

CANBERRA Doctor

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Issue 1, 2020 | Canberra Doctor is proudly brought to you by the AMA (ACT) Limited. Circulation: 1,900 in ACT & region

A Message from the AMA (ACT) President

BY DR ANTONIO DI DIO

What a breathtaking change in the world we have seen.

Recommendations, programs, platforms and policies that were relevant last week are being furiously amended today, in the light of new evidence, new paradigms and new technology.

The only certainty is change, and the only thing I can guarantee in this message to you is that the technical analysis of the current COVID 19 crisis will likely be irrelevant by the time you read it.

At the time of writing, Australia, and the ACT within it, seem to have made an extraordinary list of brave and painful decisions, in an effort to ensure that the health impact is being felt least catastrophically. This will of course incur an immense economic cost, which will in turn have health impacts as well.

Such swift and critical decision making is difficult, with much praise going to our political leaders – territory, state and federal – for their immense hard work and

courage. There has been an outbreak of good leadership and, to my optimistic eye, fantastic collaboration across the political divide.

Our local health leadership, from Minister Stephen-Smith to CHO Kerryn Coleman and on to Bernadette MacDonald and Prof Imogen Mitchell and their teams, has been worthy of the highest praise. General practice medical leaders, such as Prof Kirsty Douglas, Dr Ann-Marie Svoboda and Dr Michelle Barrett have all been amazing.

And as ever, our many AMA members across all craft groups inspire me with the unselfishness and willingness to pitch in at this amazing time. Thanks to all.

Listening is the new normal

The other thing I've been so pleased to see, and long may it last, is the manner in which our political leaders have listened to our health leaders in order to inform major decisions. The performance of Chief Health Officer Professor Brendan Murphy, and Deputy CHO Canberra's Professor Paul Kelly, has been a revelation.

Their stewardship and wisdom will be needed for the long haul, and they clearly have been exceptional performers in giving sage advice, evidence based whenever possible (in circumstances where the evidence changes daily) and wisdom, to our leaders across the land.

What Won't Change

So, I thought I might write about what will NOT have changed by the time this edition reaches print: that, which is in this world, is stable, rational, reasonable and can be relied upon.



Aside from the tragic underuse of laundry facilities by the 75% of my children currently under house arrest, what will I know to be true? Here's a small list of that which I know to be true by the time you read this.

Firstly, I know that there will be a front line and a supportive wave of doctors, AMA members or not,

containing, reacting and rescuing. There will be co-operation between our public and private hospitals, there will be agreements to iron out, and there will be difficult and challenging aspects in a new system that has been arranged in weeks rather than finessed, negotiated and planned for years.

Continued page 1...



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A Message from the AMA (ACT) President...continued

...from page 2

All of this will require patience and forbearance from many doctors and other health workers, and I know that it will happen. I also know that our colleagues will conduct themselves with decency and fairness, and err on the side of giving of their time and energy, rather than taking.

Next, I know that hospital administrators will be tired, overworked and impatient, and will have built a system for a brave new world that is hastily assembled and yet has no option but to work successfully. This will happen, with our combined support, because our profession must demonstrate that we are far more interested in outcomes for our patients than any particular advantage to ourselves.

Any number of economists and anthropologists with a calculator know that we are among the most fortunate human beings on the earth not only at this time, but in any time in our history. Those of us seeing our income reduced for months, if not years, will accept this with equanimity – and hope it doesn't last too long.

Those of us with a stable salary should, and I've seen it too, view the plight of their colleagues taking a sizeable cut to their income with compassion.

GPs are Open for Business

Thirdly, I know with the greatest confidence that general practice will be open for business. The Ama Federal Council recently met – by videoconference – with CHO Prof Brendan Murphy and he committed to a communication with the Australian people that while distancing was essential, medicine was open for business. People will still get acute and chronic illness, from strokes to infarcts and fractures, and will still need urgent diagnoses and support in relation to the chronic illness.

I know that Canberra's GPs will rise to this challenge and take on the load – providing compassionate, excellent, affordable and committed primary care. I know my GP colleagues and I know the hard work they put in at the coalface of general practice.

Thank you

And finally, I know for certain, that our friends will be there for us.

Over the last couple of years, I've often thought to myself, "Wow, this is the hardest I've ever worked in my life [and we were interns in the 80s!!]" but it's more true now. The thing is, I know that like so many of us, we are part of a team. Young or old, public or private, GP or other specialist, we are all in this together and that will not have changed.

If we suffer financial hardship and physical and emotional exhaustion, let it be without rancour or bitterness to anyone else, but with gratitude (OK and maybe this is a bit of a stretch) for the privilege to serve – I repeat, serve – in this amazing profession. For me, I am looked after by Dr Saffron and Dr Purls as ever, and if we are going to be in the trenches, it's good to be there with your mates.

My amazing partners, the infinitely patient Dr Ruchi Jyoti and Dr Jenny Ross (pictured above) are expressing delight that I'm thinking of doing some actual work today, but, you know, things get in the way, AMA members call needing help, and ... plus ca change!!

Our AMA is working like crazy people to support us, help to keep us



From left, Dr Ruchi Jyoti, AMA (ACT) President, Dr Antonio Di Dio and Dr Jenny Ross.

going and see us through this crisis and I know we'll get there. I will be forever grateful for the input of AMA President, Dr Tony Bartone and our secretariat colleagues, and in the ACT, the efforts of Peter Somerville, Tony Chase, and our wonderful team – Tanya, Karen and Alison. My warm regards to you all and to your loved ones. Keep safe.

A Sad Addendum

It's the saddest of news when a senior person in our group dies, and by the time you read this you may also have heard of the passing, far too young, of one of our leaders in this profession and this city, Dr Stephen Bradshaw. Elsewhere in this issue you will find a fine eulogy by his long-time collaborator in vascular

surgery, Dr David Hardman.

Stephen was an extraordinarily talented doctor and person, full of energy, who gave so much to this profession. A skilled clinician, a fearless advocate for his colleagues and patients alike, a wise manager, and for many years a leader, predominantly as Chair of the ACT Medical Board and a member of the Medical Board of Australia, who brought the essential qualities of compassion and decency to the many other requirements for those challenging roles.

Many are remembered with respect, gratitude or fondness, but in the case of Stephen, it will be with all three. Our respect and best wishes to all of his family and friends at this time.



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Dr Gordiev undertook Orthopaedic training in Sydney and Canberra and further specialised for 18 months at the Cleveland Clinic in the USA. She regularly attends local and overseas conferences concerned with developments in the surgical treatment of shoulder, elbow, wrist and hand disorders. Dr Gordiev participates in the teaching of Orthopaedic registrars through the AOA training program.

Dr Gordiev seeks to ensure that her patients are well informed about all treatment options available to them and to offer a high standard of operative treatment and aftercare. Please visit her website or call her practice for advice or more information.



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www.katherinegordiev.com.au
Suite 7 National Capital Private Hospital, Garran 2605

VALE

The president, Dr Antonio Di Dio, Board members and staff of AMA (ACT) extend their sincere condolences to the family, friends and colleagues of
A/Prof Stephen Bradshaw AM
and
Dr Eric Fitzsimons



Our mental health during the pandemic

Dr Emma Adams is a Canberra-based psychiatrist in private practice with a long-term interest in doctors' mental health.

Covid19 is the most dire acute challenge to our Australian healthcare system in living memory.

Before the onslaught of the virus in March, doctors were already suffering from chronic stress. In Canberra we're still reeling from the unprecedented heat of summer, the fires, the months of toxic smoke and a traumatised community. ACT public hospitals have had their own longstanding difficulties with morale.

We're not only worried about our patients when Covid19 hits us, but also the wellbeing of our loved ones, such as elderly parents or the practicalities of child-care and managing a business.

There's concern about running out of protective equipment and doctors are already dealing with panicked, aggressive, or downright risky patient behaviours, such as lying about recent travel and potentially infectious people refusing to quarantine.

Our anxiety is made worse by inconsistent advice from government agencies, and lack of material support, and the inkling that some leaders have very little idea of, or regard for the seriousness of the situation.

As doctors in this crisis, we all face risks not only of infection, but of significant harm to our mental health.

Burnout

Burnout is an organisational (and in this case, global pandemic) level phenomenon. Personal factors are not as significant as all the 'resilience training' programs and stigmatising individual doctors suggest.

When the Covid19 reaches full force, the adrenaline-charged novelty of the situation may generate some energy and excitement, but eventually, the factors that contribute to burnout, the demands of the job versus the insufficient resources provided, are likely to prevail.

- Workload will increase with the number of patients infected, but resources will be scarce. As well as protective equipment, ventilators, and other basic supplies running out, medical, nursing and allied health staff numbers will likely decline due to illness. We will be exhausted, sleep-deprived, and likely

nutritionally deprived from eating whatever food is available when we don't have time.

- The ability to control and manage the situation, an important factor in modulating burnout is likely to be lost.
- A lack of fairness is a potent stressor for burnout. This has already become apparent with personal attacks on individual doctors by government ministers.
- There will be little reward for one's efforts. It's inevitable that doctors will be scapegoated for the system's problems and there's little expectation of gratitude or even recognition of a job well done.
- Doctor burnout is often related to an assault on our values. Values are often sacrificed in times of inadequate leadership from administrations and government.
- Many doctors are likely to sustain moral injuries from having to make difficult decisions on life and death for patients and will live with those decisions afterward. Many of us will likely encounter horrific scenarios as we have witnessed in Italy, which will result in traumatic



stress and cases of post-traumatic stress disorder.

In addition to burnout and PTSD, doctors also face the same mental health challenges as everyone else including depression, anxiety, substance abuse, relationship stress, worries about children or loved ones, and suicidal ideation. Even when the pandemic subsides, our mental health will still be vulnerable, maybe this might be a time, people allow themselves to decompensate.

Take Care

Doctors are notorious for not admitting to our own vulnerabilities, for D-I-Y-ing it with suboptimal results, relying on alcohol,

other substances or engaging in dysfunctional behaviour.

Just as we shouldn't do our own appendicectomies, we shouldn't treat our mental health concerns by ourselves. Severe distress can distort our perceptions of ourselves. Likely this is one reason our suicide rate is significantly higher than the general population.

If you have any of the symptoms below, please don't keep them to yourself. Talk with a colleague and/or consider discussing with your GP and getting a referral to a mental health clinician.

Continued page 11..

Orthopaedics ACT

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Orthopaedics ACT is delighted to announce that Prof Little and Dr Lakis will be offering consultation appointments from our practice commencing in March this year.



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Associate Professor Stephen Bradshaw AM MBBS FRACS

At 7:50 a.m. on the 21st of April, Stephen Bradshaw died at home surrounded by his family, after a long two and half year illness. Stephen was well known to our medical community in Canberra as a vascular surgeon. He was a friend.



ment with his friends and family. Enjoying entertaining, his many BBQ dinners showcased his love of cooking. Annual holidays were a feature of family life. Stephen believed that no holiday should be completed before the next one was planned, even if, later, that holiday required the help of a wheelchair.

Stephen was a Foundation Member of the Brumbies Rugby Union club. A love of the game and some misspelling led to the establishment of 'RUBY' tours to Rugby test matches around Australia.

Under the guise of 'Book Club' at the Commonwealth Club, Stephen was a keen participant, and occasional winner, at regular poker nights.

Stephen leaves behind his children with Di – Penny, Pippa and Toby, and his new family with Kim and her children Maddy and Alex. They were the support that helped him through the hardship of the last difficult years. Stephen's great joy and pride was to be able to attend his son Toby's wedding to Tilly in December of 2019.

Stephen has asked for his last words to you all to be:

"I have never needed anything more from my family and friends, than what you have so generously given. You have been my heart and lifeline. I now rest with my God who has always protected and loved me. From my heart to yours, always – THANK YOU."

No – thank YOU Stephen! Vale.

Dr David Hardman

Canberra Surgeon

As the new vascular surgeon in Canberra (1992), Stephen oversaw the continued development of vascular surgery in Canberra with the introduction of new techniques and procedures, and improved outcomes. Stephen had a genuine commitment to *patient care*. His website states: *"I take care, pride and individual attention in every single surgery that I perform"*. Stephen was an exceptional surgeon and a brave patient advocate. He took delight in excellent surgical outcomes and was a reflective and thoughtful surgeon.

Stephen understood the standards he would accept and he could communicate that understanding when the situation required it. Throughout his career, Stephen worked well with anaesthetists and all operating theatre staff as a respectful and supportive team leader. He enjoyed the earned respect of his sur-

gical colleagues and his patients, both in his public work and his busy private practice.

As a clinical surgeon, Stephen made a genuine contribution to the Canberra community, but as a surgical leader and teacher he made a lasting contribution to the medical profession. Stephen had multiple leadership roles in many different aspects of surgical life. In the Canberra Hospital he served as Head of the Vascular Surgery Department from 1997 until his premature retirement in 2017. For the Royal Australasian College of Surgeons he contributed as the Chair of the ACT committee.

Stephen served as Chairman of the John James Board and acted as the Director of Medical Services at the John James Hospital. Stephen's regional contribution was recognised in 2018 by the RACS Outstanding Service to the Community Award.

Teaching and Medical Board Roles

His administrative service extended beyond the hospitals where he worked. Stephen became a member of the ACT Medical Board in 1998, becoming President of that Board and later a member of the Medical Board of Australia. Stephen was a dedicated and engaged teacher of medical students and young doctors, and was acknowledged with an ANU Medical School Teaching Excellence Award in 2011. Later, Stephen accepted an appointment as a Clinical Associate Professor with the ANU Medical School.

In recognition of his great contribution in many areas of public service, including health practitioner regulation and medical education, Stephen was appointed a Member of the Order of Australia (AM) in 2017.

Friends and Family

Stephen balanced his busy professional life with a strong involve-

After his secondary education at Sydney Grammar School, Stephen studied medicine at the UNSW Medical School. His residency and training in general surgery was at the Prince of Wales Hospital in Sydney. Having gained his Australasian Fellowship in General Surgery (1988) Stephen moved his young family to London, to complete a year as a general surgical registrar. The following year the family moved to Aberdeen, in Scotland, where Stephen developed his interest and expertise as a vascular surgeon.

In 1990 Stephen and his family returned to Sydney where he worked at Prince of Wales Hospital. Stephen saw an opportunity for both himself and his young family when a position was advertised for a vascular surgeon in Canberra.

A/Prof Stephen Bradshaw AM MBBS FRACS (photo courtesy of the ANU)



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We all know that every doctor needs their own GP. “Physician heal thyself” is not a mantra that is conducive to good medical care and advice – it needs to be provided by someone you trust.

We know that finding support for your own health care can be challenging. The barriers that doctors experience are unique to the profession. The ability to take time away from a busy professional life, concern about confidentiality and mandatory reporting, as well as finding a supportive and experienced ‘doctor for doctors’ all impact on doctors seeking care. The barriers are even greater for rural and remote doctors, with geographical isolation preventing access to independent medical care, and for doctors in small jurisdictions or communities.

Over the past 20 years, doctors’ health services have existed across Australia, always offering a 24/7 urgent advice phone line. These services are supported by your medical colleagues who provide the initial confidential and supportive advice. In more recent times, doctors’ health has been recognised as a far greater issue

across the medical community and broader health system. The increase in the numbers of doctors “burning out”, leaving medicine, and the tragic loss of doctors dying by suicide have brought greater attention and action to support the health of the medical profession. The stressors which lead to suicide ideation are not isolated to any one group within medicine.

Doctors Health Services

In 2014, the Medical Board of Australia recognised the need to invest in doctors-for-doctors’ programs. To ensure that these services were at arm’s length from the Board, the MBA agreed to provide this funding to the Australian Medical Association, which established a subsidiary company to support an independent national program called ‘Doctors Health Services’, now known as DRS4DRS. Although funded by the Medical Board of



Australia, DRS4DRS is independent of the MBA.

DRS4DRS, through its network of doctors’ health advisory and referral services, offers an independent, safe, supportive and confidential service. This network of experienced and passionate doctors for doctors is here to help you find the support you need.

The new DRS4DRS website details many resources to help you

maintain good mental health and wellbeing and links to the doctors’ health services in every State and Territory for when you need colleague and confidential support or guidance. The site also has stories from doctors sharing their own lived experiences and encouraging their colleagues to seek assistance and support long before it becomes critical.

The DRS4DRS site also hosts the newly developed ‘Caring for ourselves and our colleagues’ education modules. This online learning will help broaden your understanding of your own health and the health of the medical profession. It explores the importance of prevention and timely intervention, understanding the help-seeking behaviour of doctors and the benefits of having your own GP. Completion of the course sets you up for being a better doctor for a doctor.

You can contact DRS4DRS at: enquiries@drs4drs.com.au

The DRS4DRS website was launched in November 2019, at the Australasian Doctors Health Conference in Fremantle, Western

Australia by Mr David Brennan, Chair, Doctors’ Health Services (DRS4DRS). The website is www.drs4drs.com.au and Twitter handle is @drs4drs_Aus.

AMA President and DrHS Board member, Dr Tony Bartone, described the website as an important and practical step in ensuring the medical profession can easily find help for their own health when needed.

“The health of our colleagues and future doctors has been a significant focus for the profession in the last few years. Creating a platform so all doctors and medical students can easily access help is vital,” Dr Bartone said.

In the ACT and NSW, the NSW and ACT Doctors Health Advisory Service supports all medical practitioners and medical students. For further information visit the website dhas.org.au or call 02 9437 6552.

You can find all the links to the State services here: <https://www.drs4drs.com.au/getting-help/>



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Support for Small Business during COVID

The following is a summary of support available to small businesses during the period of COVID:

Changes to the Fair Work Act

On 8 April 2020, the Federal Parliament passed amendments to the *Fair Work Act 2009* that will give employers eligible for Job-Keeper payments significant powers to adjust workplace arrangements so as to reduce labour costs and retain employees. These powers will override relevant restrictions imposed by Awards, industrial legislation, industrial instruments and/or employment contracts.

Specifically, these powers allow a Job-Keeper eligible employer to:

- require an employee to not work on particular days, or to work for a lesser period or for fewer hours than the employee would ordinarily work (including nil hours);
- direct an employee to perform different duties either in their usual workplace or at home or another location; and
- request employees to agree to vary their ordinary

days or times of work and/or to use their annual leave (down to an accrual of not less than 2 weeks), and the employee cannot unreasonably refuse that request.

A number of conditions govern the exercising of these rights. See link.

<https://coronavirus.fairwork.gov.au/coronavirus-and-australian-workplace-laws/flexibility-in-workplace-laws-during-coronavirus/jobkeeper-changes-to-the-fair-work-act>

What support is available for medical practices during the COVID-19 outbreak?

Job-Keeper Payment

- Businesses impacted by coronavirus will be able to apply for a subsidy from the Government to continue paying their employees.
- Employers can claim a fortnightly payment of \$1,500 per eligible employee from 30 March for a maximum of six months.
- A business is eligible if they:
 - have a turnover of less than \$1 billion and their turnover will be reduced by more than 30 per cent relative to a comparable period a year ago (of at least a month); or
 - have a turnover of \$1 billion or more and their turnover will be reduced by more than 50 per cent relative to a comparable period a year ago (of at least a month); and
 - are not subject to the Major Bank Levy.
- Non-for-profits (including charities) and self-employed individuals without employees

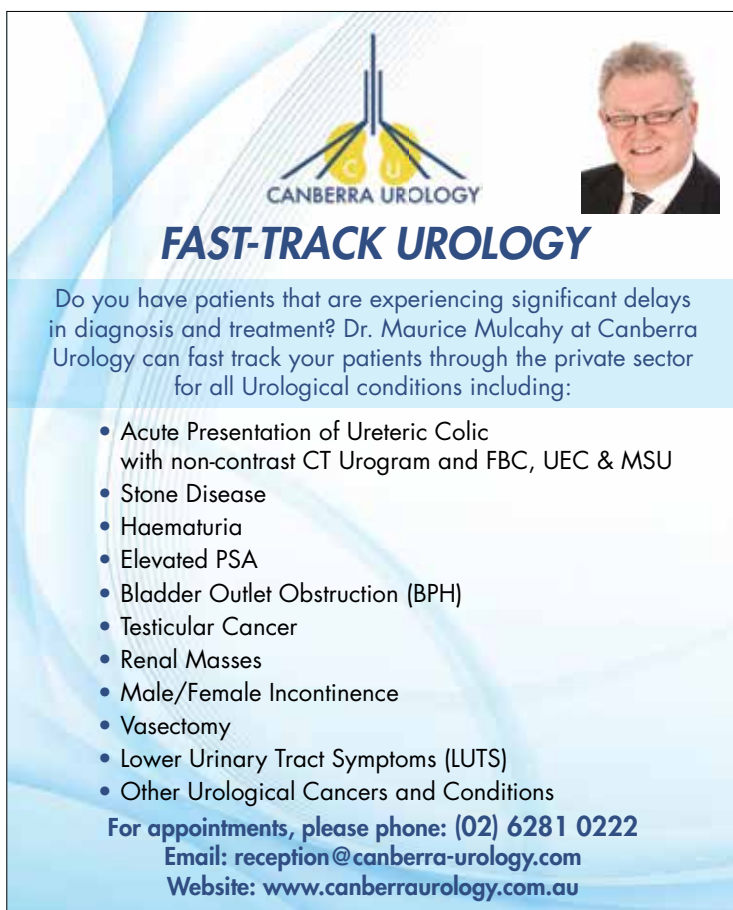
that meet the turnover criteria above are eligible to apply.

- Employees are eligible if they:
 - are currently employed by the eligible employer (including those stood down or re-hired);
 - were employed by the employer at 1 March 2020;
 - are full-time, part-time, or long-term casuals (a casual employed on a regular basis for longer than 12 months as at 1 March 2020);
 - are at least 16 years of age;
 - are an Australian citizen, the holder of a permanent visa, a Protected Special Category Visa Holder, a non-protected Special Category Visa Holder who has been residing continually in Australia for 10 years or more, or a Special Category (Subclass 444) Visa Holder; and
 - are not in receipt of a Job-Keeper payment from another employer.

■ Employers can register their interest in applying for the Job-Keeper Payment by visiting the ATO Job-Keeper site here:

https://www.ato.gov.au/general/JobKeeper-Payment/?=Redirected_URL

- The first payment will be received by employers from the ATO in the first week of May. Payments will be backdated to 30 March.
- Employers must identify employees eligible for the payment and provide monthly updates to the ATO.
- Participating employers will be required to ensure eligible employees will receive, at a minimum, \$1,500 per fortnight, before tax.
- It will be up to the employer if they want to pay superannuation on any additional wage paid because of the Job-Keeper payment.
- A fact sheet for the Job Keeper payment is available here: https://treasury.gov.au/sites/default/files/2020-04/Fact_sheet_Info_for_Employers_2.pdf



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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/>

Cash Payments for Small and Medium-Sized Businesses

- The *Boosting Cash Flow for Employers* payment is available to eligible small and medium-sized businesses, and non-for-profits (including charities).
- Businesses can receive up to \$100,000 to cover the cost of rent, bills and employee wages and salaries. Payments will be automatic.
- The initial payments from 28 April will equal to 100 per cent of the salary and wages withheld as reported in Business Activity Statements. The maximum payment is \$50,000 with a minimum payment of \$10,000.
 - Businesses are eligible if they have an aggregated annual turnover of under \$50m and employ workers.
- Additional payments are being introduced in July – October 2020. Businesses that are still active will receive an additional payment equal to the total of all of the *Boosting Cash Flow for Employers* payments received. i.e. if you received \$50,000 in the first payment, you would receive a \$50,000 for the second payment, for a total \$100,000 payment.
- A fact sheet for this payment is available here: https://treasury.gov.au/sites/default/files/2020-03/Fact_sheet-Cash_flow_assistance_for_businesses_0.pdf

Support for Business Asset Investment

- The government has provided incentives to encourage businesses with a turnover of less than \$500m to spend by:
 - Increasing instant asset write-off by lifting the threshold to \$150,000 (from \$30,000) until June 2020.
 - Introducing a time-limited 15-month incentive to invest by accelerating depreciation deductions. Businesses will be able to deduct 50 per cent of the cost of an eligible asset on installation, with existing depreciation rules applying to the balance of the asset cost.
- A fact sheet for these measures is available here: https://treasury.gov.au/sites/default/files/2020-03/Fact_sheet-Support_for_business_investment.pdf

Temporary Relief for Financially Distressed Businesses

- The Government is temporarily increasing the threshold at which creditors can issue a statutory demand on a company and the time companies have to respond to statutory demands they receive.
- The package also includes temporary relief for directors from any personal liability for trading while insolvent. The *Corporations Act 2001* will be amended to provide temporary and targeted relief for companies to deal with unforeseen events that arise as a result of the Coronavirus.
- A fact sheet for this support is available here: https://treasury.gov.au/sites/default/files/2020-03/Fact_sheet-Providing_temporary_relief_for_financially_distressed_businesses.pdf

Resources

<https://treasury.gov.au/coronavirus/businesses>
<https://www.pm.gov.au/media/supporting-australian-workers-and-business>
<https://www.pm.gov.au/media/economic-stimulus-package>
[\[coronavirus-stimulus-package-means-for-you-explainer\]\(https://www.theguardian.com/business/2020/mar/22/what-australias-189bn-coronavirus-economic-rescue-package-means-for-you\)
<https://www.theguardian.com/business/2020/mar/22/what-australias-189bn-coronavirus-economic-rescue-package-means-for-you>
<https://www.ausbanking.org.au/banks-small-business-relief-package/>
\[## Australian Taxation Office – Tax Relief\]\(https://www.accc.gov.au/media-release/australian-banking-</p></div><div data-bbox=\)](https://www.theguardian.com/business/2020/mar/12/what-australian-governments-</p></div><div data-bbox=)

- Businesses impacted by COVID-19 are being encouraged to contact the ATO to discuss relief options tailored to their needs and circumstances.
- Options available to assist businesses impacted by COVID-19 include:
 - Deferring by up to six months the payment date of amounts due through the business activity statement (including Pay As You Go (PAYG) instalments), income tax assessments, fringe benefits tax assessments and excise.
 - Allow businesses on a quarterly reporting cycle to opt into monthly GST reporting in order to get quicker access to GST refunds they may be entitled to.
 - Allowing businesses to vary PAYG instalment amounts to zero for the March 2020 quarter. Businesses that vary their PAYG instalment to zero can also claim a refund for any instalments made for the September 2019 and December 2019 quarters.
 - Remitting any interest and penalties, incurred on or after 23 January 2020, that have been applied to tax liabilities.
 - Working with affected businesses to help them pay their existing and ongoing tax liabilities by allowing them to enter into low interest payment plans.
- Call the ATO Emergency Support Infoline 1800 806 218 to discuss COVID-19 support options.

[association-small-business-relief-package](https://www.brokernews.com.au/news/breaking-news/majors-detail-their-covid19-support-packages-270618.aspx)
<https://www.brokernews.com.au/news/breaking-news/majors-detail-their-covid19-support-packages-270618.aspx>
<https://www.ato.gov.au/Media-centre/Media-releases/Support-measures-to-assist-those-affected-by-COVID-19/>
<https://treasury.gov.au/coronavirus/businesses>

Support for Lending to Small and Medium-Sized Businesses

- The *Coronavirus SME guarantee scheme* will support lending to small and medium-sized businesses with a turnover of less than \$50m.
 - The commonwealth will guarantee 50 per cent of an eligible loan through participating banks and non-bank lenders to businesses disrupted by the coronavirus.
 - Loans will be used for working capital purposes and be unsecured and it will be for loans granted within six months starting 1 April 2020.
 - Lenders will not be charged a fee for accessing the guarantee scheme.
- Loans will be repayment-free for six months (as per the support package from Australian banks—see below).
- The maximum that can be borrowed under the guarantee facility will be \$250,000 on terms up to three years.
- A fact sheet for this measure is available here: https://treasury.gov.au/sites/default/files/2020-03/Fact_sheet-Supporting_the_flow_of_credit_1.pdf

Support packages from Australian banks

- The Australian Banking Association (ABA) has announced a small business relief package to support small business during COVID-19. All ABA member banks can participate.
 - Broadly, the package includes a deferral of principle and interest repayment for all term loans and retail loans for 6 months, for small businesses with less than \$3 million in total debt owed to credit providers. At the end of the deferral period businesses will not be required to pay the deferred interest in a lump sum. Either the term of the loan will be extended, or the level of loan repayments will be increased.
 - All small businesses have been encouraged to contact their banks about the small business relief package. Fast-track approval processes are in place to ensure support is available as soon as possible.
 - 100 bps (basis points) interest rate reduction for all existing cash-linked small business loans.
 - 100bps reduction to variable interest rates on small business cash-based loans, effective 6 April.
 - Defer principle and interest for up to six months on a range of business and equipment finance loans.
 - Receive a 200bps rate cut on new loans and all overdrafts on QuickBiz, effective March 30.
 - Receive a further 100bps reduction on variable rates for small business loans, effective March 30.
 - Access up to \$65bn of additional secured limits to pre-assessed customers, with \$7bn currently available for fast assessment process.
 - Defer business credit card repayments.
 - Decrease variable interest rates by 0.25%pa, effective 27 March.
 - Enable impacted customers to request a six-month payment deferral on loan repayments for term loans, with interest capitalised.
 - Make available temporary increases in overdraft facilities for 12 months.
 - Institute a reduction by 0.80%pa to a new two and three-year fixed rate of 2.59%pa for secured small business loans up to \$1m, effective 3 April 2020.
- Commonwealth Bank of Australia**
- 100 bps (basis points) interest rate reduction for all existing cash-linked small business loans.
- Westpac**
- Overdrafts will be reduced by 200bps for new and existing small business customers, effective 6 April.
 - Small business customers with cash flow issues can defer principle and interest

New Year on the NSW South Coast

While the new year bushfires on the south coast bushfires seem a slightly distant memory, set against the COVID crisis, AMA (ACT) Board member, Dr Suzanne Davey, reminds us of just how threatening it really was.



Like many Canberrans after Christmas 2019 we headed for the NSW South Coast to camp at our shared property at Tilba, next to Tilba Lake and in close proximity to the beach. The only thing different to our usual trip was that the King's Highway was closed due to fires around Braidwood and so we travelled via Cooma and Brown Mountain, approaching Tilba from the south.

We stopped at picturesque Cobar-go for their locally baked bread. All went well until we awoke on the morning of 31st December 2019 – to darkness. A black blanket covered the sky, tinged with a red edge, and an atmosphere filled with smoke greatly reduced our visibility. Our usually green Tilba grasses were already parched and dry, but we thought that we would be protected from fire because we could always head to safety at the nearby beach.

Evacuation

The reality of evacuating to the beach soon disappeared after we heard that Central Tilba had been evacuated and we later heard that Bermagui campers had been ordered out at 4 am and Mystery Bay campers followed at 5.

We decided to leave for the nearest evacuation site which was at Narooma.

We joined a multitude of others, cheek by jowl at the designated evacuation site. Shortly afterwards we decided to move our 4 vehicles to a grassy spot adjacent to the edge of the caravan park turned-evacuation site, overlooking a dry mangrove swamp, near a toilet block with a tap.

It soon became clear that Narooma had no power and that as a consequence, fuel pumps at the service stations were not working and the local Woolworths, having sold their non-perishable goods, closed up and donated all their meat to the evacuation site.

It also soon became evident to my husband, Nic and me that the toilets at the caravan park were not working and all 7 were severely blocked. Fortunately, I had grabbed a couple of buckets as we left Tilba and Nic and I used those buckets (and a stick!) to unblock

the toilets and then manually flush them with buckets for the duration of our stay there, as many others continued to use the toilets with impunity!

Meanwhile, the sky was a dark red and the atmosphere was dense with smoke. We felt like we were on Mars and the shortage of fuel for the cars made us feel like we were in a Mad Max movie! It was all eerily surreal – 3 of our party – Charley, Anna and Bub's mother Jane, visiting from South Africa, volunteered at the emergency centre.



Tilba at 8am on 31 December – darkness tinged with a red edge.

Apparently, there was a great deal of goodwill, but little direct or organization of these volunteers and their efforts were all self-directed.

Back to Tilba

After 24 hours of this, with no power, no internet, no phone coverage and no way of charging our



The Narooma evacuation site at 4pm on 31 December.

Are you looking for operating time? Or consulting rooms?

Barton Private Hospital has availability in 3 operating rooms on various days. As a locally owned business we deliver health care in all specialties to the Canberra community which include: Paediatric, Plastic and Reconstructive Surgery, Gynaecology, Urology, Ophthalmology and Ocular Plastic Surgery, Dental Surgery, Periodontology, Fertility and IVF, Podiatry Surgery, Pain Management, Orthopaedics, General Surgery, ENT, Vascular & Others

- 1 We are now welcoming surgeons of all specialties from all over Australia.
- 2 We have the latest equipment to make sure surgeons and patients get the best experience throughout their journey.
- 3 We have vacancies in our operating rooms to accommodate new surgeons of all specialties.
- 4 We help new surgeons promote their services amongst GP's and Allied Health Professionals in Canberra and the NSW Coast and surrounding areas.
- 5 Full time and sessional high quality Medical consulting rooms are available within the Barton medical precinct.
- 6 Our prices are the lowest in Canberra, for insured/self-funded patients.

ABOUT BARTON PRIVATE HOSPITAL

- Barton Private Hospital has a unique model of care in 5 star accommodation with safety, customer service and value for money being on the top of our list. Our promise is the very best of pre, intra and post-operative care.
- Barton Private Hospital is a fully licensed and accredited hospital situated in the heart of the Parliamentary Triangle in Canberra. We provide both day surgery and overnight hospital accommodation depending on our patients' needs. We have recruited the most competent professionals in their respective fields to ensure that you receive the best possible care.
- Our 10 beds BARTON WARD is located at the 5 star Realm Hotel

and provides a unique experience for patients, with accommodation in a luxurious and relaxing hotel environment and the safety of 24 hour nursing care. Our Nursing staff are amongst the most experienced and skilled in Canberra and have advanced life support training.

- All patients rooms are spacious and include ensuite, and our meals are provided from the Hotel Realm in-room dining menu. A family member or carer can stay overnight with their loved one if they wish and enjoy complementary meals and the 5 star hotel experience.

We continue to strive to provide excellent patient care by:

- > Benchmarking against 40 other similar organisations around Australia

- > Involving our patients in decision making through the Barton Private Hospital Consumer Committee.
- > Being committed to Research.
- > The Ethics Committee oversees and approves all research conducted at Barton.
- > The Credentialing Committee is responsible for the credentialing of all doctors working at Barton Private Hospital.
- > The Barton Private Hospital Medical Advisory Committee is actively involved in making sure that safety is on the top of our list.
- > A newsletter with the latest updates and news is available to read online on our website and as a hard copy at the hospital.



Should you be interested and for more information please contact Jessy McGowan the CEO on 02 6152 8980 or email: jessy.mcgowan@bartonprivate.com.au



phones, as our solar panels which charged our battery did not work well in the smoke, we decided to leave and return to Tilba. Our choices were limited by road closures and lack of enough fuel to reach Cooma whilst the Cobargo road remained closed.

Unknown to us then, Cobargo, 15km south of Tilba, had been devastated by a fire storm in the early morning of the 31st.

Back at Tilba, we surveyed thousands of blackened gum leaves all over the property, great piles of burnt leaves washed up on the beach, and dead flathead and eels floating in the lake. We rested overnight and I was able to retrieve our new big tent which was too difficult to take down quickly when we left for Narooma. It was covered in ash, but still standing.

And back to Canberra

We were advised that Saturday 4th January would be a worse day for fire risk than the 31st, so we set off the next day with a plan to head south until we could get some fuel, and then camp if necessary. We proceeded very slowly around the outskirts of Bermagui with thousands of others, and then wonderfully the Cobargo road had been opened so we then had enough fuel to get to Cooma.

The road thru Cobargo was heartbreaking with devastated houses and businesses and miles of burnt bush and dead animals. The road up Brown Mountain was slow due to poor visibility and heavy traffic. With Nic's car having had battery trouble, we decided not to use the air conditioning and with open windows we had the full smoke and heat experience! We fortunately

had coastal ABC radio to keep us up to date with the fire situation.

Reaching Cooma, we found fuel and headed off only to find that a grass fire had closed the Monaro Highway. However, the highway opened again and we resumed our

drive. Eventually, we made it back home after a journey of some 8 hours – instead of the usual 3.

After watching nothing else but the rural fire service reports since we have returned to Canberra, put on by our heroic ABC reporters on

the ground, we cannot believe how lucky we were!

All credit to our rural firefighters and their heroic efforts – not to mention the people of the south coast and the way they faced up to an immense challenge.



Burnt leaves and ash on 1080 beach near Tilba on 2 January.

AUSTRALIAN MEDICAL ASSOCIATION

2020 AMA Public Health Awards:



Call for nominations for the AMA Public Health Awards which provide well-deserved recognition of the extraordinary contribution of doctors and associated health groups made to health care and public health.

In 2020, nominations are sought for awards in the following categories:

- AMA Excellence in healthcare Award
- AMA Woman in Medicine award

Nominations, including all required documentation, should be submitted electronically to: awards@ama.com.au
The closing date for receipt of nominations for each award is COB Thursday 23 April 2020.

Please visit the below link to download the related documents:
<https://ama.com.au/article/ama-public-health-awards>

**NOMINATIONS
NOW OPEN**

Medical scribes could help doctors care for more patients

BY A/PROF KATIE WALKER, DIRECTOR, EMERGENCY MEDICINE RESEARCH, CABRINI MALVERN

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

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

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

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

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

Scribes in ED

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

When we started this work, we were surprised that despite scribes having been used in America for decades, there were no randomised, multi-site studies on their effect on emergency physicians' productivity. So we embarked on an Australian-first trial,

where locally-trained scribes were used in five hospital emergency departments across Victoria – Austin Hospital, Bendigo Hospital, Cabrini Malvern, Dandenong Hospital and Monash Children's Hospital. This research was recently published in *The British Medical Journal*.

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

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

Our research showed benefits at all of our participating sites, decreasing the total time patients spent in the emergency department by 19 minutes. In addition, 85 per cent of doctors said they preferred to work with scribes. Patients were unaffected by the presence of scribes and the majority were unperturbed about having them in consultations.

Benefits

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



reduces the amount of time patients spend in the emergency department.

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

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

For more information visit: www.bmj.com/content/364/bmj.l121 and www.cabrini.com.au/emergency

This article first appeared in AMA Victoria's Vicdoc magazine.

IMPORTANT SURVEY:

The GP contraceptive appointment: More than just a script?

The pharmacy guild argue chemists can safely prescribe the pill. We want to know what doctors do when a woman presents for the pill. Take our short anonymous survey and let us know. Results will be published. This project has ethics approval from ANU Human Ethics Committee. Lead investigators are ANU medical student Ms Courtney Donohue and Professor Julie Quinlivan.

To complete the survey go to: <https://apollo.anu.edu.au/default.asp?pid=12186>



Our mental health during the pandemic...*continued*

...from page 3

- Feeling emotionally exhausted and drained
- Overwhelmed and unable to cope
- Difficulty shutting down after work.
- Poor memory, making decisions or decreased productivity at work
- Difficulty sleeping
- Irritability, anger, or aggression
- Withdrawn behaviour or apathy
- A sense of detachment about patients, oneself or loved ones
- Feeling numb or dead inside
- Excessive cynicism
- Sadness
- Shame
- Anxiety, excessive worry.
- Being more jumpy, with an excessive startle reflex
- Excessive use of alcohol or drugs, dependence on social media, gambling or sex

- Suicidal thoughts
- Anything else that is worrying you.

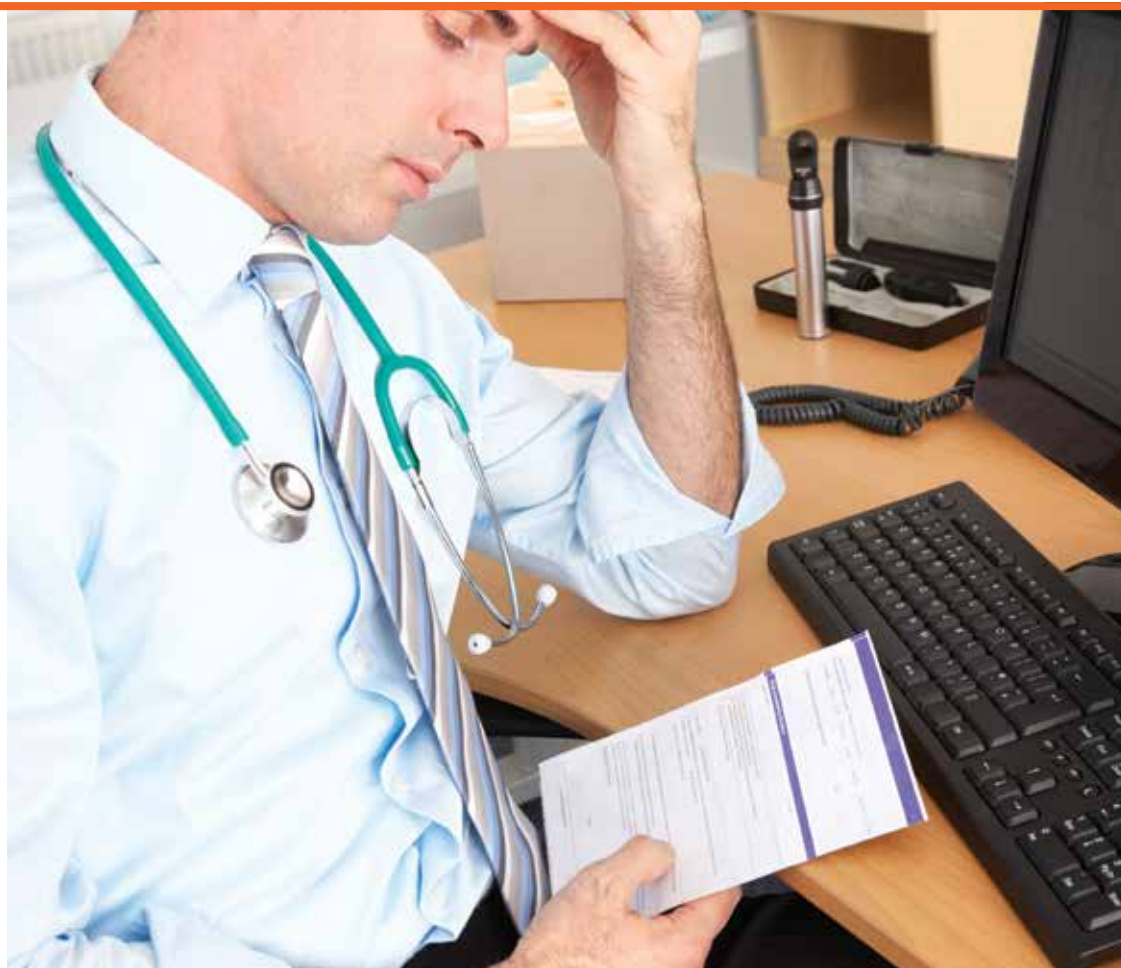
Things are going to be tough for some time. There is help available. Please take your mental health seriously.

In an emergency, please call the crisis team.

See your GP, they can advise on whether a psychologist or psychiatrist (or both!) may be most appropriate or call the Drs4Drs call-centre (linked to the Doctor's health advisory service) 02 9437 6552 or <https://www.drs4drs.com.au> *

Finally, let's look after each other. Please stand up for your colleagues, and check on each other's well-being. Community is a protective factor. So far the Covid19 threat appears to have resulted in a coming together of doctors. Any way we can build on our collegiality will increase our resilience as individuals and as a workforce.

*more information on Drs4Drs is available in this edition of *Canberra Doctor*.



The Medical Benevolent Association of NSW (MBANSW)

Provides a free and confidential support service to Canberra doctors in need and their family. Financial assistance and counselling support are available to colleagues who have fallen on hard times through illness or untimely death. Support is also available to medical practitioners who may be experiencing difficulties at work or in their personal relationships.

The MBANSW is funded by your donations; please allow us to continue to provide support and assistance to your colleagues in need by making a donation to the Medical Benevolent Association Annual Appeal. Donations can be made visiting our website www.mbansw.org.au

If you are concerned about your own situation or that of a colleague, please contact the MBANSW Social Worker, Meredith McVey on (02) 9987 0504.

BY DOCTORS FOR DOCTORS

www.mbansw.org.au

Medical Practitioner Consultant

The Professional Services Review (PSR) is seeking applications for a medical practitioner consultant who is appropriately qualified, experienced and willing to provide assistance to the Director of PSR to make her decisions on the review of the provision of services contained in requests made to the Director by the Chief Executive Medicare.

The consultant will be required for one session a week, to assist with reviewing clinical records to assess whether there is evidence upon which a Committee of peers may find the person under review (PUR) has engaged in inappropriate practice, along with any other assistance the Director may require.

The consultant will be remunerated on an hourly basis, at \$150 per hour (GST exclusive).

Applicants are required to send their curriculum vitae and a covering letter addressed to Professor Julie Quinlivan, Director of PSR to recruitment@psr.gov.au. Applications close **COB Friday, 6 March 2020**.

For more information on the PSR scheme, please see PSR's website at www.psr.gov.au.

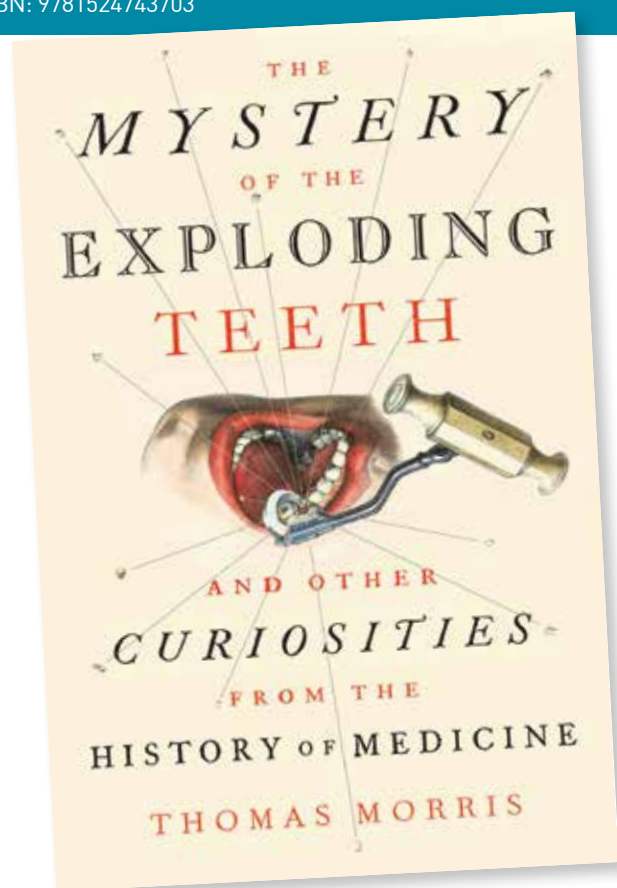
Book review

REVIEWED BY PETER FRENCH

The Mystery of the Exploding Teeth and Other Curiosities from the History of Medicine

Author: Thomas Morris

ISBN: 9781524743703



In modern medicine, much of our therapy is evidence-based and derived from rigorously controlled trials, which are hopefully well-de-

signed and statistically analysed, to determine if there is benefit or harm, before that therapy can be introduced on a broad scale.

Correspondingly less reliance is placed on anecdotal treatments or case reports than was once so.

Despite this, our knowledge is not perfect and is always incomplete but such is the nature of medicine. Indeed, during the current coronavirus pandemic, we are seeing the clash between sound medical advice and ignorant, foolish and at times dangerous recommendations from a variety of sources.

English journalist and blogger, Thomas Morris, in his most recent book, *The Mystery of the Exploding Teeth and Other Curiosities from the History of Medicine* provides us with a fascinating insight into treatments from the 'good old days'. These case histories and anecdotes were found in the pages of old medical journals which as Morris says, are "compellingly disgusting, hilarious or downright bizarre."

The case histories span 300 years, from the early 17th century to the turn of the 20th. In the treatments Morris documents, we can see the void between art and science and the persistent influence of the theories of ancient medicine, such as the Greek physician Galen, and maintaining the balance between the four humours. The author reminds us that whilst we may look back upon these treatments as ludicrous and even barbaric, they were being offered in a different era, by our predecessors who

were no less intelligent, assiduous or dedicated than our medical colleagues of today.

In a historical sense, these practitioners were doing what they thought was the best for the patients in their care. Morris accepts that some of the reports, however entertaining, may be hoaxes but many others are genuine reports, written by medics who gave an honest account of what they saw and did.

Strange Objects and Dangling Parts

Contained within the pages of this entertaining book are stories of embarrassing and entirely self-inflicted complaints, which are often matched by the sheer ingenuity and imaginative manner in which the physicians and surgeons went about treating the unfortunate patients.

In an era before x-rays and anaesthesia, when faced with a young patient, with a seven month history of severe abdominal pain, intermittent haematuria and a hard tumour in the left buttock, what would your management have been? When the prongs of a fork appeared through the tumour, would you have removed it and then wondered how it got there in the first place?

Strange objects and dangling parts of anatomy have been placed in various odd places, such as

candlesticks and bottles, and the medical attendants have then been charged with job of easing the patient's suffering and dignity, whilst hopefully maintaining the viability of the trapped appendage!

Many treatments appeared to be inventive, such as the use of port wine enemas (1856) as a substitute for blood transfusions following a torrential postpartum haemorrhage. Reading that case history, one wonders where the practitioner got the idea from for this unusual treatment, which at least in this circumstance appeared to work – or thankfully had no untoward effects.

I am sure that in the modern management of a cardiac arrest, the nasal applications of snuff and solutions of the expectorant ammonium chloride, wine adulterated with antimony to induce vomiting and therefore to shock the victim back to life by inducing an extreme reaction such as sneezing, coughing or vomiting, shaving of the head and the subsequent application of a red-hot frying pan and if desperate, the application of the warm bowels of a freshly killed sheep to the abdomen, are thankfully no longer contained in our evidence-based guidelines! After all, where does one get a sheep at very short notice?

There are also fascinating accounts of heroic surgical procedures, performed in the pre-anaesthetic era,

Who's looking after you?

DHAS offers an **independent & confidential** advice service for doctors and medical students

Work related stress • Clinical competence • Concern for a colleague • Relationship issues • Psychological disorders
Alcohol or substance misuse • Financial difficulties • Legal or ethical issues • Physical impairment

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www.dhas.org.au





by dedicated and inventive surgeons on amazing and courageous patients, such as the gentleman who assisted in his own below knee amputation, whilst sitting on a table. Another patient having his arm amputated in poor quality light, volunteered to hold a candle, so the surgeon could see the operative field! There are a number of accounts of intricate surgery, on conscious patients with severe chest injuries or tumours that are indeed inspiring.

Tall Tales: You be the Judge

Other interesting case histories are discussed under the title of 'Tall Tales' and it will be left up to the reader to decide if there is any grain of truth in those reports.

Like his previous book on heart disease, I found this an entertaining, informative and easy to read book about the history of our profession and would certainly have no hesitation in recommending it. We are often cautioned that we should remember the lessons of history otherwise we will be doomed to repeat the same

mistakes. Whilst not suggesting that we would consider employing some of the methods Thomas Morris quotes, before we become too critical of our colleagues from days gone by, how will our current system, with all of its faults but undeniable advances, be looked upon 200 years from now?

This book is available in hardcover, through Amazon or through a variety of online stores and can be downloaded on Kindle.

Addendum: For those who enjoy reading about the weird and the wonderful, the tall tales and true from the legendary medical past, Thomas Morris publishes an entertaining blog on medical history, to which you can subscribe for free. However he has put the blog on hold temporarily, as he is currently working on another project. To find out more, go to his website, the URL is thomas-morris.uk or enter his name into your search engine and follow the prompts to sign up. I'm sure you'll be both amazed & surprised.



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1. Discounts will be applied on your membership rates in 2021.
2. The colleague or colleagues you refer must join the AMA (ACT).
3. The new member or members you refer must not have been an AMA (ACT) Member in 2020.
4. This offer is open only to fee paying Members.

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Questions?

If you have any questions about the 'Member get a Member' program, please contact our membership officer via email membership@ama-act.com.au or call our office on 02 6270 5410.



AMA

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)

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execofficer@ama-act.com.au
in "Microsoft Word" or RTF
format, (not PDF) with graphics
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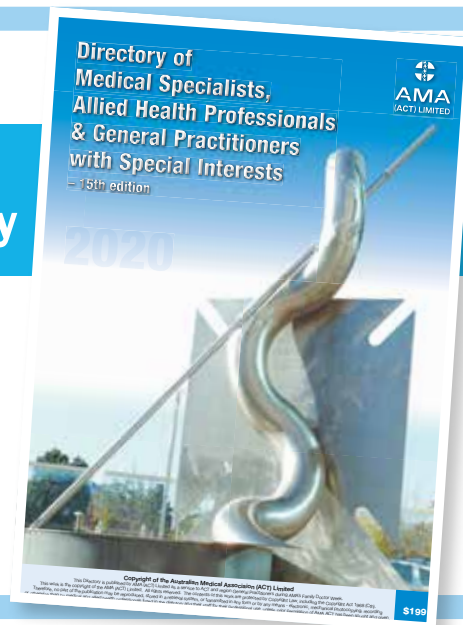
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1. Interim Report of the Disability Committee, Institute of Actuaries of Australia 2009. 2. Australia's Health 2015, Australian Institute of Health and Welfare, 2015. 3. Cancer in Australia, an overview, Australian Institute of Health and Welfare, 2014-2015. Specialist Wealth Group Pty Ltd (ABN 17 752 691 711) is a Corporate Authorised Representative (No. 440142) of Dealership Services Pty Limited (ABN 91 612 252 901 & AFS Licence No. 489 935). Specialist Wealth Group-Property Pty Ltd (ABN 58 159 274 131) is also licenced as a corporation under the Property, Stock and Business Agents Act 2002 (Corporation Licence number 10065110) the licensee in charge is Russell Price (Licenced Real Estate Agent - Licence number 20077757. Lending is provided by Specialist Lending Group Australian Credit Licence 404291.

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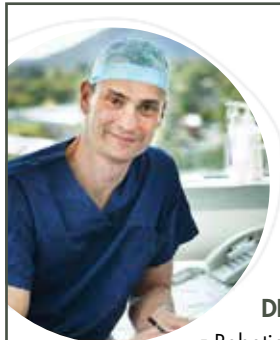
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Dr Anandhi Rangaswamy

MBBS, MD, FANZCA, FFPMANZCA



Dr. Anandhi Rangaswamy is a Pain Specialist and Anaesthetist. She completed her Pain Fellowship and Anaesthetic Fellowship from Nepean Hospital Sydney and then went on to do Paediatric Pain Fellowship from Westmead Children's Hospital Sydney.

Dr. Rangaswamy believes in a whole person's approach to pain management. She works with a multidisciplinary team to get the best outcome for her patients. Her area of interest includes Back pain, Neuropathic pain, CRPS, Pelvic pain, Paediatric and Adolescent pain management. She also offers evidence based interventional pain management to her patients where appropriate.

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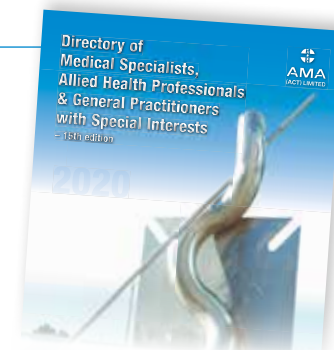
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2020 Directory of Medical Specialists, Directory of Allied Health Professionals and Directory of GPs with Special Interests

... a publication of the AMA ACT

The Seventh edition of the directory of **Allied Health Professionals** and **GPs with Special Interests** will be published as a service to ACT general practitioners and distributed with the 14th edition of the **Directory of Medical Specialists** during Family Doctor Week in July 2020.

Entries must be on the form below and returned to the address below no later than 30 April 2020.

Mail: AMA ACT, PO Box 560, CURTIN ACT 2605
Email: sdirectory@ama-act.com.au

- Directory of Medical Specialists
- Directory of Allied Health Professionals
- Directory of GPs with Special Interests (Select which Directory you would like to go in)

Name:
Speciality:

Services offered:
(Please keep this brief and use only accepted abbreviations – eg: DCH, Diploma in Child Health)

Practice Details (1)

Practice Details (2)

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I am/am not interested in taking a display advert to accompany my listing in the directory.

Signed: _____ Date: _____

AHPRA registration number: _____

Note: In order to be included in this directory, it is mandatory that you are a medical practitioner currently registered with the Australian Health Practitioner Regulation Authority (AHPRA) (dieticians excepted)

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Contact Phone: _____

A proof of your entry will be sent prior to printing. Please indicate preferred method to receive this:

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