

CANBERRA Doctor

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National Health Co-op Goes into Administration

In the end, it came as a real surprise when, on 21 June, the Board of the National Health Co-operative decided to place the NHC into voluntary administration. According to Michael Slaven, one of the newly appointed administrators, while a major focus of the Board and Management in the lead up to the administration had been improving the financial health of the NHC, it had not improved quickly enough.

Instead, the Board has opted for an administration process that 'allows for a thorough exploration of the options and the development of a plan to restructure the NHC's business.'

Insurmountable Deficit Loomed

The NHC Administrators have pointed to some of the problems, and the potential fixes examined by the Board and Management as they sought to address the businesses' long-term sustainability.

'While successful in some areas, recent staff changes and the end

of JobKeeper means a forecast deficit in the 2022 financial year that appears insurmountable, without meaningful structural changes to the organisation.'

'The Board and Management have looked at further ways to address the NHC's financial health including introducing mixed billing, consolidation of clinics, a possible merger or sale, significantly increasing membership fees and a Government subsidy for bulk billing clinics.'

'After careful consideration, the Board and Management formed the view that these options were



not viable ways to turn around the forecast deficit quickly enough, while staying true to the purpose of the Co-op, and providing affordable healthcare.'

While limited information is available to assess the state of the NHC's finances, summary information from the Australian Charities and Non for Profits Commission shows

total revenue of \$14.8m and a deficit of \$65,000 in the 2020 financial year with net assets of \$536,000.

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President's Notes

WITH PRESIDENT, PROFESSOR WALTER ABHAYARATNA

Having taken over as AMA ACT President from Dr Antonio Di Dio at the Annual General Meeting on 26 May, I thought my first column should tell you a little about my background in Canberra and my hopes and aspirations for our local healthcare system. I'd also like to touch on the role both AMA ACT and the medical profession can play in our local system and the Canberra community.

Very briefly, for those who don't know me on a personal level, I'd like to share a few things about myself and why I decided to take on the responsibility of this important role.

I am a husband to my wife Kate. I am a father of 3 young adults – Christian, Yasmin and Elisabeth – all of whom have embarked on their own independent life journeys. I am a cardiologist, a part-time clinician researcher and medical educationalist, and a mentor for junior colleagues. You will often see me walking around the Lake chewing the fat with a group of middle-aged mates,

some of whom are, no doubt, also well known to many of you.

Apart from the time spent during my medical training, I have been a long-term Canberra resident since 1983.

Healthcare Provider

Over the past 28 years as a healthcare provider, I have experienced the rewards of working alongside dedicated and skilled medical, nursing and allied health colleagues to care for patients in the public and private sectors. For this, I am grateful on a daily basis.

But, I have also faced an increasing myriad of challenges – many of which have been out of my control. Some of the challenges are common to all of us, the ones where we're unable to provide the best care for our patients, despite our efforts, and because of a system that is disjointed and frequently under extreme stress.

It is these challenges, such as the heart-breaking one that was recently told to me by colleagues who struggle to navigate a convoluted

process to provide life-changing interventions for pre-schoolers with developmental delay, that have led me to question whether we will ever reach the stage of excellence in our healthcare service, that all of us want to work in.

This experience has increased my awareness that any efforts to improve the quality of healthcare in the Territory must include the strengthening of relationships between acute and community healthcare sectors, a process for which AMA ACT can play a key role.

Many Challenges

It is in the context of the many challenges we all face that I've taken on the role as President of AMA ACT, motivated by the twin goals of working with our government and non-government partners to promote and protect the interests of our members and meet the healthcare needs of the ACT community.

There is one thing that I have always believed – and it's that we have many, many dedicated and

skilled healthcare providers in the ACT. But I also believe that our healthcare system requires deeper connections between primary care, community health centres, nursing homes, hospitals and palliative care, for our patients to reap the benefits of our collective talents.

The increased demand on the Canberra Hospital Emergency Department is a wake-up call to mend the fractured ACT Healthcare ecosystem. What we need is for the silos in the system to connect, so that our community-based doctors, nurses and allied health practitioners can better care for patients with complex and chronic medical conditions, freeing up the Emergency Department for patients with life-threatening conditions.

General Practice

Another of my priorities will be to support General Practice, the cornerstone of successful primary health care that, in turn, underpins population health outcomes, ensuring we have a high-quality,

equitable, and sustainable health system into the future. At 77 FTE general practitioners per 100,000 residents, the ACT has the lowest GP workforce in the country. In addition, we see our medical graduates increasingly choose non-GP specialist pathways for their careers.

Taking these things together, I want to see AMA ACT and our GP members, together with RACGP NSW & ACT, build on the efforts we've been making to improve the working conditions of primary care colleagues. An important part of this is ensuring that governments at all levels recognise that it is very often their own policy decisions that can harm our GP workforce.

In my view, the ACT Government should see the next decade as a golden opportunity to take the lead in trialling innovative funding models, and models of care that see our local healthcare system is geared to support primary care to better meet the needs of our patients and their carers.

Continued page 8...



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Health Workers Win ACT Citizen of the Year

Earlier this year, the ACT Government announced that those Canberrans who has contributed to the public health response to the COVID-19 pandemic would be jointly honoured as the 2021 Canberra Citizen of the Year. The award covered literally hundreds of front-line health workers and recognised the enormous and selfless commitment showed by one and all.

Speaking to the *Canberra Times*, Chief Minister, Andrew Barr said, "Our city's highest honour recognises the sustained commitment and exceptional work from this enormous group of people who have protected our community during the pandemic,"

"This award recognises the Canberrans on the frontline of this response – the nurses in testing centres, and now pathology labs, who have conducted more than 100,000 tests; the nurses and health professionals who have supported

people in quarantine or who have become ill during COVID-19; our COVID-19 compliance teams, who have conducted visits to businesses to stay open to provide services to our community and do so in a safe way; our doctors and health professionals; and teams behind digital innovations such as the Check-in CBR app.

"There is simply no doubt lives and livelihoods have been saved. Our community has kept functioning thanks to the tireless work of these people today."



Chief Minister, Andrew Barr (right) with Dr Kerryn Coelman (second from right). (Photo courtesy of Canberra Times).

In particular, the Chief Minister acknowledged ACT Chief Health Officer Kerryn Coleman as being at the forefront of this team effort. Dr Coleman said it was "an incredible privilege" to accept the award on behalf of the team.

"I'm incredibly proud of everybody. It has been a steep learning curve for everyone and I think we've all stood up to the test and come a long way. Not just us, but the Canberra community. Our success rests with you, the community, so thank you everyone for your efforts."

Capital Pathology

Following the earlier announcement of the 2021 Canberra Citizen of the Year, Chief Minister, Andrew Barr, visited the Capital Pathology laboratory in Deakin to similarly recognise the COVID-related work done by

Capital Pathology and its staff.

The Chief Minister thanked the staff at Capital Pathology for their efforts and presented the award in recognition of the key contribution made to the COVID-19 response.

Capital Pathology's part in the response included the facilitation and processing of over 25000 COVID-19 PCR tests, identifying and reporting 40 positive COVID cases, notifying all COVID test episodes to ACT health (positive and negative), assisting in the processing and testing a proportion of COVID tests from ACT Health Drive through centres and visiting, attending and collecting swabs from nursing homes.

The Chief Minister's visit concluded with a laboratory tour, conducted by Capital Pathology CEO, Dr Jason Gluch and Medical Director, Dr

Paul Whiting, that gave Mr Barr an overview of the molecular microbiology lab where the COVID PCR and respiratory virus testing has been conducted.

Team Effort

Regardless of public or private sector, the key message out of the 2021 Citizen of the Year Award was the underlying team effort that successfully responded to the challenges of the pandemic. Given the recent outbreaks in NSW and elsewhere, it's highly likely that team effort – both public and private – involving ACT Health and Capital Pathology and many other ACT healthcare providers – will again be called upon to respond the next stage of the pandemic.

It's reassuring to know we are all in good hands.



Chief Minister, Andrew Barr, with Dr Jason Gluch, Capital Pathology CEO, (right) and Dr Paul Whiting (left).



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AMA ACT president's vision for Canberra health*

Dr Walter Abhayaratna used to think that Canberra's health system could be among the world's best – "the Mayo Clinic of Australia" – but lately, he's been increasingly worried it'll never make the cut.

That's why he put his hand up to become the Australian Medical Association's ACT branch president.

Dr Abhayaratna said he wanted to use his two-year term to start trying to "turn the ship around" for Canberra's health system. However, he warned there was "no short-term fix" for a system with such deeply ingrained issues.

"It's going to take years, it'll be ongoing," he said.

"But hopefully in five years we've done a lot of the shifting."

One of Dr Abhayaratna's main concerns was that Canberra's health-care service lacked a well-delineated identity.

He said it was partly the brand recognition around Mayo Clinic in Minnesota in the US, where he completed a fellowship in the early 2000s, that drew people to

the place. Mayo is widely considered to be the best hospital in the world.

"It's a population of 100,000 people in the middle of the cornfields in a frozen tundra five months of the year," Dr Abhayaratna said.

"It's not geographically ideal, but yet all these people come and work there for a reason – it's something special.

"And all these patients come to it from all over the country and the world to get excellent care."

He said Canberra Hospital's identity should be three-pronged: it should be renowned for its excellent clinical service, great training program, and top-notch research capability.

Dr Abhayaratna said to achieve clinical excellence, workers had to be highly engaged and operating at the top of their scope of



The new president of the Australian Medical Association's ACT branch, Dr Walter Abhayaratna. Picture: Sithixay Dithavong.

practice. A great training program was necessary to get them to that level.

"That's where you get motivation," he said.

"I don't see that happening as often as it could."

On the research front, Dr Abhayaratna said it was widely known that hospitals and healthcare services that had research at their core attracted better clinical staff.

He said they wanted evidence to not just be read and practiced, but created where they worked.

He said some people in Canberra's health system had wanted change but kept "hitting their heads against a wall", and he believed the service had lost some good people to places "that perhaps they would be a better fit with".

"I don't see us working to what we could be given we live in Canberra," Dr Abhayaratna said.

"[We have] a very highly educated population; [it's] an easy to live in city, it's not like Sydney where it takes you an hour to get to and from work.

"[We have a] good work-life balance, and look at the universities and the organisations we've got for potential education and research partnerships.

"Why can't we do it here?"

Dr Abhayaratna said while media reporting often singled out emergency department performance as a big issue in Canberra, it was just a function of the other issues happening around it.

He described Canberra's health-care system as "siloed", with little integration between general practice, community healthcare centres, hospitals, aged care facilities, and palliative care.

"What happens is, because we haven't got the services in the community to provide to patients with complex and chronic conditions, I think people come into the emergency department as a one-stop shop," Dr Abhayaratna said.

"The message that I'm going to be saying over and over again is that we have dedicated and highly skilled healthcare providers here.

"The issue is more how those providers can actually more deeply connect with each other."

Dr Abhayaratna has been heavily involved with Canberra's health system for decades, and is currently a senior staff specialist, consultant cardiologist, and the clinical director of reform at Canberra Hospital and Health Services.

He's also the director of clinical trials at ACT Health.

Dr Abhayaratna said none of these roles would conflict with his new post. In fact, there was a "confluence of interests", and he would be a fierce advocate for the territory's doctors, he said.

"Why did I do this job? I recognise that AMA is a trusted voice and it's a membership organisation for doctors, so, first and foremost, we need to advocate for our members," he said.

"But why do we advocate for our members? We don't just do it for the sake of it, we do it because our members want to provide excellent healthcare for their consumers.

"Our advocating is to help our members provide excellent healthcare."

*This article first appeared in the Canberra Times of 26 May 2021



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Prof Walter Abhayaratna takes over as AMA (ACT) President

The AMA (ACT) Annual General Meeting, held on 26 May, saw Prof Walter Abhayaratna take over as AMA (ACT) President from Dr Antonio Di Dio. Prof Abhayaratna, a Cardiologist and Staff Specialist at Canberra Hospital, will hold the office for two years.

In taking office, Prof Abhayaratna paid tribute to Dr Di Dio and the outstanding work he'd undertaken during his three-year term (for more on this see page 2 of the Canberra Doctor).

This year, the AGM was held in the Athenaeum Room of Llewellyn Hall at the ANU. With over 80 members and guests attending, including Health Minister, Rachel Stephen-Smith. It was an opportunity to get together, renew some old friendships and acknowledge the work of Dr Di Dio, board members and staff during 2020.

President's Award Shared

This year, the President's Award was shared between Prof Kirsty Douglas and A/Prof James D'Rozario. In making the presentation to Prof Douglas, Dr Di Dio noted that the award:

'Had been made in recognition of a fine and longstanding contribution to the health services of the ACT. Her roles have ranged through the full spectrum – from general practice medicine to research and teaching and on to executive leadership.



Prof Douglas's work has encompassed vital roles in almost every aspect of clinical and executive practice. Her long-term contribution has been made with great strength and enthusiasm that continues to this day, in a diverse range of often challenging roles. Regardless of the task she has been called upon to perform, it has been undertaken with her trademark excellence, enthusiasm and good humour.

Kirsty Douglas's passion and commitment to the practice of medicine, roles in policy, education and leadership combined with her abiding interest in social justice, make her an outstanding contributor to our profession. We are proud to recognise Professor Douglas with this award."

And for A/Prof D'Rozario, Dr Di Dio noted that:

Associate Professor James D'Rozario has made an outstanding

and sustained contribution to ACT Health over the last 20 years.

As Director of Haematology Clinical Services at Canberra Hospital, he consistently demonstrates leadership, initiative and has been instrumental in developing a spirit of collaboration among the medical staff, management and the hospital as a whole.

Associate Professor D'Rozario shows unstinting vision and stewardship of the Department of Haematology in its pursuit of excellence in service delivery, teaching and research. His dedication to medical education has also extended to the National level with leadership roles in the Royal Australasian College of Physicians and the Royal College of Pathologists of Australasia.

On behalf of the AMA ACT Board and members, congratulations to both recipients.

Presidential inauguration

Dr Di Dio then moved on to inaugurate Prof Walter Abhayaratna as President of AMA (ACT) and present him with his chain of office. Prof Abhayaratna addressed the meeting and further information on his address can be found on page 2 of the Canberra Doctor.

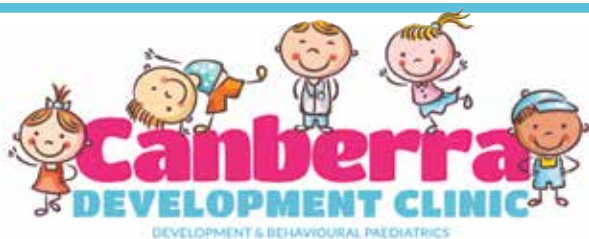
Sponsors

Our thanks to the sponsors for the evening, Canberra BMW and the generous prize of the use of a new BMW for the weekend and lunch for four at a local restaurant. Newly inducted 50-year member, Dr Bill Coote, was the winner of the prize.

Our best wishes also for Mr Bill Reid from Canberra BMW who is shortly to retire. Of course, AMA (ACT) members have access to the BMW and Mini Corporate programs with more information available by contacting the AMA ACT office on 02 6270 5410.



Incoming President, Prof Walter Abhayaratna addresses the AGM.



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Building Climate Engagement is Key

BY DAVID TEMPLEMAN, EMERGENCY LEADERS FOR CLIMATE CHANGE

Firstly, I wanted to congratulate AMA ACT on the launch of its Climate Change and Health Special Interest Group – it's a timely initiative and one that I was only too pleased to support at the launch in May.

By its nature, a medical consultation is a golden opportunity to engage patients in a conversation about the various factors influencing their health. As a patient myself, I'm only too well aware that my GP uses a consult to talk to me about my general health. When patients go in with a respiratory complaint or maybe a bout of heat stress, it may not be at the front of their minds that changes in our climate may play a part, but there is increasing evidence that shows the health impacts of climate change.

Health Impacts

It's already clear that climate change is impacting on the health of Australians with the Climate Council reporting in 2014 that extreme heat is responsible for more than 300 deaths annually. Air pollution is deadly too, with

the Royal Commission into National Natural Disasters Arrangements being told that the smoke from our recent Black Summer contributed to some 445 deaths and 3,500 hospitalisations—not to mention air pollution from coal-fired power stations.

Other climate change impacts that shape our health outcomes include freshwater availability, harmful bacteria, pests, food supply distribution, and of course the mental health impacts of experiencing traumatic extreme weather events, which are being exacerbated by climate change.

With significant public health experience and as former chair of the Public Health Association of Australia, I know all too well the importance of equipping patients with the relevant information about factors affecting

their health. And as a former Director-General of Emergency Management Australia and a member of Emergency Leaders for Climate Action (ELCA) – an initiative of the Climate Council of Australia—I know that public education about climate change is a powerful strategy to drive the political action that we desperately need.

With recent research showing that doctors are amongst the most trusted professionals in Australia, engaging with patients at the point of care to offer the information they need, is vital.

Accountability Important

For our part, ELCA is working to hold governments accountable by, among other things, closely monitoring progress of the 80 recommendations from the Royal Commission into National Natural Disasters Arrangements which was convened following Black Summer and unequivocally heard that climate change exacerbated the bushfire crisis. We want to make sure that the Commission's recommendations are implemented so that communities are better protected when the next disaster strikes.

Throughout Covid, we have witnessed national leadership listen to and act on the advice of the health experts through the Australian Health Protection Principal Committee. One must ask where the equivalent for national decision making and agreement on emergency management in times of major disaster.

Once again, I welcome the AMA ACT's commitment to helping equip Canberra's doctors and patients with the tools to understand climate change and its associated health impacts; this can only help strengthen the community push for national leadership to accept the root causes of climate change, and its critical impact on our future.





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Climate for Change

BY MIRIAM RUSSO AND STEVE ROBSON

Well before the COVID-19 pandemic reshaped all of our lives, Canberra's doctors were dealing with heatwaves, drought, and bushfire smoke. The health effects of our changing climate were on the agenda for all of us – day to day we were managing patients affected not only by heat and smoke, but by the psychological impact of these changes.

Much has been written and spoken about the potential effects of climate change, but for doctors those effects are immediate and cause harm for our patients now. Bushfires isolated patients and cut off not only escape routes but supply chains for medical practices and hospitals. Babies were born in smoke-filled birth rooms.

For these reasons the AMA ACT has put together a Climate Change and Health Special Interest Group, or SIG. Doctors are on the front line of managing both the physical and psychological effects of a changing climate.

The Climate Change and Health SIG met for the first time in May this year and the group was united in a desire to put patient welfare front and centre of the climate discourse.

Political Input

The group was addressed in person by Leader of the Canberra Liberals, Ms Elizabeth Lee, who is also the Shadow Minister for Climate Action. As the Liberals are not exactly known for their climate-friendly policies at the Federal level, it was pleasing to hear that Ms Lee takes the issue seriously.



The group also had a Zoom presence from senior Federal Labor spokespersons Chris Bowen – the Shadow Minister for Climate

Change – and Mark Butler, the Shadow Health Minister. Both gave support to the AMA ACT Climate Change and Health SIG members and our endeavours.

Expert Input

The group were also fortunate to hear presentations from Dr Arnagretta Hunter, ANU Institute for Climate, Energy and Disaster Solutions and David Templeman from the Emergency Leaders for Climate Action. Both David and Arnagretta delivered a clear message – there is a real and present danger to the health of our community and the time for action is now.

The meeting of the SIG ended with a brainstorming session with the group deciding that we should develop a campaign including patient information materials, such as

waiting room wall posters, pamphlets, shareable videos, and a website providing health information for patients and doctors alike.

Whatever you think about the causes and solutions for climate change, one thing we all can agree on is that large scale events such as heatwaves, floods, cyclones, flood events, and bushfires have a huge effect on health. As doctors we have to be ready to help our patients – and the health system – cope with these events.

Any Canberra doctor or medical student interested in healthcare in our changing climate is welcome to join the group by emailing reception@ama-act.com.au or calling 02 6270 5410 to register your interest.

Your Invitation...

Do you want to help shape our campaign?

Please join us for the inaugural meeting of the AMA (ACT)

Climate Change and Health Special Interest Group

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President's Notes ...continued

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Public Hospital Funding

Last year, Canberra Health Services made the welcomed move of explicitly stating its goals of becoming both a Leading Specialist Healthcare Provider and a Great Place to Work. While AMA ACT is committed to supporting our members, and the broader profession as we work together to achieve these goals, the catch is we need to look at both current funding levels and the incentives that operate in the system.

In my view, it's essential that future funding models for patients requiring care in our ACT public hospitals should deliver both adequate and appropriately indexed funding and incentivise positive outcomes for patients.

Operating in this framework, I'm confident that we can improve outcomes for patients and ensure the best use of scarce resources.

Dr Antonio Di Dio

I am honoured to take on this new role from a colleague and friend, Antonio Di Dio, who has toiled unselfishly on our behalf over the last three years. Using his finely honed skills as a master communicator, Antonio has raised the public awareness of key healthcare issues.

At the same time, he has been the driving force of the ACT Doctors' Health Advisory Service,

supporting our colleagues who have reached out for help during a period of extreme emotional and psychological distress.

In addition, Antonio undertook the vital role of representing the AMA on the Independent Health Advice Panel established to assess the medical evacuation cases of asylum seekers in offshore detention centres, an extremely onerous and time-consuming task. Antonio's work with IHAP was duly recognised by the Federal AMA when he received the 2020 President's Award.

Antonio has sacrificed his personal, family and professional time with the dozens of weekly hours dedicated to AMA ACT over his term as President. I am not only grateful to him, but also his wife Cath, his four children and his co-Directors at the Yarrulumla Surgery, Jenny and Ruchi.

But we haven't lost him completely, Antonio will continue to represent the ACT on the Federal AMA Board.

AMA ACT Board

I'm also looking forward to working with an increasingly diverse AMA ACT Board, with its mix of both seasoned and emerging leaders. Our recent elections saw Dr Kerrie Aust and Dr Miriam Russo join the Board to complement the three former AMA ACT Presidents and three former Specialty College Presidents we



already have there. From this mix we can draw on a wealth of experience and a diverse range of views to perform our duties, ably supported by the AMA ACT secretariat staff.

I look forward to connecting with you all over the coming years, sharing your experiences and listening to your views on how our future healthcare system can be reshaped together.

National Health Co-op

Of course, I can't let this first column go past without making reference to the decision to place

the NHC into voluntary administration. While the Administrators say it's 'business as usual', there are 30,000 NHC members and a number of GPs and other health workers engaged by the NHC, that must be concerned about what the future holds. Either way, it's appropriate we think of our colleagues, and the community they serve, as they face the uncertainty of the current situation.

AMA ACT has reached out to the Administrators and offered our support to ensure that a suitable and timely solution can be found.

Hospital Doctors Enterprise Bargaining

Well, all I can say on this is – it's on again. Not yet three months on from Fair Work approving the 'new' EA, we are back into bargaining for the next one. The main elements of our claim deal with improved conditions for our members – given that COVID has significantly curtailed pay increases – but we are confident of a good outcome that will help our Hospital Doctors in the important work they do.

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Talk to your patients about the link between alcohol and cancer

The Foundation for Alcohol Research and Education (FARE) is launching a new campaign help make patients more aware of the link between alcohol and cancer.

The campaign corresponds with the new Australian Guidelines to Reduce Health Risks from Drinking Alcohol, which were introduced in December 2020.

Research has found there is no safe level of alcohol use, and the risk of developing an alcohol-caused cancer increases with the amount of alcohol consumed.

Alcohol causes around 3,500 cancer cases in Australia each year. The less alcohol a person drinks, the lower their risk of developing an alcohol-caused cancer.

So, by encouraging people to drink less alcohol, you can help them to reduce their risk.

Among other changes, the updated recommendation to reduce the risk of harm from alcohol-related disease or injury, is that healthy men and women should drink no

more than 4 standard drinks in any one day and no more than 10 standard drinks a week.

New National Guidelines

The new guidelines are the result of four years of extensive review of the evidence on the harms and benefits of drinking alcohol and replace the previous version, published in 2009. They will underpin policy decisions and public health messaging for many years to come.

Talk to your patients about reducing their drinking to reduce their risk.

"We're not telling Australians how much to drink," says Professor Anne Kelso, CEO of NHMRC, "we're providing advice about the health risks so that we can all make informed decisions in our daily lives."



The three guidelines are:

- To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day. The less you drink, the lower your risk of harm from alcohol.

- To reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.
- To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol. For women who are breastfeeding, not drinking alcohol is safest for their babies.

drinking patterns and best practice guideline development processes.

Joint Development

The guidelines were developed by NHMRC, with assistance from independent health experts including doctors, medical and public health professionals, researchers and consumer representatives on the Alcohol Working Committee. The guidelines were reviewed and endorsed by NHMRC Council which includes the Chief Medical Officers of the Commonwealth and each State and Territory, together with leaders in health, research and ethics.

A resource pack has been prepared for you to help talk to your patients. It includes:

- Posters
- DL Flyer
- A link to the Updated guidelines

Go to www.reduceyourrisk.org.au to find out more.

A 'standard drink' contains 10 grams of pure alcohol. This is about 285 ml of full-strength beer, a can of mid-strength beer, 100 ml of wine, or a single shot of spirits.

The new guidelines are backed up by extensive analysis and reviews which are available on the NHMRC alcohol health advice page. These include systematic reviews on the health effects of drinking alcohol, modelling, data on Australian

The Gift Giver: is it okay to accept a patient's gift?

BY AVANT MEDIA

Sometimes patients are so thankful for a doctor's care, they want to express their gratitude in the form of a gift and may even bequeath money or property.

However thoughtful on behalf of the patient, this situation can throw the most experienced doctor into a tailspin about whether accepting the gift is ethical or legal and can potentially lead to a complaint.

A GP member found themselves in this predicament after a female patient* presented to her surgery feeling mildly unwell with some pelvic pain and asked to be referred to a gynaecologist.

The doctor decided to perform a pelvic examination on the patient to check for bleeding and any other abnormality. She found the patient had forgotten to remove a tampon, which could have caused toxic shock syndrome. The GP removed the tampon and referred her to a gynaecologist.

Six months later, the patient's daughter presented to the doctor and offered her a \$400 spa voucher to thank her for saving her mother from a potentially life-threatening condition, such as toxic shock.

She was adamant she should accept the gift and the doctor felt to refuse would be interpreted as offensive, so she called us for medico-legal advice.

Code of Conduct: dos and don'ts

While accepting gifts from patients does not necessarily breach

boundaries, doctors should carefully consider the implications before accepting gifts and how it may affect their ability to provide good healthcare.

As these situations are not black and white, a medical adviser discussed with the doctor the guidance in the Medical Board of Australia's *Good medical practice: A Code of Conduct for Doctors in Australia* which does not rule out receiving a gift from patients within defined boundaries. It recognises there may be some circumstances when it is acceptable, bearing in mind the value of the gift, reasons for giving and the doctor's attitude and demeanour.

The code outlines how doctors can ensure honesty and transparency in financial arrangements with patients. Doctors must not encourage patients to give, lend or bequeath money or gifts that will benefit them directly or indirectly. Always be mindful of the power imbalance in the doctor-patient relationship and the potential for changed expectations from patients following acceptance of a gift.

Complaint to regulator over gifts

Doctors should also be aware that accepting a gift from a patient can also trigger concern from their

family members and potentially result in a complaint being made.

In one case, a GP had been treating his elderly male patient for over a decade. The doctor's wife, also a GP, had treated the patient's wife in that time. To show his appreciation for the care he and his wife had received over the years, the patient gave one or both doctors two bottles of wine about three or four times a year and, on one occasion, a meal voucher.

The patient's family members believed the GP had failed to observe appropriate professional boundaries and were also concerned with the GP's overall clinical care of the patient. The family members lodged a complaint with the state's complaints body.

In considering whether a finding of unsatisfactory professional conduct was appropriate, the Professional Standards Committee considered among other factors:

The varied interpretations and implications of the gift-giving, such as monetary value, nature and frequency of the gifts.

Whether the GP attempted to discourage or return the gifts.

Ultimately, the committee found in favour of the GP on all aspects of the complaint and did not consider that accepting a gift would necessarily breach the Code of Conduct.

The committee found the GP had not encouraged the gifts. However, they noted it would have been desirable for him to have held a conversation with the patient about why the gifts were given and reinforcing to him that they were not necessary. The committee believed that failing to do so could not be described as improper or unethical based on the context of their relationship and the patient's desire to give gifts.

Other factors to consider

Doctors should also be aware of their practice or hospital's policies and procedures on accepting gifts from patients.

A good rule of thumb to follow is to perform the 'peer test' – which means determining how your colleagues would feel about it if you accepted the patient's gift and whether they would deem it appropriate.

Doctor accepts voucher

In the case above, the doctor de-

cidated to accept the spa voucher and made notes in the patient's record about the reason for the gift and a description of the gift. Any records should also provide evidence of impartial treatment (both financially and clinically) following the acceptance of any gift.

Key lessons

While accepting gifts from patients does not necessarily breach boundaries, doctors should carefully consider the implications and how it may affect their ability to provide good healthcare.

Never encourage a patient to give, lend or bequeath money or gifts that will benefit you directly or indirectly.

Check your practice or hospital's policies and procedures regarding accepting gifts from patients.

Consider how a patient's family may interpret your acceptance of a gift.

Perform a 'peer test' to gauge how your colleagues would feel about your acceptance of a patient's gift.

If you decide to keep a patient's gift, ensure you document the reason for the gift, a description of the gift and your acceptance of the gift in the patient's medical record.

** Certain information in this case has been de-identified to preserve privacy and confidentiality.*

This article was originally published on 22 March 2021 by Avant Mutual at <https://www.avant.org.au/news/the-gift-giver--is-it-okay-to-accept-a-patients-gift/>



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Communicating your value to medical recruiters

BY ANITA FLETCHER, STANDOUT MEDICAL CAREERS

Given the competitive environment for training and employment positions faced by young doctors, a question I'm often asked is – 'How can I put my best self forward, and stand out so I'm the one selected for the job?'

This is a key question, when you consider that at each stage of the selection process, from phone calls and emails to pre-meetings, written applications, and interviews, candidates are rigorously scrutinised.

For some doctors, the pressure of this process creates a state of immobility and procrastination during which they struggle to work out where to start and what to say.

So, my advice is this.

Clarify your Value

Before you can articulate your value clearly to others, you must clarify it in your own mind. You need to understand your motivations, personal values, goals, strengths, and interests so that you can successfully present yourself to others.

When you can effectively do this, you will stop missing out on opportunities because of your inability to effectively communicate your suitability for the role (and possibly because of your imposter syndrome as well). You will also feel more confident about walking into job interviews prepared to deliver an engaging and convincing narrative.

Uncovering the Relevant Information

As I work with clients, and before we start on writing applications,

improving CVs, or preparing for interviews, we undertake a process of uncovering the crucial pieces of information that make up an individual's unique value.

During our discussions, I see light bulbs go on as relevant experiences are recalled, and my clients gain clarity around what they need to communicate during the interview process.

This process leads to the development of the message each client needs to convey – what each client has to offer; a sentiment shared by Bonnie Marcus, a well-known executive coach – 'When you feel good about the value you offer the organisation, communicating and demonstrating your value to others is much easier.'

Preparing the Content

So, the next step in the process is to prepare the content for a message that piques recruiters' interest enough to firstly, invite you to an interview and secondly, offer you the opportunity.

Creating relevant, comprehensive answers off the top of your head and under pressure in an interview can be challenging. However, rehearsed answers can sound robotic. These are two major problems that at least four of my clients have talked about in the past fortnight.



In applications and interviews there are predictable topics that selectors will want to know about. They will expect you to demonstrate your ability in various areas by sharing your first-hand experiences within the range of your professional settings. This gives you the chance to clearly articulate your value proposition by preparing and rehearsing your responses.

So, the solution to the previous problems lies in developing an approach to preparing and rehearsing your responses so that you feel as comfortable as possible and your responses flow freely during interview. Carefully structuring how you share information and practising with someone will assist with this process.

One specialist I have been working with had to complete a 10-minute presentation as part of the interview. Afterwards, she reported that whilst the presentation had gone well, she could not 'find the right connecting words to sound professional' for the remainder of the in-

terview. She felt that, although she knew what she wanted to say, she just could not articulate it.

With further discussion, we discovered that this problem had occurred because she was not prepared to deliver her value proposition – the reason why she was the right person for the job. We are now working actively on developing this before her next interview.

Create Effective Interview Responses

While most doctors I speak with know they need to do this work, many put it off. I recommend writing down the responses you would give to common interview questions. Obviously, you can't know every question that may be asked, but you can build up a bank of information that you can adapt to many questions.

Once you've written this down, it will be easier to analyse, refine, and seek feedback from others about what you plan to say. Then, it's a matter of rehearsing – alone and with others

– the delivery of your role-winning case for the next career opportunity that's in your sights.

To find out more about communicating your value in written and verbal communication exercises, please join AMA ACT President Professor Walter Abhayratna, a group of expert clinicians, and myself for two evenings of presentations, breakout sessions with specialists, and panel discussions.

Best wishes and I'll see you all at the upcoming AMA ACT Careers Events dealing with CV and interview skills:

- Wednesday 14th July – GPs, Physicians, Dermatologists and Psychiatrists
- Wednesday 21st July – Surgeons, Radiologists, O&Gs, Anaesthetists, Intensive Care Physicians

These events will be held at the Capital Health Network, 6.00 for 6.30pm. Please contact AMA ACT for further details on 02 6270 5410 or reception@ama-act.com.au

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May this year saw the return of the Med Revue after a COVID-caused hiatus in 2020. As most Canberra Doctor readers will know, Med Revue is a musical performance written, directed, produced, and performed by medical students at ANU Medical School.

This year's revue, *'Dr Wonka and the Whitecoat Factory'*, was loosely based on the Roald Dahl classic of a somewhat-similar name, but updated to a time where, *'In the thick of the COVID pandemic, Dr Wonka's eccentric and exclusive private hospital has opened to train five lucky interns. However, their trip into the Whitecoat Factory isn't all that it seems to be.'*

'Dr Wonka and the Whitecoat Factory' was written by Henry Carter, Chloe Bell, Chloe Bransgrove, Meredith Cheng, Catherine Moore and Roland Bull. "We are all second-year medical students at the

ANU, where we are in the sweet spot of time availability, being adjusted to medical school life and not being as busy as the senior students," said Meredith Cheng, who was also the producer of the show.

Big Team

The main cast saw Ryan Debuque take on the role of Mike TB, Sophie Wright play Veruca Wart, Amy Li give her all as Violet Disregard, Aaron Ng as Augustus Fu, Pavani Divakarla as Jane Doe, Gabrielle Gross as Charlie Bucket and our own MedSoc President, Jason El Brihi play the good Dr Wonka.

As ever, the cast were supported by a live band, a chorus, and a dance ensemble. In total, there were 50 students performing onstage, 40 involved backstage and production, and a further 40 featuring in the videos, including cameos from clinical tutors and rural students.

There were also 20 staff members who contributed to the revue, in total making some 150 people making up the team! Given the size of the team, our director, Henry Carter, did an amazing job getting everyone to work together, to produce a great show and raise money for good causes.

Hats off to the producer Meredith Cheng too, "My favourite thing about producing Med Revue was discovering the amazing talents of our cast and crew, and watching them shine in the spotlight. With a

background in the performing arts, it was so exciting for me to share this passion with others and the wider community." And Meredith would know because, before commencing medicine, she was training as a professional opera singer!

Good Cause

Held over three nights, with two sold-out shows, the Med Revue was a huge success. It also raised \$17,000 for Companion House a Canberra-based NGO who provides medical and social services to refugees, asylum seekers and survivors of torture and trauma

Historically, the Med Revue has been attended by judges of the Canberra Area Theatre Awards and has performed well at the territory-wide awards ceremony. In 2019, Med Revue won the Canberra Area Theatre Award for Best

Original Work. From the quality of this year's show, history may repeat itself with the show again recognised at the Awards night...

The spectacular performance demonstrated the talent, passion, and commitment we have in the Canberra medical community and in our future doctors. Meredith, summed it nicely when she said, "It's been so heartening to watch the next generation of healthcare workers unite to nurture their strengths, to challenge their limits and, ultimately, to fuel their hard work into something so positive."

As they wrap, Med Revue is still accepting donations. You can email anumedrevue@gmail.com or sponsorship@medrevue.anumss.org if you would like to donate or wanted to get in touch!



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Karen Groves
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National Health Co-op Goes into Administration...continued

...from page 1

Business as Usual

The Administrators have been quick to point out that the NHC has gone into administration while it is solvent and will continue to trade on a 'business as usual' basis for the time being, with no disruption to services.

The administration will offer an opportunity to reset the course of the NHC but also ensure that members can still get access to the primary care services they have signed up for. Given the relatively tight market for GP ser-

vices in Canberra, the prospect of significant, additional demand on Canberra's GPs resulting from a large number of NHC members taking their business elsewhere, could be very challenging.

Potential Sale

Earlier this week, the Administrators called for expressions of interest from parties wishing to submit proposals for the future of the NHC. Interested parties will need to sign a non-disclosure agreement and submit a non-refundable fee of \$1000 to gain access to the data-room with

detailed financial and operational information.

The Administrators will require final submissions by the end of July or early August. Further information can be obtained from Michael Slaven on (02) 5104 9622 or at msslaven@slaventorline.com.au

Lease of Coombs NHC

While the EOI process goes on, it's only necessary to recall the 2020 ACT election to identify another potential impact of the administration on primary care services in Canberra.

During the campaign, ACT Labor promised that the child and maternal health service located in Weston Creek Walk in Centre would be co-located to the NHC clinic at Coombs. The new co-located service would be up and running from 1 July 2021 and cost \$700,000 over the following three years.

However, the NHC Board's considerations in the lead up to administration have meant that the ACT Government has been unable to enter into the planned sub-lease and undertake the required fit-out of the Coombs facility.

Given that the child and maternal health service was vacating the Weston Creek WIC to make way for a new medical imaging service, there must now be real doubt about the startup date for both the new service in Coombs and medical imaging at Weston Creek.

Despite these setbacks, the ACT Government has said it remains absolutely committed to delivering the Walk-in Health Centre in Coombs, providing children and their families with accessible, affordable healthcare closer to home.

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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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That's why we say to all our clients that it's better to get properly insured while you're still young and healthy – typically BEFORE you turn 35. Insurance is **much** more complicated than people think. That's why the DIY insurance path is so littered with disasters. And there's so much at stake...

It's time to get some professional advice – from an adviser with the technical expertise and experience required to make sure you're properly covered.



This is one of many insurance insights that enable us to help you protect your lifestyle and the people you love.

Contact AMA FINANCIAL SERVICES:
advice@amafp.com.au | 1800 262 346

Integrated protection plan	The right mix at each life-stage
Cost-efficient and tax-efficient structure	Quality insurers at the right price

* Source: <http://www.asic.gov.au/regulatory-resources/find-a-document/reports/rep-498-life-insurance-claims-an-industry-review/>

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