CANBERRA
Doctor
Informing the Canberra medical community since 1988

Issue 1, 2021 | Canberra Doctor is proudly brought to you by the AMA (ACT) Limited. Circulation: 1,900 in ACT & region

Dr Antonio Di Dio Signs Off as AMA ACT President

And welcome friends to this edition of the Canberra Doctor.

What has been an extraordinary and unprecedented time in our world of health and our lives in general is becoming the new norm, and debate in Australia, as in much of the world, centres around health policy as an extension of all policy.

Dr Antonio Di Dio, AMA Act President (photo courtesy Canberra Times).

For many of us this has been gratifying, although doctors and health care workers in general carry this burden along with many other clinical and administrative challenges, and I'm proud to say that this has been conducted in the ACT in a manner which reflects incredibly well on our profession.

BAU

One of the new acronyms oft heard in health policy is 'BAU', or business as usual. It is used specifically to talk about what happens in clinical medicine when hospitals fill with people ill with a new pandemic, or people stay home in a lock down away from medical care, or doctors use up hours of their time giving flu or COVID vaccinations, or all of the above.

What happens to the ill? Who sees the clinically unwell, diagnoses the thousands of cases of infarcts and strokes and cancers that appear in Australia every year? Who runs the practices, does the house calls, phones and reassures and operates busy practices? This BAU, I'm delighted to say, appears to be occurring in parallel with immunisation programs in general practices around the country without any evidence I can see of a diminution in quality or outcomes of care.

Yet another reason I am proud to be part of this profession, and especially in the ACT.

AMA ACT

Business as usual for AMA ACT also involves leadership, planning, lobbying and advocacy for our patients. All of this is done through the giving of their time by our AMA ACT Board members and their colleagues. Our Colleagues Steve Robson and Miriam Russo launched the AMA ACT Climate Change special interest group on May 15 and we thank them for their hard work in this venture and I urge you all to have a look at what AMA is doing here and see if you'd like to contribute or access items from the group.

Walter Abhayaratna has been our representative on the Culture Review Oversight Group for a year and his twice weekly meetings with yours truly, in addition to the advocacy work, demonstrate his commitment to ensuring I never sell the AMA cow for a handful of magic beans any time soon.

Andrew Miller has represented us fortnightly on the COVIOD working group as well as balanced the books for our whole organisation. Betty Ge has worked to co-ordinate doctors in training support meetings, and explains to them my feverish late night WhatsApp typos. Many of us have also been involved in our junior doctor burnout prevention seminars on a couple of very successful Wednesday evenings in April – special thanks to guests on those evenings – psychologist, Nesh Nikolic, Dr Rebecca McCormack and Dr Quinton Yang. It should come as no surprise that we learned at least as much from our brilliant young additions to the profession as they learned from us.

Continued page 2...

Dr Antonio Di Dio Signs Off...*continued*

...from page 2

The AMA ACT has been tireless in recent months in advocacy on behalf our junior doctors, hospital doctors particularly in mental health, and general practice. We have seen private specialist practice changes as well as much work through our hardworking secretariat on collective matters as well as on an individual case by case basis. The vast majority of that work is confidential but is deeply rewarding and that kind of support of our members is part of the real privilege of belonging to this group.

Vaccinations

We have continued frequent work with our health minister and our mental health minister, and in particular have used our media work to lobby on behalf of the general practitioners in the ACT who have been so hard working, patient and committed to be part of the biggest vaccination roll out in Australian history.

Inevitable logistical hurdles arise almost every day, and while these are the responsibility of other groups to some extent or other, the GPs in the ACT have been as one with their counterparts in the rest of the country by being the efficient and good natured providers of solutions. Medals to every medical receptionist in the land, I say!

The communication about that vaccine has been up and down from State and Commonwealth governments, and to be fair to them, the data seems to change every few weeks as well – it is unsurprising to me that the information the populace accesses, about who and how to vaccinate , is sought by millions of people from their own trusted GP. To that end, the AMA has in recent weeks lobbied in association with other groups to help create a specific Medicare item number for just that – the explanation of COVOID vaccination issues to individual people.

Federal AMA

There are a huge number of federal issues going on right now even outside the big one of COVID. The Federal AMA, through an extraordinary leadership team of Omar Khorshid, Chris Moy and the amazing secretariat led by CEO Martin Laverty, steer our ship impressively, and I've been privileged in recent years to serve on committees which are busily working on policy as diverse as mental health, GP support and remuneration and MBS item numbers, support for private surgical and psychiatric practices, LGBTQI+ policy, climate change, indigenous health, incarceration, vaping and drugs policy, voluntary assisted dying, and the TGA approvals process in relation to drugs shortages and opiates. All this has been ramped up since the last issue of our magazine.

Thankyou and Farewell

This will be my last column as president of AMA ACT, having completed an extra year in the role due to the bizarre world that was 2020. The list of people to be thanked for the privilege I've had being here is too long but I'd be remiss not to mention our AMA ACT team, led by Peter Somerville and Tony Chase (and our recently retired fearless leader Karen Fraser). Their passion and decency drive the rest of us, and Peter is as skilled and decent a CEO I've ever met.

Dr Antonio Di Dio with Dr Rewena Mahesh at the 2020 Graduation Breakfast.

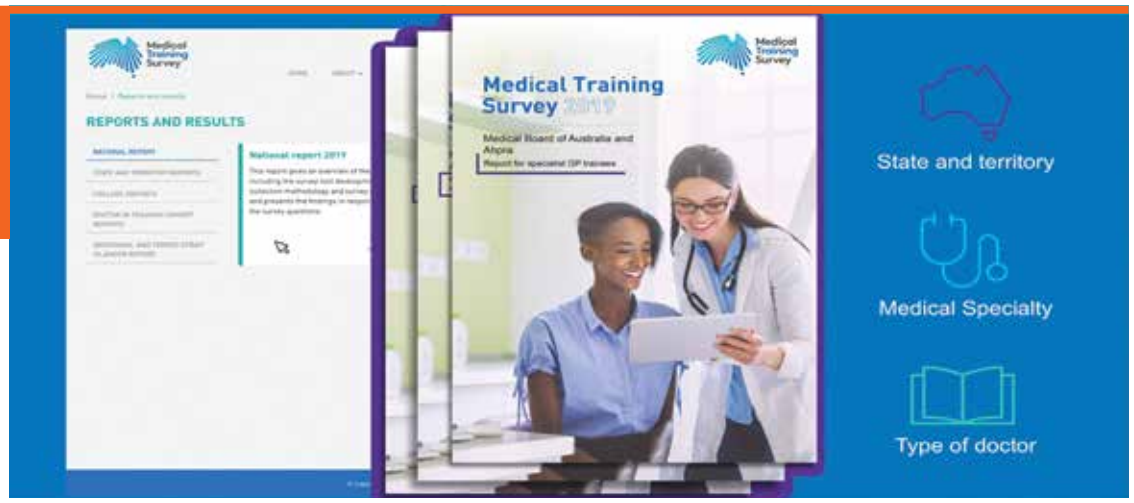
In Walter Abhayratna the group will have a new leader of vision and kindness, who has been extraordinary diligent in his difficult role as President-Elect and lifelong friend. The Board is a wonderful, diverse, smart and passionate group and my special thanks to all of them for their forbearances and enthusiasm. Andrew Miller has kept the organisation's account with diligence and good humour.

Thanks to Rajeev and Damien for being the best. My commitment to this group has come at a cost which is often paid by others, and for the last five years my friends Jenny Ross and Ruchi Jyoti have had to put up with my absences, tiredness, almost a thousand media appearances, sudden disappearances, and the strange way that what I thought a ceremonial position turned into a second full time job. I cannot thank you both enough. It's the quiet achieving, talented, wonderful doctors like you who do all the hard work in our profession, and I am in awe of you both.

To all our Canberra Doctors, whether members of this lovely organisation or not, I offer my thanks for the incredible privilege of representing you and the joy of meeting so many or you, discovering what good hands hold the health and lives of our people. Finally to my wonderful family – Cath of infinite patience and Alex, Matt, Anna and Robbie. The laws of physics may say otherwise, but it is you that make the moon and the stars spin and shine. Best wishes and thanks to you all, Antonio.

Medical Training Survey: ACT Continues to Lag

The second annual Medical Board of Australia Medical Training Survey was released earlier this year and it shows that the ACT continues to underperform on a national level. The survey of junior doctors looks at their experience across a range of measures including workload, training, educational opportunities, and overall satisfaction.



In 2020, some 344 doctors in training in the ACT responded to the survey.

In summary, while the ACT continues to lag most other Australian jurisdictions, there has been an improvement in the ACT results since the MTS was first run in 2019.

On the upside, respondents reported low rates of workplace conflict and low rates of being asked to do work they didn't feel capable of doing. In addition, JMOs reported that they had good access to clinicians.

Despite this, it's difficult to avoid the clear message that, in terms of the MTS, Canberra Health Services, the ACT Health Directorate, Calvary Public Hospital, AMA ACT, ASMOF and the other key stakeholders have much work to do to convince JMOs that real change is happening.

Workplace Environment

Junior doctors consistently rated the ACT lower on measures of workplace environment and culture than the national average.

The most significant result was that 67% of respondents in the ACT believe their workplace supports staff wellbeing compared to a national average of 81%.

Junior doctors rated the amount of work they are expected to do as the factor that most adversely affected their wellbeing. 42% of junior doctors in the ACT rated their workload as heavy and 9% as very heavy.

This correlates with findings from the AMA's 2020 Hospital Health Check Survey that saw 70% of RMOs and 71% of registrars rating 'high' on levels of burnout using the Professional Quality of Life Scale.

The 2020 MTS saw doctors in training working 48.1 hours per week in the ACT, little changed from an average of 48.8 hours per week in 2019. The national average was 45.6 hours per week while 78% of doctors in training in the ACT worked more than 40 hours a week compared to the national response of 66%.

Consequently, only 54% of the ACT's junior doctors felt they had a good work/life balance compared to 64% of junior doctors nationally. While in and of themselves, these figures are not encouraging, the result improved from 45% for the ACT in 2019.

21% of respondents from ACT felt their workplace did not support them to achieve a good work/life balance compared to just 12% of respondents nationally.

Bullying and Harassment

Bullying, harassment, and discrimination continue to be a significant problem in ACT workplaces with almost one-third of junior doctors reporting having experienced it and 40% witnessing it. This is compared to one-fifth experiencing bullying, harassment, and discrimination nationally and 30% witnessing it.

Respondents reported that more than half of the time, the person responsible was a senior medical staff member. Concerningly, only 28% of respondents made reports of being bullied, harassed, or discriminated to administration, a decrease from 2019. This is despite, 76% of respondents indicating they know how to raise concerns and issues about bullying, harassment, and discrimination in the workplace.

Unpaid Overtime

Unpaid overtime was rated the second-most significant factor adversely affecting training doctors' wellbeing. Only 43% of respondents said they were paid for unrostered overtime in ACT compared to 50% nationally. 36% of ACT junior doctors said they were sometimes paid for overtime while 21% said they were never paid for unrostered overtime.

Again, this is in line with findings from the AMA's 2020 Hospital Health Check Survey, which found only 40% of doctors in training claimed unrostered overtime.

Lastly, in terms of support services, the MTS found 74% of ACT junior doctors felt they could access support from their workplace if they experienced a traumatic event. While this is still below the national average of 80%, it has increased from 67% in 2019.

With only one third of doctors in training willing to recommend the ACT as a place to train, it's no secret that everyone involved needs to pitch in, work together, prioritise the welfare of junior doctors and make change a reality.

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 (ACT) members with up to $2,000* cashback on top of the cashback from the bank or lender (if eligible) on home loans successfully settled between 4 November 2020 and 31 December 2021.

If you are not currently an AMA member but decide to join, you will receive the AMA cashback offer plus access to the AMA (ACT)'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
Australian Finance Group Ltd ABN 11 066 385 822 Australian Credit Licence 389087 ("AFG Ltd" or "Licensee")

*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:
   - Net loan value up to $750,000 receive $500 cashback
   - Net loan value $750,001 – $1,500.00 receive $1,000 cashback
   - Net loan value above $1,500,000 receive $2,000 cashback
5. 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.
6. The eligible cashback is calculated on total consolidated loan value per loan settled.
7. 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.
8. Refer to the bank/lender cashback terms /7 conditions.

COVID Brings Pathology to the Forefront

BY DR PAUL WHITING, MEDICAL DIRECTOR, CAPITAL PATHOLOGY

While ushering in a new year and a new CEO – Dr Jason Gluch – for Capital Pathology (see story on page 14), a focus in 2021 will be driving the community health messaging that contributes to delivering good health outcomes. One message that has emerged is the importance of Pathology for all Australians. This has been demonstrated with the COVID response.

Pathology underpins every facet of medicine, and has been vital to the COVID effort. Around Australia, public and private pathology has combined to achieve world class testing capability, both in terms of numbers of tests, and in the quality and timeliness of results. Capital Pathology has provided significant resources in COVID testing and collection, not just for the ACT but for communities in regional NSW.

It's a testament to the persisting high quality of pathology, but so far Capital Pathology's COVID contribution tallies stand at:

- 25673 COVID PCR tests performed
- 40 positive results reported and actioned

Working Together

In addition, Capital Pathology's extended COVID services have included community collections via our collection rooms and collections from doctor's surgeries plus the respiratory clinics, mobile collections for home visits, aged care and nursing home facilities, quarantine visits and collections at the request of and to support ACT Health. We have assisted at the Kambah Drive through testing clinic on behalf of and to support ACT Health, provided collection and testing at the NSW Health Bermagui Pop up clinic, implemented and SMS direct messaging of results to patients.

We've also assisted COVID surge capacity preparation to help enable ACT Health to respond to workload surge, implemented our on-site COVID PCR molecular testing in the Deakin Laboratory, evaluated and implemented COVID serology antibody testing on site in the Deakin laboratory. If required, in the event of a COVID outbreak or surge, Capital Pathology has on-site PCR testing to perform 3200 tests per day, 7 days a week, without impacting our same-day turnaround times. This is very reassuring and offers solid support for a public health response should COVID emerge anywhere in the region.

Preparedness to ramp up testing and maintain rapid turnaround times is essential, we have the logistics in place, and we are ready with staffing flexibility should the need arise.

Capital Pathology is proud to be part of the local medical community and is honoured to be providing such valuable support. All of us in the Capital Pathology management team would like to acknowledge the work done by our wonderful staff, numbering some 350, who have gone above and beyond with COVID while continuing to carry the load of all the daily medical and surgical work.

Testing and Screening

Health messaging in 2021 also needs to consider the general health impacts felt by the local community, stemming from decreased visits to doctors due to COVID. Due to declining medical attendances, there is a risk of poor health outcomes for many common conditions including cardiovascular disease, diabetes, cancer diagnoses and respiratory disease. Pathology testing decreased significantly for a period, and the message we have been communicating to patients is to please, see your doctor, get your check-ups, get your tests done and look after your health. Public health screening programs have also been affected. Significantly lower numbers of patients presented in 2020 for sexually transmissible infection screening, reflecting the impacts of COVID on the population and reduced presentations to primary care health facilities.

In line with lower doctor visits overall, there have been lower rates of screening in the National Cervical Cancer Screening program and the testing for high-risk HPV. It is hoped that 2021 will see a correction of these concerning trends.

Thank You

Dr Gluch and I, and the team at Capital Pathology look forward to working with the medical community in 2021. In particular the pathologists are always available for personal phone consultation on any clinical questions, including enquiries about testing choices, protocols and for advice on reports and result interpretation.

We also offer tours of Capital Pathology's state of the art, modern, purpose built laboratory in Deakin. Laboratory tours can be arranged by contacting Client Services on 02 6285 9805.

"My AMA...

A series where we ask AMA members about *'their AMA'*

BY DR KERRIE AUST

I was considering what to write in this piece as I drove home from work recently. On the radio Dr Antonio Di Dio was discussing the vaccine rollout in General Practice. The experiences he spoke of reflected what I was seeing: confused patients calling to try and discuss their risk of blood clots, people cancelling their vaccines out of fear, and our amazing reception staff trying to field the calls. He calmly explained the decision-making processes around vaccine risk in simple language that was easy for people to understand. He was saying the things that I wanted to be able to say to our community.

I am a member of the AMA for a range of reasons, for personal and professional advocacy, the opportunity to network with colleagues, to argue for the changes to health policy that I believe in. We are all in a position to shout opinions into the void that is the internet, but we also need a trusted voice to place evidence-based policy solutions on the table for decision makers. I want people making the decisions about health policy in Australia to be guided by people who work as doctors and understand the practical implications of policy change.

First Involvement

I became involved with the AMA while at the ANU Medical school. The AMA regularly sponsored our events, and the team attended our education evenings, including the *Life in the Real World* series. The team offered us practical advice on transitioning to hospital roles, and where to go if we had issues. They ran interview workshops which helped us prepare for job interviews including practical demonstrations of panel interview techniques.

In 2014 I was awarded the AMA Student Leadership Prize, which included my first year of AMA membership. In my first year at the hospital, I utilised the services of the industrial relations team to reconcile the confusing mess of timesheets and overtime to my payslips. I got advice on how to navigate some of the tricky interpersonal situations. The interview workshops helped me settle my nerves before job interviews.

I feel that the AMA has listened to the feedback from doctors and is stepping into the spaces where advocacy has been missing. As I left the hospital, I was pleased to see the AMA assisting with the JMO hospital enterprise agreement negotiations. I have watched the AMA start to address systemic cultural issues that affect doctor well-being and create spaces for discussion about mental health and suicide prevention. I want these conversations to translate into system changes that make us proud of our working environments.

Network of Doctors

The AMA ACT has always provided some fun social events. Cocktails with the new interns, and sponsored events at the medical school. I started attending the AMA AGM dinners as a JMO. The opportunity to meet people in other specialties at these functions and expand the networks of people that I can talk to for advice has been invaluable. It is wonderful to put the face to the name of the people that we correspond with on a daily basis about our patients. Many people have offered help with tricky questions or have gone on to become friends and mentors. One year I was seated next to the Chief Health Officer. I got to bend his ear about prescribing for HIV prevention medication (PrEP) and talk to him about what the changes meant to our patient community.

I love seeing the AMA representatives, both at a local and national level, communicating with our community. The last 12 months have been especially important to have a voice of the medical profession able to speak to the questions of evidence based preventative health measures and reinforce our position against misinformation.

Junior Doctor Burnout Seminars

AMA ACT was proud to host two JMO Burnout seminars at the Hotel Kurrajong on April 21 and 28. The seminars were held over two weeks, with the first seminar looking at Recognising the Signs of Burnout, and the second, Strategies to Manage the Risk of Burnout. The format for both seminars was the same with attendees hearing first from clinical psychologist and Managing Director of Strategic Psychology, Nesh Nikolic, then breaking out into smaller groups for a discussion facilitated by a more senior colleague and then returning to the main room for a final Q&A session.

Dr Antonio Di Dio, AMA ACT President, welcomes participants.

Recognising the Signs

In his presentation, Nesh addressed the group on what burnout was, and how to know the signs of burnout. Some of the indicators of burnout included emotional exhaustion, depersonalisation and a lack of personal achievement and describing how each indicator may manifest itself. In addition, he spoke to the issue of compassion fatigue and the distinction from burnout.

After the first presentation, the group was divided between two breakout sessions for a discussion facilitated by a more senior doctor about personal experiences with burnout.

Following the breakout sessions, the groups came back together for a final Q&A with AMA ACT President, Dr Antonio Di Dio, Nesh Nikolic and the facilitators from the breakout sessions.

Some of the main takeaways from the evening were about learning to ask for help, establishing boundaries, and that burnout is a difficult thing to combat once it has sunk in, and is much easier to deal with in its early stages.

Strategies to Manage Risk

The second week again kicked off with Nesh Nikolic's presentation on strategies to prevent and mitigate burnout. While some of the strategies are well known – good sleep hygiene, healthy diet, staying active, meditation and staying socially connected – it was a welcome reminder to try and incorporate each of these into our daily lives.

Perhaps one of the most important messages was about not comparing ourselves to others and not trying to be someone we are not, as Nesh said, "we are exactly who we are meant to be." This again set the tone for the breakout groups and a further facilitated session of personal stories and experiences on how to manage the competitive nature of medicine and strategies some participants used to maintain balance in their lives.

The discussions triggered personal reflection for many of the participants and, we hope, equipped them with some new skills. A final Q&A with Dr Antonio Di Dio and Prof Walter Abhayaratna helped summarise the evening and share learnings between the breakout groups. Participants inevitably stayed beyond the session to continue discussions between themselves, which made for a late, if invaluable, evening.

Our thanks to Avant for sponsoring the seminars and their ongoing concern for the welfare of medical practitioners.


Participants at the second seminar.


From left, Dr Quinton Yang, Dr Betty Ge, Prof Walter Abhayaratna and Dr Kevin Tee.

Doctors' Health Advisory Service – Here For You

My first patient today, a gloriously and perpetually grumpy old man, reports gleefully that he's sure this year still has time to be even worse than 2020, while my vaguely eccentric and relentlessly cheery daughter Pollyanna reports that we will be inundated with sunshine and rainbows to the extent we will need stronger sunnies.

Whoever is correct, we know a few things for sure. The incidence of medical notifications to AHPRA is rising and last year approached 7% of practitioners. I've been privileged to serve on the AMA-AHPRA-Medical Board working group since its inception in 2015 and we have achieved some change, but it does not stop the process being immensely burdensome and stressful for practitioners undergoing this experience.

Add to that financial pressures, pre-existing comorbidities, family challenges, career and workplace stress, and the remarkable life changing aspects for doctors of the Bug That Shall Not Be Named (in this one article, at least), and I know for certain that the DHAS phone will continue to ring as the year goes on.

Doctors' Mental Health

Increasingly people are becoming aware that the mental health of doctors is important and I for one found it very heartening. It's almost 25 years now since I joined the NSW DHAS and we were on the roster for the first and second on-call panel to take anonymous telephone calls 24/7 from medical practitioners across NSW and the ACT. At the time I was also treasurer of the Medical Benevolent Association of NSW and that work dovetailed a great deal with DHAS, as we worked to collect donations from doctors then re-distribute them to those of us in the profession in dire financial straits.

Gambling, alcohol, mental illness and every other malady does not miss our colleagues – it hits us as hard as everybody else. I moved here in 2005 and took over the role of ACT DHAS head (and tail, and only member) from the wonderful Stan Doumani, also a former president of AMA ACT, and have steadily been taking calls from impaired and unwell doctors from all walks of our profession ever since. There's a few national committees involved with it as well and it is ironic but unsurprising, that over the years I've actually had to miss a couple of meetings because I was on a long and painful urgent call to one of our Canberra colleagues.

Here to Listen

The DHAS calls allow me to take on the doctor's story and provide some temporary and timely counselling. About half the time,

I guess, the calls require many more follow up calls, and even result in the doctor becoming my patient. On one or two occasions, I had been a patient of that doctor!

The most important part of the call, once safety has been established, is ensuring that the colleague calling is OK. Almost always what is required is support, kindness and common sense (and yes, I may be seriously deficient in the latter, as anyone trying to see me change a light bulb will attest).

The DHAS has evolved a little in the past couple of years in terms of structure, and is, I'm pleased to say, far more closely linked in an administrative context to the Federal AMA. Realistically this will have zero impact on how I go about taking the calls when they come – it's just administrative mostly.

We have had many successes, I think, and you will never ever hear about them. As it should be. I love to see doctors today at the top of their game and life, who needed a quiet chat a decade ago with a non-judgemental old owl who was so inept in most aspects of life that he could not possibly be seen as threatening (hmm – I see why I got picked for this all those years ago!).

Here to Support

The only time I feel a painful sense of failure is when doctors, such as occurred to several interns at the end of 2019, go so far as to leave the profession without calling – maybe they made the right decision, but how I would have loved the chance to talk to them first. Some of our board members at AMA ACT, such as Walter Abhayaratna, Andrew Miller and Steve Robson have made significant statements or contributed to policy at ACT Health, in relation to the mental health of doctors, and are absolute leaders in the field. All of that lovely group that makes up our Board are passionate about protecting the health and happiness of our colleagues, and I'm so proud of all of them.

My colleague at the practice, Prof Louise Stone, is a serious expert in doctor's mental health, and has made years of study of the subject.

My message to the doctors in this town in relation to DHAS is – if you feel sad, blue, stressed, anxious – talk to your GP. If you do not have a GP, get a GP. If you cannot get a GP, or you need urgent care, call the DHAS direct on the 24/7 number – 02 9437 6552 – and you will be put through to me. If for whatever reason you'd like to speak to someone else (perhaps better with light bulbs) there is a NSW panel who will also take your call urgently. If you are in need – please call.

Here For You

And remember one final thing. The DHAS is there for any doctor any time. Sometimes we don't reach out for help because of the stupidly high standards we sometimes hold ourselves to, so that we consider ourselves underserving compared to others less fortunate. Or, we consider that we do not deserve help because we have done the wrong thing or made a clinical or personal error. Nonsense. Most of our colleagues, I've found, are such good human beings that they simply excoriate themselves with self criticism if they feel they are responsible for anything, whether it's a clinical misadventure or a missed child's birthday party.

DHAS does not give a damn if you did the wrong thing – it's how you feel that matters – your life, your safety, your happiness. It's unlikely you'll have done anything as foolish as any of the items in my personal top ten. The certainty of 2021 is that it may be very tough for some of us – be good yourselves and good to each other – and reach out for help early and often – we are all in this together. Best wishes, Antonio.

Big Changes to Casual Employment

On 26 March 2021, the Fair Work Amendment Act 2021 (the Act) commenced, introducing significant national reforms to casual employment and associated arrangements. For employers, the most significant changes relate to casual employees. The key points under the Act are:

- A definition for 'casual employee';
- Expanded casual conversion rights;
- Requirements to provide a 'Casual Employment Information Statement'; and
- 'Double dipping' protections where employees have received a casual loading.

Definition of Casual Employee

The first key amendment is the introduction of a definition for 'casual employee' to the FW Act, where an employee will be a casual employee if:

- an offer of employment is made on the basis that the employer makes no 'firm advance commitment' to continuing and indefinite work according to an agreed pattern of work; and
- the person accepts the offer on that basis; and
- the person is an employee as a result of that acceptance.

In determining whether, at the time the offer of employment is made, the employer makes no firm advanced commitment to continuous and indefinite work, regard must be had only to whether:

an employer can elect to offer work;

- the person can accept or reject the work;
- the person will work only as required;
- the employment is described as casual employment; and
- an employee will be entitled to casual loading (or a prescribed casual rate of pay).

Importantly, a regular pattern of hours does not in itself indicate a firm advance commitment to continuing and indefinite work.

In effect this means that whether an employee is considered to be a casual employee will be based on the offer and acceptance of employment (and the terms of the employment contract) and any subsequent conduct will no longer be relevant when determining whether an employee is casual.

The new definition of casual employment will apply to offers of employment that were given before, on or after the commencement of the Bill (on 27 March 2021).

Expanded Casual Conversion

The second key amendment to the FW Act requires employers to offer eligible casual employees conversion to a permanent (full time or part time) employment if:

- the employee has been employed for a 12-month period; and
- in the last 6 months of that 12-month period, the employee has worked:
  - a regular pattern of hours on an ongoing basis; and
  - the employee could continue to work this pattern of hours as a permanent employee, without significant adjustment.

The casual conversion offer must be made in writing to the employee within the 21 days following their 12 months of employment and reflect the hours that the employee has worked.

An employer may not be required to make an offer for casual conversion if there are reasonable business grounds not to make the offer based on facts that are known or reasonably foreseeable. In addition, an eligible employee may have a residual right to request casual conversion in certain circumstances.

Additionally, the requirement to offer casual conversion *will not* extend to small business employers with *less than 15 employees* (although such employees can still request it).

Casual Employment Information Statement

Similar to the Fair Work Information Statement which employees must receive on commencement of employment, the third key amendment to the FW Act requires employers to provide casual employees with a new 'Casual Employment Information Statement' (CEIS). The CEIS needs to be provided to:

- new casual employees before, or as soon as possible after, they start their new position;
- existing casual employees of a small business (employers with fewer than 15 employees) as soon as possible after 27 March 2021; and
- existing casual employees of other employers as soon as possible after 27 September 2021.

Like the existing Fair Work Information Statement, the CEIS is distributed by the Fair Work Ombudsman (FWO). A copy of the CEIS can be accessed at through this https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/reforms

'Double Dipping' Protections

The final key amendment provides the ability to offset entitlements against receipt of a casual loading.

Where an employee has been incorrectly classified as a casual employee and paid an identifiable amount (i.e. casual loading) to compensate them for not having certain entitlements during their employment, and an employee subsequently makes a claim to be paid an amount for one or more of the relevant entitlements with respect to the employment period, a court must, subject to limited exceptions, reduce any amount payable for the entitlements by an amount equal to the loading amount.

This aims to address issues that arose from recent Federal Court decisions regarding the backpay of permanent entitlements and will prevent employees from 'double dipping' by receiving both the casual loading and backpayment of permanent entitlements (such as annual leave, and personal/carer's leave).

Importantly, the statutory offset will only apply to entitlements that accrue and loading amounts paid on or after commencement of when the Bill came into force (on 27 March 2021).

For further information, please contact Tony Chase, Manager Workplace Relations and General Practice on 02 6270 5410 or industrial@ama-act.com.au

Fellowed GPs must update their AHPRA registration

All Fellows who do not hold specialist registration with Ahpra at 16 June 2021 will **lose access to Medicare benefits**. To avoid this, you **must** apply to Ahpra to update your registration by **21 May** 2021 to ensure your application is processed by Ahpra and Services Australia.

From 16 June 2021, being a Fellow and holding general registration with Ahpra is not enough to maintain your Medicare access. Access to the general practice items in the Medicare Benefits Schedule (MBS) will be based on your specialist registration status with the Ahpra.

If you are not sure if you have previously registered as a specialist it is easy to check.

- Go to the Ahpra website at ahpra.gov.au/Registration/Registers-of-Practitioners.aspx
- Type in your name or registration number and click 'Search'
- Scroll until you find your details and click 'View Details'
- Scroll down the page to 'Registration Type'
- If you are a registered as a specialist you will see *Type: Specialist registration and Specialty: General Practice*

Act Now

The process to register as a specialist with Ahpra has been streamlined to support affected GPs. Ahpra has emailed GPs who need to register as a specialist and Services Australia are following up phone calls. DO NOT IGNORE these contacts. Timely action is required to ensure GPs do not have their access to MBS items disrupted.

All you have to do to register is complete the application form. The RACGP will provide evidence of fellowship directly to Ahpra.

It is important to note access to Medicare rebates cannot be backdated. If you have applied for specialist registration before 21 May 2021 you will not lose access.

If you submit your application after 21 May 2021 and are not registered as a specialist on the 16 June 2021, your patients will not be able to claim a Medicare rebate.

If you have any questions, you can contact Ahpra between 9:00am – 5:00pm weekdays on 1300 419 495 or submit a web enquiry form. Web enquiry forms with the category 'Register of Practitioners – Specialist' will be given priority by Ahpra.

More information is available from Ahpra at https://www.medicalboard.gov.au/Registration/Types/Specialist-Registration.aspx

Membership Rewards Program Partners ~ 10% discount*

Belluci's Restaurants
(Phillip) **Ph: (02) 6282 1700**
(Manuka) **Ph: (02) 6239 7424**
– Award winning, casual Italian dining.
* conditions apply.

Buvette Restaurant
(Barton) **Ph: (02) 6163 1818**
– As an AMA (ACT) member and holder of the membership card, you are now able to dine at "The Hotel Realm" signature restaurant "Buvette" and receive a 10% discount on your dining experience. To make a reservation contact Buvette restaurant at: **www.buvette.com.au**

Evo Health Club
(Barton) **Ph: (02) 6162 0808** – Hotel Realm.

Hotel Realm
(Barton) **Ph: (02) 6163 1888**
– Accommodation only.

Jirra Wines
Fax: 6227 5171
– You don't need to go to Tuscany for good Italian wines. Canberra has a climate very close to Tuscany's.

Joanne Flowers
(Manuka) **Ph: (02) 6295 0315**
– Beautiful Flowers and Gifts.

The Essential Ingredient
(Kingston) **Ph: (02) 6295 7148**
– Inspiring great cooking with ingredients, books and cookware.

* conditions may apply.

CHN says Secure Messaging is safest way to exchange information*

The Capital Health Network says that Secure Messaging is the best way to exchange information with other medical professionals, such as referrals, pathology requests, specialist letters and messages. An outline of some of these secure systems appear below.

Megan Cahill, CHN CEO.

Electronic Referral is the seamless exchange of vital patient information from one health care provider to another using a secure messaging system. The use of traditional methods, via fax machines or email, does not have the functionality to ensure the referral is received by the intended party and are not as secure or reliable as secure messaging.

CHS 'SmartForms'

Using HealthLink's *SmartForms* which is integrated within clinical information systems such as Best Practice, Medical Director or Genie, a GP can send a referral together with patient's medical history to the outpatient services at Canberra Health Services, Community Services and My Aged Care. GPs can also send to specialists who are registered as HealthLink providers and are enabled for SmartForms, or through other secure messaging platforms like *Argus*.

As SmartForms are supported by the Canberra Hospital and Outpatient Services, referring patients to these services is easier and more seamless. Once a referral is sent, the GP receives instant confirmation that the referral has been sent with a unique code number.

It is preferred that referrals sent to the outpatient services for specialist appointments be addressed to a chosen specialist. By May 2021 SmartForms will default to the Head of Service along with the drop down of other specialists for that service and the ability to select NTANS (Not to a Named Specialist). This is to reduce the burden on GPs having to guess which specialist has the shortest waiting list.

Canberra Hospital accepts NTANS referrals and no patient will be disadvantaged by receiving an NTANS referral. Through previous consultations, it has also been confirmed that receiving a NTANS referral does not expedite the patient's medical specialist appointment.

Electronic Ordering for Pathology Tests

Electronic Requesting, also known as E-Ordering, is a fast and easy digital process for ordering pathology tests. Using your practice's enabled medical software, you can send pathology requests directly to a nominated pathology lab. It is a simple process where the request is sent electronically to the lab and a paper request form is also printed to give the patient an option to choose a pathology provider. Results can also be uploaded to My Health Record. Printed requests with barcodes on them may indicate that Electronic Requesting is enabled in the system.

These secure messaging systems are designed to ensure the safety of the information being exchanged, protecting them from being stolen, hacked or received by the wrong people. They also streamline the process of sending and receiving the information and reduce the risk of lost or missed referrals, requests and letters. These platforms are also designed to meet the legislative requirements for the security and privacy of patient information, unlike other platforms such as RightFax.

More information about these platforms can be obtained, from the Capital Health Network's Digital Health page at chnact.org.au or by contacting the CHN Digital Health Team at digitalhealth@chnact.org.au.

**This article was first published by the CHN earlier in 2021.*

Should doctors risk their lives in a disaster?

BY DR ANDREW J MILLER, AMA ETHICS AND MEDICO-LEGAL

On 5 March 2021, Amnesty International announced that at least 17,000 health care workers globally have died from COVID-19 over the last year, forcing doctors both in Australia and around the world to confront the very real question of whether they are willing (or should be expected) to put their own lives at risk to treat real or potential COVID-19 patients.

The *AMA's Position Statement on Ethical Considerations for Medical Practitioners in Disaster Response 2014*, currently under review by the Ethics and Medico-Legal Committee (EMLC), briefly addresses doctors' risk of personal harm when responding to a disaster.

The position statement affirms that doctors must balance their duties to individual patients with their duties to protect themselves, other patients, staff, colleagues and the wider public from harm, highlighting that during 'ordinary' clinical practice, these duties do not generally come into conflict, but during a disaster, tensions between these duties may very well eventuate.

COVID-19

The current pandemic has turned this potential eventuality into a stark reality for doctors in Australia and worldwide where doctors must weigh up their duty to treat individual patients infected with COVID-19 with their duty to ensure they do not develop COVID-19 themselves and become unable to work or risk infecting other patients, staff or those in the wider community.

In addition to the professional duty to reduce risk of personal harm, doctors also have their own personal duties and interests in not becoming infected and risking sickness or even death or spreading the virus to their own family members and friends.

Level of Risk

So what level of risk of personal harm should doctors accept? While there is a general expectation within the community that doctors will accept a certain amount of personal risk when responding to a disaster, this risk is not unconditional or without reasonable limit. The current position statement says that doctors are entitled to protect themselves from harm and should not be expected to exceed the bounds of 'reasonable' personal risk.

But the global pandemic has made it clear that 'reasonable' risk is highly subjective, and the level of risk that governments, employers, patients and their family members and others expect doctors to accept when responding to a disaster may not be 'reasonable' to the medical profession or to individual doctors or their loved ones.

Globally, professional regulators and associations set varying standards regarding the expectations of doctors in relation to risk of personal harm when responding to disasters.

For example, the Medical Board's Good Medical Practice states that:

> *Treating patients in emergencies requires doctors to consider a range of issues, in addition to the patient's best care. Good medical practice involves offering assistance in an emergency that takes account of your own safety, your skills, the availability of other options and the impact on any other patients under your care; and continuing to provide that assistance until your services are no longer required.*

The UK's General Medical Council is more explicit in their own Good Medical Practice, stating that:

> *58 You must not deny treatment to patients because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making other suitable alternative arrangements for providing treatment.*

While the expected standard of doctors' risk of personal harm may be addressed differently in these examples, at least they are all consistent that what is unreasonable is for doctors to be placed at risk of significant harm because of inadequate or inappropriate safety and protection, and advocacy to improve that protection is an important duty for medical professionals and those who control any aspect of workplace safety.

Doctors with apparently less agency or power, such as doctors in training or those in temporary employment, must be protected from any implied or overt obligation to practice in conditions that are not as safe as it is reasonably practicable for them to be. Employers, managers and workplace safety regulators have a duty to ensure that corners are not cut, and peer group or management pressure is not acting to decrease safety for any doctor.

Review

As the EMLC examines this issue during our policy review, we will identify a range of factors that doctors should consider when determining what constitutes a reasonable risk of personal harm and what they can do to mitigate their personal risk. While it is not unreasonable for doctors to accept a certain amount of personal risk when responding to disasters, that risk is not unconditional and we will continue to advocate that governments and the wider community have an obligation to protect doctors and reciprocate and support doctors (and their family members) who suffer harm when caring for patients.

Dr Jason Gluch Takes Over at Capital Pathology

Capital Pathology has welcomed their new Chief Executive Officer, Dr Jason Gluch. Jason was appointed by Dr Ian Clark who was the previous CEO of Capital for the last 15 years. Dr Gluch has a long history in pathology, starting in 1989 as a laboratory assistant and phlebotomist while studying medicine at the University of Queensland. He obtained a Bachelor of Medical Science from the University of Queensland in 1992 and obtained his medical degree 1994. Dr Gluch started his pathology training in 1997 and obtained his FRACP in 2001.

Since completing his fellowship, Jason has held various roles in private practice. From 2002 he spent more than 10 years in a number of successful regional QLD laboratories before being appointed as deputy pathologist in charge of the Sullivan Nicolaides Pathology Dermatopathology Laboratory in 2014. Prior to concentrating on skin pathology, Jason reported across a wide range of pathology and presented at various multidisciplinary team's for breast, gynaecology, urology, gastroenterology, lymphoma, lung and neurosurgery.

Dr Gluch has a strong interest in teaching and has been the SNP RCPA Anatomical Pathology registrar supervisor since 2016. Externally, he has also organised the SNP teaching program for dermatology registrars since 2014. He has presented at educational events on Dermatopathology, as well as lecturing and teaching for anatomical pathology registrar candidates.

When asked on his move to Capital Pathology, Dr Gluch said "Capital Pathology's future looks bright. We have plans to continue to grow the expertise of staff and, within the laboratory, new processes and testing are being reviewed to determine what best serves the needs of patients and our local medical community. At Capital's core is our commitment to service excellence to patients and our referring medical colleagues."

Welcome Dr Jason Gluch.

Doctors' health resources

Are you looking for a GP?

If you're a junior doctor or medical student and looking for a GP please contact AMA (ACT) and we will assist you to find a local GP.

Doctors' Health Resources online

AMA's Doctor Portal:
https://www.doctorportal.com.au/doctorshealth/resources/

JMO Health:
http://www.jmohealth.org.au/
Partly funded by DHAS and a range of other organisations.

Doctors Health Advisory Service
http://dhas.org.au/resources/resources-for-junior-medical-officers.html
On the DHAS website itself.

AMSA students and young doctors:
http://mentalhealth.amsa.org.au/about-the-campaign/
http://mentalhealth.amsa.org.au/keeping-your-grass-greener/

Mini book reviews:

REVIEWED BY A/PROF JEFFREY LOOI, ACADEMIC UNIT OF PSYCHIATRY AND ADDICTION MEDICINE, ANU MEDICAL SCHOOL

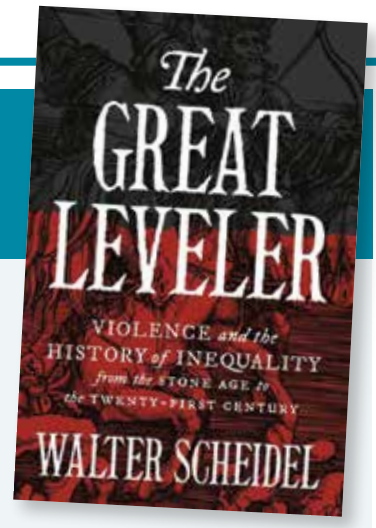
Expert

Roger Kneebone
Viking, 2020
ISBN 9780241392034

This is an engaging introduction to expertise, based on the experience of Professor Roger Kneebone, who worked previously as a surgeon and GP, and is now an academic studying and teaching about interdisciplinary expertise. Drawing particularly on the skill development of crafts, such as guilds which are partly the foundation of the medical skill models, he outlines apprentice, journeyman and mastery levels. The strengths of this book are the overview of skill developments, situated in communities of practice, which lean towards crafts and the commonalities with other types of expertise. This work has its counterparts in the sociological exploration of craft and personal identity in *The Craftsman* by Professor Richard Sennett, as well as the psychological research on cognitive and performative aspects of expertise by Professor Anders Ericsson in the *Cambridge Handbook of Expertise and Expert Performance*. It would be interesting, and undoubtedly challenging, for these models of expertise to be explored in less easily defined medical fields, such as general practice and psychiatry, as Professor Philip Tetlock studied political pundits in Expert Political Judgement.

The Great Leveler

Walter Scheidel
Princeton University Press, 2018: ISBN 9780691183251



Professor Scheidel tackles the spectre of economic inequality across human history in this magisterial analysis. He concludes that human societies have generally increased in inequality during times of relative prosperity and peace. Indeed, he systematically discusses what he terms the analogous Four Horsemen of the Apocalypse that level inequality: war, revolution, state failure and catastrophic pandemics (e.g., the Black Death, the Spanish Flu). The sheer breadth and depth of this research is astonishing, and references accepted modern criteria of economic inequality such as "The Gini coefficient is based on the comparison of cumulative proportions of the population against cumulative proportions of income they receive, and it ranges between 0 in the case of perfect equality and 1 in the case of perfect inequality" (https://data.oecd.org/inequality/income-inequality.htm). Professor Scheidel carefully demonstrates where there are reliable historical data, and scientifically clarifies where there are not, echoing Adam Smith's apothegm: *"Science is the great antidote to the poison of enthusiasm and superstition."*

CANBERRA Doctor

A News Magazine for all Doctors in the Canberra Region

ISSN 13118X25

Published by the Australian Medical Association (ACT) Limited
42 Macquarie St Barton
(PO Box 560, Curtin ACT 2605)

Editorial:
Peter Somerville
Ph 6270 5410 Fax 6273 0455
execofficer@ama-act.com.au

Typesetting:
Design Graphix
Ph 0410 080 619

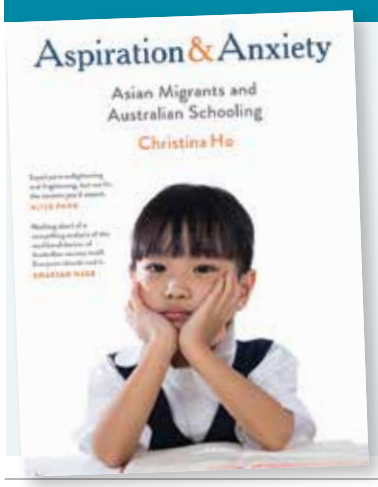
Editorial Committee:
Peter Somerville – Production Mngr
Dr Ray Cook
Dr John Donovan
A/Prof Jeffrey Looi

Advertising:
Ph 6270 5410,
Fax 6273 0455
reception@ama-act.com.au

Articles:
Copy is preferred by email to execofficer@ama-act.com.au in "Microsoft Word" or RTF format, (not PDF) with graphics in TIFF, EPS or JPEG format.

Aspiration and Anxiety

Christina Ho - UNSW Press, 2020: ISBN: 9780522874839



Professor Ho, provides an overview of recent scholarship on educational aspirations of Asian-Australians, in part based on qualitative research with students and parents in Australia, Hong Kong and Singapore. She describes aspirational factors that might explain some of the priority placed on education as well as what she terms anxiety about opportunities for advancement. In framing her views, Professor Ho states that there is a neoliberal sea change in education, on which Asian-Australian children and their parents may be seeking to navigate. However, it may also be possible that socio-cultural aspects the Asian-Australian experience are rather separate from the ideological changes in Australian education. It may be that the experience of recent generations of Asian-Australians, which Professor Ho discusses, are quite different from those who of earlier generations before the repeal of the White Australia (Immigration Restriction Act 1901) policy in 1973.

LIKE OUR FACEBOOK PAGE!

Like

For the latest medico-news in the ACT, Canberra Doctor articles, events and more jump on Facebook and Like our Page! It's easy, just search for 'AMA ACT' in your search engine or on Facebook.

Leading support in your times of need – it's why more doctors choose Avant

When the moment arrives, how confident are you in the quality of support you'll receive? Avant offers unrivalled protection.

Award-winning defence
A 270-strong* team including Australia's largest health law firm recognised for their expertise, providing members with on-the-ground support in six states and territories.

Industry-leading insights
With half of Australian doctors as members, we handle more calls and cases. This wealth of insights and experience helps us determine the best approach for your matter, to achieve a positive outcome.

Expert advice and risk management
Prevention is better than cure. That's why members have access to our medico-legal experts, 24/7 in emergencies, risk advisers and high-quality educational resources.

Experience the Avant difference.

Michael Carbery – Head of Growth (NSW/ACT)
0419 279 286 avant.org.au/practitioners

Avant mutual
by doctors for doctors

IMPORTANT: Professional indemnity insurance products are issued by Avant Insurance Limited, ABN 82 003 707 471, AFSL 238 765. The information provided here is general advice only. You should consider the appropriateness of the advice having regard to your own objectives, financial situation and needs before deciding to purchase or continuing to hold a policy with us. For full details including the terms, conditions, and exclusions that apply, please read and consider the policy wording and Product Disclosure Statement, which is available at avant.org.au or by contacting us on 1800 128 268. *Accurate as at 04/01/2021.
MJN-595.1 04/21 (DT-1888)