CANBERRA Doctor

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Greens the big winners in ACT Election

With the dust barely settled after the 17 October election, a new Labor Greens Parliamentary and Governing Agreement has been struck and the new government is about to be sworn in. While the big winners have been the Greens, increasing their representation from two to six seats in the next Legislative Assembly, it was the Canberra Liberals who again failed to make the most of the opportunities available.

In an election dominated by COVID-19 and its effects on the local economy, the Liberals chose a 'cost of living' strategy while ACT Labor focussed on jobs and the economy. In the end, however, many voters turned to the Greens and they emerged as the winners that has seen the number of Greens ministers increase from one to three.

Conversely, both major parties went backwards with ACT Labor losing two places to now hold 10 seats in the new Assembly while the Canberra Liberals also lost two, to now hold 9 seats. The Greens now hold 6 seats to round out the 25-member Legislative Assembly.

ALP Greens Governing Agreement

The new Agreement identifies policy issues of 'particular interest' to both parties as climate change, social housing and housing affordability, improving Canberra's planning system, light rail Stage 2, reducing harm from gaming, early childhood education and neighbourhood democracy. While none of these policy issues deal with specific health initiatives, the broader health impacts of many of the issues are significant.

In addition to the policy issues, the new Agreement lists agreed legislative and administrative reforms including raising the minimum age of criminal responsibility and developing a set of strategic and accountability indicators, based on wellbeing, to utilise when formulating budgets, reporting and decision making.

The new Agreement then sets out each of the ACT ALP and Canberra Greens remaining policies taken to the election. These policies remain as priorities for the new government and will be progressed subject to budget considerations.

Major Health Policies

In contrast to the 2016 ACT election, all of the major parties' health policies for the 2020 election were limited in scope and cost or were an updated version from the earlier election. ACT Labor's promise to complete the expansion of Canberra Hospital is an example of the latter.

Shane Rattenbury, Greens Leader.

In addition, ACT Labor has promised a Palliative Care Ward at Canberra Hospital, an additional 2,000 elective surgeries over four years, a new northside elective surgery centre and 5 new Walk In Centres.

Meanwhile, the Canberra Greens have proposed additional drug law reform that includes additional funding to address drug and mental health co-morbidity, permanent pill testing at festivals and other sites, improved Emergency Department responses with geriatric streaming and an additional $1.5m in dental care for low income families.

Later in this edition of the Canberra Doctor we set out in more detail the health policies taken to the election for both ACT Labor and the Canberra Greens.

Health Minister Continues

Ms Rachel Stephen-Smith will continue as the Health Minister together with holding the Families and Community Services and Aboriginal and Torres Strait Islander Affairs portfolios.

New Greens MLA, Emma Davidson, becomes Minister for Mental Health and also holds the Disability and Justice Health portfolios.

Election gives ACT Government opportunity to reboot

Hi friends and welcome to our latest edition of Canberra Doctor. You are receiving this because of the furious writing activity in recent weeks by the white coated boffins at AMA ACT house. Some have been knocking out articles on the old school Olivetti handed down from a grimly Presbyterian purse lipped grandmother whose first name he still does not know and dares not ask to this day.

I'm using a biro my nonna gave me that she removed from the trembling hand of a German tourist she belted vigorously outside the bishop's house in our village, when he made some fairly mild disparaging comment about the quality of Sicilian dentistry in the seventies. To be honest, he had a point – I looked like Dracula at the time – but I'm not arguing with nonna then or now.

Onwards! Firstly, let me congratulate Chief Minister Andrew Barr and his Labor team, together with Shane Rattenbury and the ACT Greens, for their success at the recent ACT election.

I'd also like to congratulate Rachel Stephen-Smith, who continues as Health Minister, and look forward to working with her on the future of our local health system.

We also have a new Minister for Mental Health, Emma Davidson, from the Canberra Greens, and look with optimism to the Greens continuing their strong interest in mental health. My congratulations to Minister Davison.

I look forward to meeting with the health portfolio ministers very soon in a formal context, although obviously we have already extended our congratulations.

Why Health is Important

Good health policy benefits all Canberrans. Good health policy saves lives.

From birth right through childhood to adolescence to adulthood to aged care and palliative care, every family in the ACT has regular interaction with the health system.

Health is without doubt the best and most important investment that governments can make. Keeping people well and out of expensive hospital care is vital.

Aside from self-evident pragmatic considerations like regular exercise and avoid upsetting my sainted nonna, it is crucial to have strong and decisive public health action – and we have seen the ACT at the forefront nationally in responding to the COVID-19 pandemic. The COVID-19 crisis has seen health policy and economic policy interlinked like never before.

At this point it is very reasonable to congratulate Dr Kerryn Coleman, our CHO, and her team for a sterling job in education and communication with the people of Canberra directly, from bushfires through COVID through a genuine period of risk-of-complacency. It is also reasonable to commend and congratulate her leaders and our politicians for listening to her counsel and acting swiftly and intelligently in the COVID preparation area.

Our DGH's, Ms Bernadette McDonald and Ms Kylie Jonasson, no strangers to vigorous but respectful dialogue and pressure from AMA ACT, deserve high marks for the collaboration with the health professionals, particularly doctors, in working daily behind the scenes to ensure that when COVID returns to the ACT – and it is very very likely to do so – that intelligent preparations have been made, and structures and systems are in place to deal with the inevitable slings and arrows that will come.

Keeping COVID at bay and maintaining strict physical distancing has allowed Canberrans to enjoy a lifestyle envied by the rest of Australia, as more businesses and services have been allowed to operate and economic activity has increased.

However, we must remain vigilant to keep these hard-won economic gains and achieve further lifting of restrictions.

Consultation can help

Chief Minister Andrew Barr now has a unique opportunity to build on our success in responding to the pandemic with a post-election platform built on strong and inclusive health policies.

Whether it be navigating the economic fallout from the current pandemic or preparing for the possibility of a second wave or dealing with the systemic problems we've known about for a long time, it won't be easy.

We need a new and consultative approach to the way we do things in our city. COVID has shown that, if we work together, it's possible to improve the way we respond and bring our community closer together.

In particular, I urge the ACT Government to take citizens into their confidence and explain the challenges we're facing. The Government should also listen to and take the advice of experts – that is how we got on top of COVID-19.

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New VMO contract rolling out

With the new VMO Contract having been legislated in early September, Canberra Health Services and Calvary Public Hospital are proceeding to roll it out to VMOs. All VMO contracts entered into from 11 September 2020 will utilise the new contract but VMOs may remain on their current contracts until the contractual term expires.

Canberra Health Services will also permit any VMO who wishes to convert to the new contract to do so but they must notify CHS by 7 December 2020.

It's important to note that, unless indicated, the terms of the new contract outlined below, do not apply to existing contracts and that the terms of existing contracts apply until the end of the term or the contract is terminated.

The timing of the VMO arbitration has meant that the economic impact of COVID was necessarily considered by the arbitrator in making his decision. While several gains have been made in regard to after-hours payments and conditions, the ultimate impact has been in reduced increases in indexation.

Given that the arbitrator handed down his decision in early July, the 2.5% increase in indexation applicable under the old contract, came into effect from 1 July 2020 while the new indexation rates will apply from 1 July 2021.

The gains that have been made include a new provision – 'Digital Call-back' – that sees duty undertaken remotely by digital means remunerated at Call Back rates, a minimum 8 week period for consideration of a new contract, a minimum one year term for non-locum contracts, a limit on CHS or Calvary reducing workload in the first year of a contract, provision of parking and other enhancements around teaching.

Indexation

In brief, the rates for sessional VMOs, currently $341.09 per hour, will be indexed by 1% from 1 July 2021 and by 1.5% from 1 July in each subsequent year. These sessional indexation rates will also apply to existing contracts.

FFS rates will be calculated by reference to a base indexation rate of 133.6% applied to 'the most recently indexed MBS rate which, in this case is, the July 2020 MBS. The base indexation rate will be increased by 1% from 1 July 2021, in lieu of any increase in the MBS, and 1.5% from 1 July in each subsequent year.

The annual increases of 1.5% commencing on 1 July 2022, will fully absorb any increases of 1.5% in future MBS rates but where MBS rates increase by more than 1.5%, then the MBS rates will apply.

Digital Call-Back

In essence, CHS has agreed to recognise and remunerate duty undertaken remotely by a VMO when on-call where that duty is performed using appropriate digital resources. A Digital Call-back can be undertaken at the VMO's residence or another location remote to the relevant hospital.

Digital Call-back includes work that requires access, review and/or creation of a record containing a patient's medical information and incudes clinical decision documentation.

Minimum payment for each Digital Call-back will be 30 mins at the VMO's ordinary hourly rate of pay plus the appropriate loading. A Digital Call-back includes all services provided to all patients in regard to whom the VMO has undertaken work during the Digital Call-back payment period.

The new provision will apply until 30 June 2022, by which time it is intended that more specific guidelines on Digital Call-backs for VMOs will be in place.

Contract Consideration Period

A new Clause 38 has been added to ensure that VMOs are given at least 8 weeks to consider the offer of a new contract. The effect of the new clause is to extend the expiry date of a VMO's current contract, should a new contract be offered within the eight week period prior to the expiry date.

A shorter period may be mutually agreed.

Term and Workload

A new provision has been introduced in Item 2 of Schedule 1 that establishes the minimum term for non-locum contracts as one year. Previously there was no minimum term for VMO contracts.

A further new provision establishes that there will be no reduction in the number of allocated operating room lists or sessions by the Territory within the first twelve months of the contract. The exceptions to the new provision arise where the reduction is directly related to the 'SPIRE' project or where agreement is reached with the VMO for a reduction.

Parking

The Arbitrator awarded a new clause 22.4 that requires a VMOs to be provided with "such car parking facilities that will enable the VMO to quickly and conveniently park his or her motor vehicle upon arriving at the at the Health facility."

This provision will, no doubt, be subject to further discussion with CHS.

Teaching and Meetings

New drafting instructions in Schedule 2, Services require that specific time commitments be identified for teaching and/or research.

In addition, Clause 14, Teaching has been amended to refer to JMO teaching and VMO participation in examinations more generally.

Finally, CHS has clarified the situation regarding payment for VMOs attending a meeting or clinical handover.

'CHS conforms that current practice is to pay claims for handover meetings based on the actual hours attended, subject to confirmation of attendance in accordance with normal contract requirements."

Is the ACT ready for the next COVID wave?

By any measure, the ACT has performed very well in responding to COVID-19. Despite this, we only have to look to the events in Victoria to realise how important it is to remain vigilant and ready to combat an outbreak in the ACT community. Given this, itís timely to ask whether Canberra is ready should COVID re-emerge locally?

One of the lessons learnt from the Victorian outbreak was the clear necessity to preserve the health and well-being of our health care workers. AMA Victoria President, A/Prof Julian Rait has pointed to the risks in the system, particularly with Personal Protective Equipment, and the apparent failure of the Victorian Government agency, Safer Care Victoria, to protect health care workers.

Given that health care worker infections are a very significant threat to the health system's ability to cope with the demand of re-emergent COVID, what are some of the lessons from Victoria focussed on PPE?

Victorian Public Hospitals

By mid-September, some 2466 Victorian health care workers had caught the virus at work.

Victorian AMA President, Associate Professor Julian Rait, has not only spoken to his concerns about health care worker infections but the associated potential for patients acquiring COVID in Victorian hospitals. One point of vulnerability identified was the importance of correctly fitting N95 masks with Victoria moving to a program of mandatory fit-testing of masks together with appropriate training.

A/Prof Rait was quoted as saying that "Although somewhat overdue, this measure will better protect healthcare workers and bring Victoria into line with other states and countries like Canada which mandate N95 fit-testing for all Health Care Workers."

Situation in the ACT

Access to and use of PPE in Canberra remains a live issue with feedback from public hospital doctors and general practitioners indicating the ongoing need to be vigilant when donning and doffing of PPE, the importance of training and, particularly in private practice, shortages or delays in supply of PPE.

Other feedback received indicated a mix of 'hands on' and online training for the correct fitment and donning and doffing of PPE was needed. While respondents believed that online training was a good option, it was felt that it was also important to have face-to-face training in the correct donning and doffing procedures.

One respondent said they 'realised how overwhelming it can get when I last saw a COVID positive admission and potentially missed a few steps during doffing.'

From the junior doctor perspective, CHS earned credit for its performance following some early problems related to supply.

There have also been a small number of reports of symptomatic patients being transferred through several locations within TCH or being at outpatient clinics without being tested for COVID. While small in number, these reports indicate the difficulties in adjusting to the 'new normal' for all concerned.

GPs and Private Specialists

The general feedback from GPs and other private specialists is that, particularly early on, PPE was difficult to obtain and expensive when it could be obtained. General practitioners, in some instances, improvised elements of PPE with one practice reporting that industrial quality face shields were used over the top of disposable masks.

Some general practices report shortages of disposable masks, gloves, and caps.

Private specialists have also reported some difficulties in obtaining PPE, particularly in regard to P2 masks, and an associated slow delivery time when stock can be found. One specialist suggested that practices need to actively plan for the situation where PPE became critically short or not available.

CHN Supply of PPE to GPs

The Capital Health Network supplies PPE from the National Medical Stockpile (NMS) to general practices in the ACT in accordance with guidelines developed by the Department of Health.

CHN CEO, Megan Cahill, said that "to date the CHN Primary Care Relationships Team has distributed almost 180,000 pieces of PPE across the ACT, mostly through contactless delivery.

As supplies are limited, the CHN is distributing PPE to practices with demonstrated need, including where:

- there is no local supply available commercially
- practices are in a location where there may be community transmission of COVID-19
- practices have an unusual number of patients presenting with respiratory symptoms."

Requesting PPE

Practices may only request PPE from the CHN by completing the online request form. The CHN says that this data allows them to assess the PPE needs of practices beyond that provided from the NMS. This has led to the formation of a commercial supplier list.

Delivery from the CHN supply is usually completed within 24-48 hours. For the order form, CHN PPE factsheet and commercial supplier list, please go to: https://www.chnact.org.au/covid-19-resources/ppe/

Guidance on the supply of masks from the NMS for general practice (including Aboriginal Community Controlled Health Services) through Primary Health Networks (PHNs) can be found here: https://www.health.gov.au/resources/publications/distribution-of-ppe-through-phns-tranche-4-surgical-masks-and-p2n95-respirators-for-general-practice-community-pharmacy-and-allied-health

AMA 2020 Public Hospital Report Card: ACT must change

This month's release of the 'AMA Public Hospital Report Card 2020' shows the ACT trailing behind the rest of Australia on almost every indicator.

'Since I've been AMA ACT President, this is the third Public Hospital Report Card and they've all shown the same result – disappointing performance from our ACT public hospitals,' AMA (ACT) President, Dr Antonio Di Dio said.

'Despite these results, what we also know is that the ACT medical workforce is committed, hard-working and provides excellent care – once you can access that care.' he added.

'For me, the performance data in the Public Hospital Report Card is doubly disappointing because it was only a few short weeks ago that AMA ACT and the RACGP released our *'Key Health Issues for the 2020 ACT Election'*, highlighting public hospital funding as a major issue. Sad to say, our concerns have been shown to be all too real.' Dr Di Dio said.

In regard to the ACT, the Public Hospital Report Card showed:

- Slightly more than 30% of urgent ED patients were seen within the recommended time of 30 minutes compared to a national average of more than 60%. The ACT was the worst performing state or territory.
- Median waiting times for elective surgery in the ACT improved over the course of the year but the ACT performance continues to be worse than the national average and is in front of only the NT and Tasmania.
- In the ten-year period finishing in 2017/18, the average annual per person growth in public hospital funding contributed by the ACT Government was 0.88% p.a. and for the second five of those years it was -2.74% p.a.

'In particular, elective surgery waiting list statistics are worse than the official data suggests, because they do not include the time that patients wait to see an outpatient specialist before being added to the official waiting list.' Dr Di Dio said.

'If this additional waiting period were to be added, the statistics would be far more realistic, and more sobering.' Dr Di Dio added.

The Way Forward

'In a time of COVID, we need to question what we used to regard as certainties and that includes taking a hard look at our ACT healthcare system.' Dr Di Dio said.

"As our 'Key Health Issues' document said, it's not just about funding, it's about how we spend the money and particularly in the development of better models of care. In short, we need to make infrastructure investment to better integrate care and improve quality of care across the system. This will, in turn help take the pressure off our EDs by ensuring that conditions better managed in the community, do not have to be managed in our EDs.' Dr Di Dio added.

'Not only will we help our EDs, but even more importantly patient outcomes will be improved too.'

The 2020 Report Card can be accessed at https://ama.com.au/sites/default/files/documents/AMA_Public_Hospital_Report_Card_2020.pdf

Election 2020 Health Policies – Canberra Greens

The following information has been compiled from the Canberra Greens policy platform, election announcements, proposals submitted for costing to the ACT Treasury and the ACT Treasury's costings. While these policies listed below tend to be more ëhealth specificí, the Greens have other ëhealth relatedí policies, such as additional public housing and drug reform proposals, that fall within a broader health remit. Many of the latter group of policies have not been included below.

POLICY	COMMENT	ACT TREASURY COSTING	TIMEFRAME
Expand current services at WICs including offering sexual health screening and increasing nurse practitioner 'capability'.	The Greens will work with Sexual Health and Family Planning ACT to explore building this capability in WICs. Overlap with ACT ALP	Not submitted for costing.	Not stated.
Establish two, new WICs. Likely in inner South Canberra and West Belconnen but location subject to a geographical needs analysis	Overlap with ACT ALP	Not submitted for costing.	Not stated.
Reducing Elective Surgery Waitlists,	Support for 2,000 additional elective procedures over four years. Overlap with ACT ALP.	ALP costing for four years is $31.4m. ACT Treasury costing is for final three years of forward estimates and is $18.8m.	Progressive.
Improving Emergency Department Response – scope and introduce seniors streaming, safe haven cafes, addressing alcohol and drug and mental health co-morbidities	Seniors streaming – TCH and Calvary to scope and introduce streaming in ED. Safe Haven Cafes – alternative to ED for persons in distress and /or at risk of a mental health crisis. Addressing A&OD mental	Not submitted for costing. Greens propose further $600,000 for two years funding of Cafes, $800,000 over four years for A&OD CLS and $100,000 to scope Psychiatric Alcohol and non-Prescription Drugs Assessment Unit.	Varies between proposals.
Increased investment in preventative Health Measures including social prescribing, targeting obesity in schools, increasing exercise equipment,		Not submitted.	Not stated.
Expand Hospital in the Home.	Additional 500 patients per year. 10 Nurses, 1 doctor and 3 allied health professionals.	Not submitted for costing. Greens propose $5.8m over four years.	Progressive
Scoping and planning for a new northside hospital.	Work plan that aims for a new hospital to be completed in 2030.	Not submitted for costing. Greens propose $2m over next two years.	FY22
Additional funding for Youth Mental Health to increase access to services and prevention programmes.	Establish a psychologist subsidy scheme for young people and people on low incomes; employing 10 additional child and adolescent mental health clinicians; boosting community counselling, mentoring, home visits, advocacy and case management for 10-25 year olds; delivering a Mental Health Promotion and Prevention Program in primary schools; providing free mental health training for parents and carers, and peer support groups; providing more funding and funding certainty for community sector delivery of youth mental health services	Not submitted for costing. Greens costing for four years and covers expenses $14.9m. ACT Treasury costing is for final three years of forward estimates costs of $11.7m.	Over term of government.
Other mental health initiatives	Expansion of PACER, 5 additional supported accommodation houses, refurbishing 10 beds at Brian Hennessy Rehabilitation Centre	Not submitted for costing. Greens propose $10m in capitals expenditure and $3.25 in expenses over four years for refurbishing 10 beds at Brian Hennessy Centre.	
Building a second hydrotherapy pool in Canberra's south	Scoping and constructing a new pool.	Not submitted for costing. Greens propose $3m to scoping and constructing a new pool	Not stated.
Develop a mandated minimum nurse/midwife to patient ratio framework.	Development of Framework for ratios that vary according to clinical setting. Mandated minimum ratios and increased staffing numbers to meet ratios.	Not submitted for costing.	Over term of government.
End of life treatment	Palliative care ward at TCH; enhances in-home and after hours palliative care; palliative care respite facility for carers and scoping study for secular hospice.	Not submitted for costing. Greens propose $1m per year for enhanced in-home and after hours care; $600,000 per year for respite facility; $100,000	FY24

Election 2020 Health Policies – ACT Labor

The following information has been compiled from ACT Labor's election announcements, proposals submitted for costing to the ACT Treasury and the ACT Treasury's costings.

POLICY	COMMENT	ACT TREASURY COSTING	TIMEFRAME
Expand the range of services available at existing five nurse-led walk-in centres and establish an outpatient imaging service at Weston Creek WIC with CT, ultra-sound and X-ray capabilities and	New commitment for 2020 election	Expenses of $10m over four years offset by $12.6m in MBS revenue from imaging services. A capital investment of $2m is also required.	1 January 2022
Roll out five new local walk-in health centres in South Tuggeranong, West Belconnen, North Gungahlin, Coombs and the Inner South	Coombs co-located WIC is a 'pilot program of an integrated model between walk-in health centres and GPs.' Locations of other new WICs to be determined via a feasibility study with commitment to three WICs being completed over next four years	Coombs WIC costed at $507,000 for rental payments over four years. Remaining four WICs costed at expenses of $3.5m over four years including $2m for community consultation on location of new centres between 1/21 and 6/22. Capital investment of $45m.	Coombs WIC – July 2021 Three new WICs are due to be operational by 10/24.
Deliver 60,000 elective surgeries over the next four years	Commitment is for an additional 2,000 'higher complexity' elective procedures over four years. FY22 – 200, FY23 – 400, FY24 – 600, FY25 – 800.	ALP costing for four years is $31.4m. ACT Treasury costing is for final three years of forward estimates and is $18.8m.	Progressive.
Establish an Elective Surgery Centre on the University of Canberra campus.	Elective day surgery centre. Costing is for scoping, planning, design and construction	Expenses of $180,000 and capital investment of $10.5m.	Construction completed by FY25
Upgrade of endoscopy rooms at Canberra Hospital.	Commitment is for additional 5,000 endoscopies.	Net expenses of $1.3m with a further $3.5m from Health Funding Envelope. Capital investment of $16.2m.	End FY23
Establish a dedicated palliative care ward at Canberra Hospital	Proposal involves refurbishment of existing ward in TCH.	ALP costing for four years and covers expenses of $215,000 and capital investment of $9m. ACT Treasury costing is for final three years of forward estimates and covers expenses of $72,000 and capital investment of $4.5m.	FY25
Continue the planning and design work for a new northside hospital, with the aim to start construction by mid-decade.		Not submitted for costing	Progressive
Invest $15 million in more mental health support for Canberra's young people	Delivering the 'MOST' platform. Expansion or continuation of 3 other existing programs.	Expenses of $14.9m over four years.	Progressive
Building a second hydrotherapy pool in Canberra's south	Feasibility, design and consultation on location FY21. Construction to commence in FY22.	Expenses of $359,000 over four years and a capital investment of $3.2m	Completion in FY23
Employ an additional 400 doctors, nurses and allied health workers this term	This commitment relates to the expansion of Canberra Hospital, additional services at existing and new WICs	Not separately submitted for costing but will be substantially included in other proposals.	Progressive
Complete the major expansion of the Canberra Hospital	Commitment from 2016 election	Not submitted for 2020 election	FY24

‘Every Doctor, Every Setting’: Prioritising your mental health

‘Every Doctor, Every Setting’: A National Framework was officially launched last month, as part of a national commitment to prioritise the mental health and wellbeing of Australian doctors and medical students.

The National Framework aims to guide coordinated action on the mental health of doctors and medical students through targeted areas including – improving training and work environments, recognising and responding to those needing support, improving the response to doctors and medical students, the culture of the medical profession to enable wellbeing and coordinated action and accountability. The National Framework sets out how important it is that all jurisdictions, settings, services and stakeholders are be involved to ensure immediate, sustained and coordinated action.

Improving the wellbeing of doctors and medical students is a key enabler of quality patient care and healthier communities. This National Framework is based on available evidence and advice from doctors, doctors-in-training, medical students, mental health and suicide prevention experts and other key stakeholders.

AMA Support

According to AMA President, Dr Omar Khorshid, the time is right to set an Australian reform agenda that positions the mental health and wellbeing of the medical profession as a national priority, requiring a coordinated and resourced approach.

“We know that environments that value, develop and support the medical profession are conducive to good patient care,” Dr Korshid said.

“The National Framework targets the structural and environmental risk factors which can impact on the medical profession, outlining actions we can take to support the mental health of doctors and medical students.

“Doctors and medical students face a range of pressures and stressors over the course of their training and career and it is vital that we address those on an individual level and as a profession.

“It’s also vital that we work together to make sure appropriate support and initiatives are in place to support doctors and medical students and to build on the great work that is already being done.

“Nowhere is this better illustrated than in times of crisis like COVID 19.”

Online Resource

The new online resource was developed and based on research conducted by Everymind, a national Institute dedicated to the prevention of mental ill-health and suicide.

According to Everymind Acting Director, Associate Professor Carmel Loughland evidence indicates that doctors in Australia are at higher risk for mental ill-health and suicide compared to the general population.

“Evidence in Australia indicates that doctors and medical students experience above average outcomes for physical health, but they are at higher risk for mental ill-health and suicide compared to the general population,” Associate Professor Loughland said.

“We also know that according to best practice research, improving the wellbeing of doctors and medical students is a key enabler of quality patient care and healthier communities.

“During consultation we learnt that when mental ill-health is recognised, doctors and medical students are often reluctant to seek help due to strong social and self-stigma and fears of appearing unhealthy and weak.

“This National Framework identifies a number of key themes and concerns among doctors, doctors in training and medical students that can be addressed across all medical settings to aid action and initiate broad-reaching reform.”

Individuals, organisations, hospitals and governments can all be involved in taking action and showing support for the framework such as signing, sharing and showing how they will be implementing the framework via: www.drs4drs.com.au/resource-hub

The national working group which guided this framework comprised representatives from the AMA, Everymind, Australian Medical Students’ Association, Orygen, United Synergies, Black Dog Institute, Queensland Doctors Health Programme, Doctors Health Services Board as well as independent registrars.

It was funded by the Australian Government as part of The Prevention Hub (co-led by the Black Dog Institute and Everymind) and specific project funding for Tackling Mental Ill-Health in Doctors and Medical Students.

For more information, visit:

www.drs4drs.com.au/resource-hub

Access to a network of independent doctors’ health advisory services around the country that provide triage and referral services as well as education and other support is available at www.drs4drs.com.au

Doctors and medical students who are struggling with their mental health can now access a free, confidential 24/7 telehealth service on 1300 374 377 (1300 DR4 DRS)

Better access to leave for our JMOs

Every year around this time, shortages of junior medical staff become more apparent. Leave relief pools have disappeared, there are urgent emails from medical workforce administration asking for critical shift cover and morale in the hospitals is affected. While there's no doubt that limits on international travel during COVID-19 has significantly affected the annual northern hemisphere workforce supplementation, problems with access to leave in the ACT are neither new nor unpredictable.

It's not unusual for problems to get worse as the year comes closer to its end and, on occasions, I've heard JMOs being accused of lacking loyalty by moving on before the year actually ends. In fact, from what I've seen, JMOs are both loyal to their patients and committed to becoming the specialists who will best serve the health needs of the Territory and the greater Australian system.

Our medical training system is built in such a way that it actively encourages – and sometimes mandates – a somewhat transient JMO workforce. In reality, JMOs face difficult decisions when it comes to the next step in their careers and I tend to think that at least some of our end-of-year problems reflect a more widespread issue related to recruitment and retention.

As a teaching hospital, TCH plans for doctors to make the moves that are going to see the best outcome for them and their future. At the same time, this can be a difficult pathway for hospital administrators to manage, as it inevitably results in shortages that are most severe at the end of the training year.

The Training System

While training systems are continually evolving, the current arrangements place hospitals and JMOs into a highly competitive system. Training – and service provision – requires JMOs to move between hospitals and often the broader region around Canberra, then look to the best training experience for their careers that will inevitably lead to work in other States or even internationally, when that option is again available.

JMOs move around, not because they don't value job stability and accruing entitlements, but because there are a number of skills they need to pick up in order to serve patients – and it's usually impossible to get them all in one place. JMOs navigate through a series of annual contracts and a fragmented health system in order to develop the skills they need.

We Can Do Better

Health system policymakers and managers should see this is as it always has been – a necessary part of training specialists. While career pathways that don't require resignation and re-application to navigate would be welcome, the nature of the training system and how it intersects with hospital employment is a significant complication.

For example, when making the all-too-regular job application, JMOs know that there's a disappearingly small chance of being able to apply in advance for periods of leave. It's well known that prolonged exposure to long hours and high stakes takes a toll. JMOs work long hours and make tough decisions; time away to reconnect with loved ones and recharge is vital.

Lack of appropriate access to leave can increase the risk of burnout, compassion fatigue and associated mental health problems. In a high-stress environment, often surrounded by trauma and suffering, access to leave is essential. While many hospital managers understand these problems, getting a fix is much harder.

A couple of things are clear though – it's much cheaper for the health system to provide leave year in, year out than pay out at higher levels when JMOs resign or the health system utilises locums.

Perhaps a central pool of available leave should be built into the accreditation requirement for hospitals or a more co-ordinated Territory-wide approach to leave relief or even rosters that co-ordinate between TCH and Calvary?

Let's see if we can improve the system, look after each other and not blame our young doctors.

The changing face of personal risk insurances

The life insurance industry is looking at a shake-up as they find themselves under increasing pressure to create products which are sustainable for the long term. The Australian Prudential Regulation Authority (APRA), who regulates life insurers and friendly societies, have demanded that changes occur.

The shake-up of provisions aims to ensure the ongoing availability and sustainability of the life insurance industry in Australia and APRA have stated that it's not just Income Protection in its sights, 'life companies also apply the underlying principles to other insurance products, where applicable'.

The trigger for intervention was that the industry has reported losses in relation to Income Protection products of up to $3 billion over a 5 year period up until September 2019, which, as of the June quarter of 2020 was still showing losses of $179 million (as a total net loss after tax on individual protection products).

The first round of significant changes came into effect on 31st March 2020, with individual disability income insurance contracts being modified to remove the ability to have an 'Agreed Value & Endorsed Agreed Value Contract'.

Further Changes

On 30th September, APRA confirmed that further changes to Income Protection policies are expected to come into effect from 1st October 2021. The major changes are:

- Policyholders with a 'predominantly stable income' should have their income assessment based on "annual earnings at the time of the claim event not older than 12 months". For variable incomes, it should be an "average annual earnings over a period of time appropriate for the occupation of the policyholder and reflective of future earnings lost as a result of the disability."
- "Insurance benefits...do not exceed 90 per cent of earnings at time of claim for the first six months of the claim and do not exceed 70 per cent of earnings thereafter".
- The indexation of benefit payments to the claimant throughout the claim should "be limited to a suitable inflation index".
- "The policy contract is for a term not exceeding five years. The policy contract may allow the policyholder the right to enter into new policy contracts upon the expiry of the existing contract for further periods (not exceeding five years), without a medical review, on the terms and conditions applicable to new contracts then on offer by the life company. Changes to the policyholder's occupation, financial circumstances and dangerous pastimes should be updated on renewal and reflected in the new policy terms and conditions".

In addition, APRA expect that insurers "have effective controls in place to manage the risks associated with long benefit periods".

Life Insurances?

The insurers have a strict mandate to ensure the sustainability of life insurance products which will likely lead to further reduction in benefits and modification of available contracts going forward. A valid question might be, is it worth having life insurances, especially Income Protection considering the above? The answer is predominantly yes! Having the right type of cover, the correct levels and the best suited contract(s) for your needs is still critical to ensure that you can protect everything that you work for and to ensure that you and/or your families are looked after should an unwelcome event occur.

The above is supported by recent statistics published by APRA which show that insurance claims do get paid (with an admittance rate across all types of cover and distribution channels being 94% over a rolling period of 12 months up to 30 June 2020). Plus, statistics also indicate that in general having an individual advised contract had higher acceptance rates compared to those that were individual non advised. In practical terms, that meant that it allowed more policy holders to access critical financial support at a time when they needed it most.

In conclusion, now is a great time to complete a 'health check' on your insurances to ensure that you are best placed to face the upcoming changes are on the horizon for personal life insurance policies.

For an obligation free review of your current position, please feel free to contact the team of professionals at Specialist Wealth on 1300 008 002 or ama@specialistwealth.com.au.

"My AMA...

This is the first in a series where we ask AMA members about *'their AMA'*

BY A/PROF ANDREW MILLER

I joined the AMA as an intern because I had long been convinced that we all need an advocate, and the AMA seemed the logical advocate for me as a doctor. With time I realised that advocacy required active participation and so, I became more involved, and attended meetings and joined committees.

Eventually I was honoured with the ACT Presidency and became a member of the Federal Council. One way or another I have given the organisation a significant amount of my time over the years; time which I do not regret for one minute.

Being involved in various AMA committees gave me the opportunity to speak about issues that impacted me, my practice and patients; but it also gave me a great opportunity to listen and learn. It is a sad fact of modern life that we are all very busy, and professionally it is very easy for our horizons to become narrower and narrower.

Opportunities to Learn

These committee meetings, with a diverse group of colleagues, each with their own field of practice, presented a golden opportunity to learn about medical practice in other fields; about the ways that others coped with life – the universe – and everything; and in my own small way work to make a difference.

The Federal Council took this to all together a different level. It gave me the opportunity to meet with a group of extraordinarily experienced, knowledgeable and wise colleagues. Their lived experience in medical practice, administration, policymaking and politics is extraordinary; and my every meeting gave me a broader perspective on all of these things. I honestly feel that I came away from each meeting with so much more than I brought to it.

It is always rewarding to feel that you have achieved something, and I have been able over the years to utilise the resources of the AMA secretariat, and to work with them, to make changes to the way that government and policy makers view our profession.

Opportunities to Play My Part

The AMA has a long record of stopping crazy things from being foist on the profession and community; you never hear about this because our advice to government in these moments is quiet, emphatic but confidential. I have lost count of the number of times these meetings have wrought real change; but it would damage our relationships to speak out and so others often never know just how close things came to a mess.

These are the quiet achievements of our organisation of which I am most proud. It is because we are held in good regard and respected for our professionalism, balance and dedication that our opinion is sought.

Over the years I have enjoyed spirited debate (always respectful, but always incisive and rigorous); warm companionship; happy victories celebrated together and sad defeats suffered in supportive and friendly company. It has been an eventful, enjoyable, frustrating and altogether human experience.

This has been my AMA.

ACT Government opportunity to reboot...*continued*

...from page 2

There are significant challenges in health.

One of them is overcoming opacity in the system and replacing it with transparency. Being honest with the public and sharing data and reports about the Canberra public healthcare services metrics and performance should NOT be about our organisation publishing report cards and somehow shaming our local health services in the media in a regular cycle of trying to bring failings to the public's attention.

That is unfair to us and anyone trying to work with truth and data. Instead, it should be about these agencies sharing , as much as is possible within good public governance, respect of privacy, and so on, as much data about their performance metrics, good and bad, with their citizens, as part of a respectful and collaborative journey with those health consumers over the next few years. There is no shame in unflattering metrics if people can see why, how, and what the issues were, and what genuine steps are being taken to move to where we want to be.

The corollary is that there is no value in hiding useful data from citizens – that is the opposite of collaboration and inclusivity. We see our local public healthcare services moving toward a greater transparency and look forward very much to this trend continuing.

Despite the challenges, ACT patients receive excellent care, be that in our hospitals or from our GPs or the many other dedicated healthcare workers. But the big issue for patients is getting access to the right care at the right time in the right place.

Targeted Funding

Providing health care in the ACT is more expensive than most other parts of the country. We are a small Territory with limited scale, we look after large numbers of cross-border patients, we lack proper coordination between our public hospitals, and we also struggle to recruit and retain key health workers.

The ACT Government must become more strategic with health funding. Investment must be based on getting the best bang for every valuable health dollar.

General practice is the best value for money for health investment. Patients get a highly skilled and trained health professional who is with them throughout life. GPs provide holistic care, they are trusted confidants for patients for health issues across the spectrum, and they help patients navigate their way through the health system to receive the most appropriate care for their condition – there is much talk recently about the "health care navigator" being introduced into the system, and I for one smile whenever my GP colleagues hear this and think "Isn't this what I've been doing the last 20 years?"

The GP is central, committed and caring – from maternity to surgery to mental health to allied health and other specialised medical care. If my nonna were to mistake you for a rude tourist and communicated her displeasure like Mario Milano in a wrestling ring, your high quality GP could triage , diagnose, treat, navigate, refer, co-ordinate and follow up what ails you in a fully integrated and cost effective way – the most cost effective part of the entire health system in Australia.

GPs provide quality public health advice – immunisation, diet, exercise, and more – to keep people well and out of hospital.

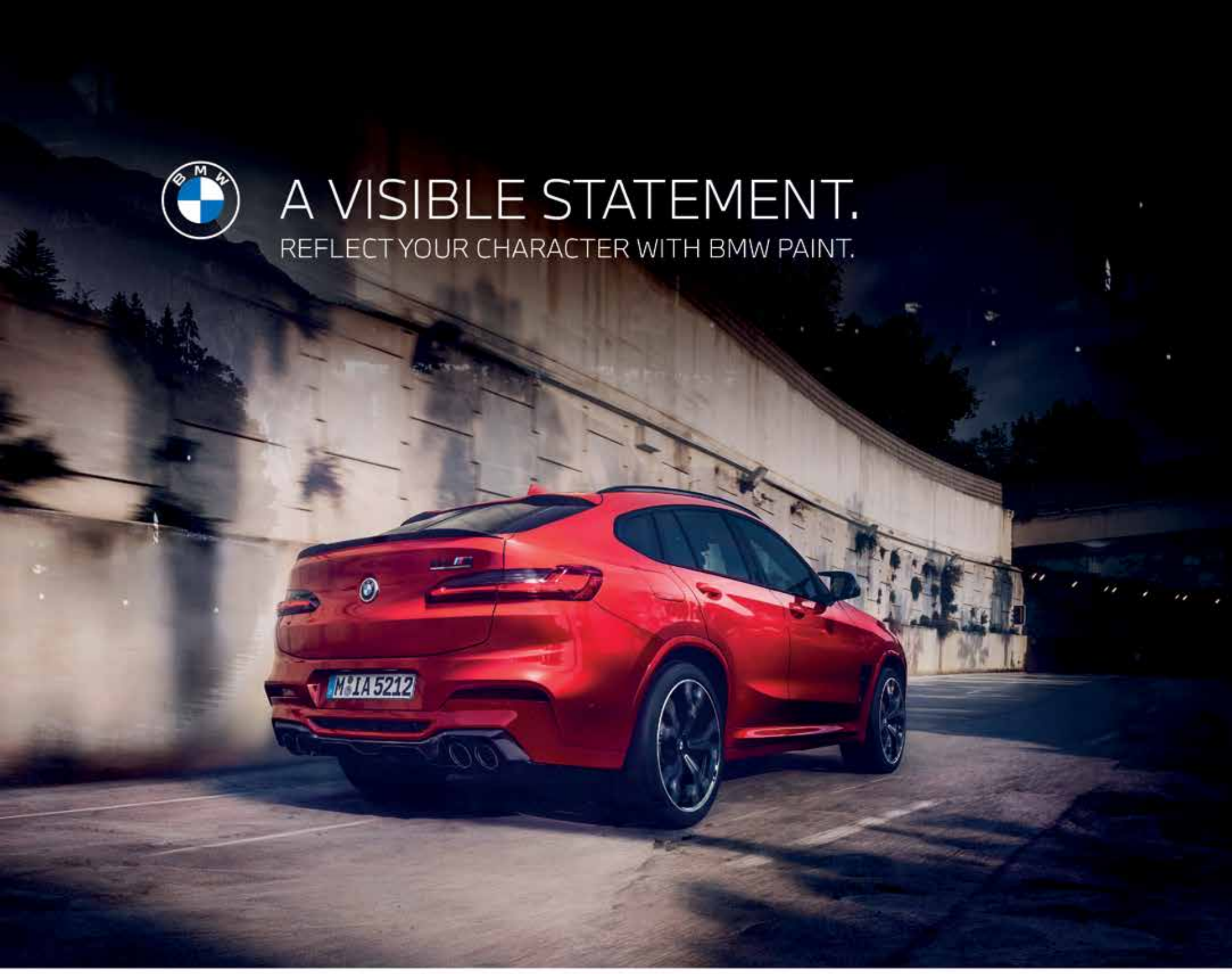
Patient-focused, GP-led integrated care delivers the best health outcomes.

AMA ACT wants the ACT Government to improve access to our health system across the board, but especially to general practice. We must make it easier for Canberrans to see a GP, and we must ensure that GPs and allied health workers can better integrate the care they deliver together with our public hospitals.

Mental Health

There must also be a renewed push to improve the mental health of all Canberrans. COVID-19 has brought this health priority into very sharp focus. GPs and community services have a major role to play. But workforce issues remain a concern. Canberra must overcome difficulties in recruiting mental health professionals.

Post-COVID Canberra provides Chief Minister Barr and his Government with many challenges and opportunities. Investing in health will make things easier. Listen to the community. And listen to the experts, including the AMA. We are here to help.



Explaining one's own, personal taste is difficult. Showing it, on the other hand, is easy.

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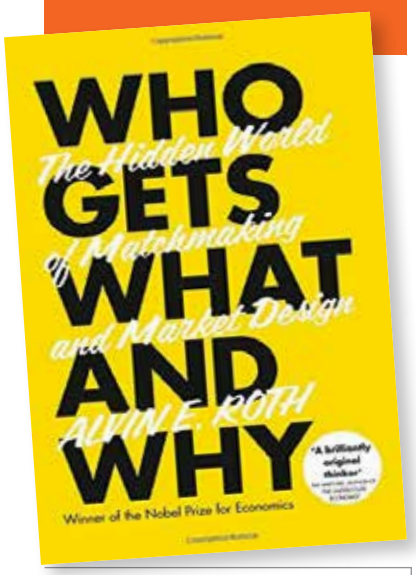
Mini book reviews:

REVIEWED BY DR ANTONIO DI DIO

Who Gets What And Why?

By Alvin E. Roth
ISBN: 9780544705289



The title of the wonderful volume leads up to a blurb that is equally appealing – "You can't just inform Oxford University that you're enrolling or Google that you're showing up for work. You also have to be admitted or hired. Neither can Oxford or Google dictate who will come to them, and more than one spouse can simply choose another: each also has to be chosen".

In this entertaining book, we see the life's work of Alvin Roth, who won the Nobel Prize in Economics with his analysis of market design and how the matching of markets is the invisible secret to how much of our modern life works.

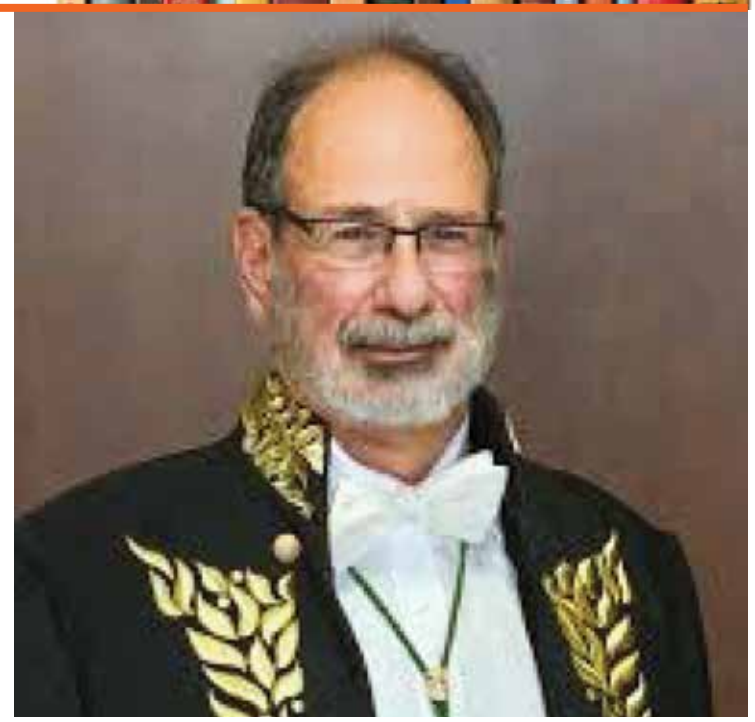
Of particular interest to me was the section for which Roth is most rightfully famous, his design of a powerful but not impossibly difficult algorithm for matching up medical students with training programs. Additionally, Roth and his team were involved as early as the 1990s in matching up renal transplant recipients and donors, and later in the extraordinary farrago that was the New York public school system

Many of us are horrified to think that in about 1900, once a person finished a medical degree they were ready to "practice" anywhere they wished, and usually did that, often in solo practice. Eventually there came about a system of tying into training programs but by the 1940s the more prestigious hospitals has sought out the 'best' students so early that they often had them signed up in the pre-clinical undergraduate years, so early in their course that they often ended up being a terrible fit. Roth takes us through the evolution of that system over the decades to what he and his team eventually worked through in an entertaining volume (especially for the Economics and policy nerds among us).

In the New York City school system, he was approached because a crisis had arisen where 17,000 students had many offers to individual schools, and 30,000 students had no offers, and many schools were under-enrolled, and many schools would only accept applicants who only applied their school and nowhere else, causing much misery as well as inefficiency.

In the area of renal transplantation, some of the 'markets' were even more inefficient, as there was no simple supply and demand governed by a price signal as seen in the stock exchange, and a set of 'compassionate market rules' needed devising from first principles.

This fascinating volume takes us through how market matching and the appropriate identification of triggers can lead to algorithms which are the most likely (but is any system really perfect?) to result in best outcomes. The heavy emphasis on medical decision making makes it even more interesting.



Alvin E. Roth.

CANBERRA Doctor

A News Magazine for all Doctors in the Canberra Region

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1 in 5

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1. Interim Report of the Disability Committee, Institute of Actuaries of Australia 2000. 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

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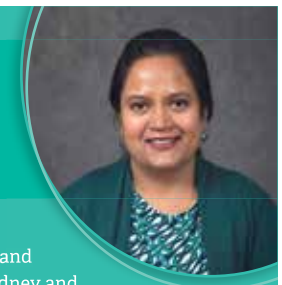

Dr. Anandhi Rangaswamy is a Pain Specialist and Anaesthetist. She completed her Pain Fellowship and Anaesthetic Fellowship from Nepean Hospital Sydney and then went on to do Paediatric Pain Fellowship from Westmead Children's Hospital Sydney.

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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