning, funding, and trainee welfare. It also outlines the need for a sustainable employment model that makes general practice training an attractive and viable option for doctors.

The AMA provided feedback to the General Practice Training Advisory Committee (GPTAC) on the discussion paper about the reform of GP training employment arrangements. In the submission, the AMA highlighted the single employer model for GPiTs as being able to deliver GPiTs equitable remuneration and employment conditions compared to hospital-based trainees while meeting the needs of supervising practices.

The AMA Federal Council of Doctors in Training (AMACDT) met with the RACGP President, CEO and Education General Manager last December. The purpose of the meeting was to follow-up on issues stemming from last year's AKT/KFP examination failure, particularly issues affecting trainees such as communication, support for independent pathway/PEP candidates, special considerations, and progression through training toward fellowship. The AMACDT proposed to the RACGP a number of recommendations based on member feedback and they appeared receptive and ready to implement changes.

WEAK POINTS IN SUPPLY CHAINS MUST BE TARGETED

The COVID crisis has shown up weak points in Australian supply chains for medicines and the need for local manufacturing capability, AMA Federal Vice President Dr Chris Moy said during a wide-ranging panel discussion on *Radio National's Life Matters* program.

Dr Moy said Australia had managed reasonably well throughout the pandemic, but it is clear that better intelligence is needed on the monitoring side to get ahead of potential shortages.

"You don't need to go out panicking and hoarding medicines, but sometimes it's hard for a GP to find an alternative medicine," Dr Moy said.

"Sometimes what happens is we have to work with the pharmacist to ring overseas and find an import at a high cost, or sometimes we have to compound the medicine, which is outside the PBS and the patient has to pay."

"I'm aware that a business case is being considered for funding by government for development of manufacturing in Australia by the CSIRO. Medicine is such a critical thing and as a country, being totally reliant in the sea, just bobbling along, has been exposed by COVID."

GOVERNMENT COMMITS TO COMPENSATION FOR BANDAGES

Federal Health Minister, Greg Hunt, has this week committed the Government to working with general practices on support for wound care, after years of advocacy from the AMA on reimbursing GPs for wound care consumables.

The MBS Review Taskforce has recommended allowing GPs to bulk bill patients for a consultation but charge them an additional fee for bandages and other dressings, some of which can cost up to \$50.

Minister Hunt ruled out extra charges for patients, but acknowledged that GPs should not have to wear the price of wound care. "We will be working with general practices and doctors on alternative sources of government support for them, not patient contributions," he told journalists.

Dr Moy said that some dressings can cost more than the entire Medicare rebate for a bulk-billed consultation, leaving patients out of pocket at the pharmacy or forcing GPs to fund an arrangement which is not viable.

The AMA is calling for the ability to recoup the cost of dressings without losing the ability to bulk bill patients.

RURAL DOCTORS

The AMA met with the Rural Doctors Association of Australia (RDAA) on 19 January to discuss their proposals for rural workforce reform.

The first AMA Federal Council of Rural Doctors meeting of 2021 was held on 22 February. Key issues discussed included: RDAA's rural workforce plan; rural obstetrics; rural COVID-19 vaccinations and proposals to quarantine returning Australians rurally; and GP rights in rural hospitals.

The AMA met with staff from the Australian Remote Medical Academy to discuss their proposed model of end-to-end rural and remote medical training twice in January.

A coalition of regional training hubs continues to meet to discuss specialist training in rural and remote areas, using the AMA's Rural Specialist Training Pathways position statement as a guide.

SURVEY SHOWS DITS STILL FACING EXCESSIVE HOURS, BULLYING

Doctors-in-training are continuing to be affected by excessive hours, unpaid overtime, and bullying and harassment in the workplace, the second national Medical Training Survey (MTS) has found.

While most of the 22,000 trainees who took part in the survey rated their training experience highly, one in five reported experiencing bullying, harassment or discrimination, and almost one in two reported an excessive workload.

The survey found that only half of all respondents reported being paid for unrostered overtime all or most of the time.

Only two out of five prevocational and unaccredited trainees reported having a training or professional development plan, and this cohort was more likely than other trainees to report having to compete with other doctors to access teaching and development opportunities (53 per cent).

"Turning a blind eye to practices that allow doctors to work excessive hours of unpaid, unrostered overtime is not only inefficient and unproductive, but puts patient care and doctor wellbeing at risk," Chair of the AMACDT, Dr Hash Abdeen, said.

The results of the Medical Training Survey are consistent with the Hospital Health Checks run each year in states and territories around the country.

The survey is available on the Medical Training Survey website.

Where unpaid carers can find support



Being an unpaid carer can be a 24/7 job.

It is our job to be here for our patients, but unlike many of us, unpaid carers may not get the chance to 'clock off'.

One of the responsibilities of being a carer can often be accompanying a person with care needs to healthcare and medical appointments.

Carers may meet with and seek the advice of clinicians, doctors, allied health professionals and other healthcare professionals as part of their caring role.

The good news is that the Australian Government is providing unpaid carers with support and services to help them in their caring role.

Encourage unpaid carers to find out what support is available to them through Carer Gateway.

Visit the website: carergateway.gov.au or call 1800 422 737, Mon - Fri, 8am - 5pm.

NEW HEALTHCARE WORKER WELLBEING CENTRE

Available to all healthcare workers irrespective of their role and inclusive of all fields of healthcare.

A new virtual support centre for Victorian healthcare workers has been launched to ensure those who dedicate their time to caring for other have access to dedicated physical and mental health support when they need it, no matter where they live.

The Healthcare Worker Wellbeing Centre will provide a central resource for staff, directing them to existing tailored support programs, but will expand in the coming months – taking on feedback from healthcare workers on the care they need.

Through Safer Care Victoria, it is intended healthcare workers will shape the future of the centre and the support it provides – responding to the areas of greatest need for workers in hospitals, primary health, aged care and community health services.

The centre will share tools, resources and training to help organisational leaders and managers better support their staff, and look at ways to create system-wide changes to ensure worker wellbeing is a priority across the entire Victorian health system.

One of the first resources to be made accessible to healthcare workers is the TREAT app. Therapeutic Relaxation and Enhanced Awareness Training or 'TREAT'® is a self-care and support program.

How we feel has a ripple effect on those we work with and those we care for. This is known as emotional contagion. Healthcare worker wellbeing plays a very important role in patient safety and satisfaction.

The Victorian Healthcare Worker Wellbeing Centre is available to all healthcare workers irrespective of their role and inclusive of all fields of healthcare.



MORE THAN MED



DID YOU KNOW?:

Gordi was nominated for the Best Adult Contemporary Album ARIA award in 2020 for 'Our Two Skins'.



If you happened to catch the national anthem before the singles finals at this year's Australian Open tennis, fans of up and coming Australian music would have enjoyed listening to Triple J favourite Gordi at the microphone. But apart from being a talented musician, Gordi was chosen for the honour because in her other career she is known as Dr Sophie Payten, a doctor-in-training who completed her intern year in New South Wales in 2019.

Dr Payten had originally planned to step away from medicine in 2020, with dates booked to tour her music overseas. But a global pandemic put an end to those plans and she felt duty bound to put her hand up and come to Melbourne to fill in for furloughed staff during the peak of the Victorian second wave.

"Recently I've kind of been the medical equivalent of gap filler," she told her @gordimusic Instagram followers at the time. "Victorian hospitals are having huge numbers of staff being furloughed – meaning because they've had exposure to COVID-19, they have to go and isolate for two weeks. This means huge staff shortages, so I've been filling the gaps where I can."

With music events now returning across Australia in reduced capacity COVID-safe environments, ARIA award-nominated Gordi is back on the road again as a touring musician, sharing stages with the likes of Missy Higgins and Ben Folds.



WHY YOU NEED A WILL



REPORT LORETTA HILL
BBUS, DIPFP, CFP® DIRECTOR
BONGIORNO GROUP

Your career is on track and your life is turning out as you'd hoped. But have you planned for surprises? What if you were involved in an accident or diagnosed with a fatal illness? Have you planned for your family and loved ones?

These are decisions that require professional assistance.

A will is a legal document that lets you decide how to distribute your financial assets if you die. You can choose the beneficiaries who'll receive those assets and appoint an executor to manage your estate after your death. In other words, you choose who, when and how much of your assets each beneficiary will receive.

We've all read newspaper stories about unpleasant legal fights over property after a person's death. To avoid any conflict after your death, it's essential that you avoid dying while intestate.

Intestacy arises when someone dies:

- without a legally valid will, or
- with a legally valid will that does not distribute the entirety of their estate.

To die intestate means that it's the courts that will be distributing your assets according to a formula set out by law. In other words, it isn't you who decides where your property goes and to whom, but a government bureaucrat, somebody you don't even know, who will make those personal decisions.

The tax implications of dying intestate can be serious as well. When a government official is

distributing your assets according to a legislative formula, there's no possibility to instruct the official to distribute your assets in a tax effective manner.

These types of problems can be avoided through a will drafted by a qualified legal professional.

For further information or to book an exclusive AMA Victoria member complimentary meeting, please phone (03) 9863 3111 or email amav@bongiorno.com.au



NEW DEFENDER. NEW TECHNOLOGY. NEW POSSIBILITIES.



Thanks to a suite of cutting-edge technology and off-road option packs, the superior capabilities of the New Defender are designed to move you from the daily commute through to traversing mountain ranges, fording rivers and towing the mightiest of loads.

WADING

Fancy taking a dip? The New Defender allows you to wade up to a depth of 900mm with sensors capable of telling you how low you can go once you hit the water.

TOWING

The New Defender will tow up to 3,500kg and makes reversing a breeze thanks to a handy display screen and Advanced Tow Assist technology.

PIVI PRO INFOTAINMENT SYSTEM

This information and entertainment system offers sophisticated connectivity via the latest Bluetooth and wi-fi technology, all controlled via a large, user-friendly 10" touchscreen.

CONFIGURABLE TERRAIN RESPONSE

Just as you, yourself switch from city driving to off-tarmac driving, so too can the New Defender. With Configurable Terrain Response technology, you can adapt the New Defender to the driving task at hand, at the flick of a switch.

SPECIAL OFFER ON NEW DEFENDER FOR AMA MEMBERS

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

- » 5 years free scheduled servicing*
- » 5-year Factory Approved Warranty*
- » Reduced new vehicle delivery costs**
- » Any applicable retail offer in market at time of delivery.

SPECIAL OFFER
ON NEW DEFENDER
FOR AMA MEMBERS
CLICK HERE



* Offer applies to eligible Corporate Programme customers. Details on service plan terms and conditions can be found here or contacting your local Jaguar Land Rover Retailer.

** Reduced delivery fees of \$1495+GST up to maximum of \$1995+GST model dependent.



ABOVE & BEYOND