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Special Edition: Independent Review of ACT Healthcare Culture

Late in September, ACT Health Minister, Meegan Fitzharris, announced an Independent Review into workplace culture within the ACT public healthcare services. Instrumental in the Minister's announcement was the considerable public pressure being brought to bear by AMA (ACT) regarding allegations of bullying, poor culture and sub-optimal administration.

While AMA (ACT) proposed a 'Board of Inquiry' as the appropriate means of investigating workplace culture, primarily because of the protections for staff and community members making submissions were known and understood, the Minister rejected this option. Instead, the Minister announced that:

"The Independent Review will be conducted so as to protect the confidentiality and privacy of individuals who make submissions, and those who may be the subject of complaints to ensure procedural fairness."

In subsequent announcements, the Minster identified several pieces of legislation which were said to protect both people making submissions and those against whom claims are made. The Minister has subsequently handed the issue over to the Review Panel to determine how best to determine and implement the relevant protections.

Review Panel

The Review is to be undertaken by a panel of three, Mick Reid, former senior health bureaucrat, Prof David Watters, past-President of RACS, and Ms Fiona Brew, Health Executive at Ballarat Health Service. The Review will be supported by a secretariat drawn from the ACT and Commonwealth public services.



The Review Panel, L to R, Mick Reid, David Watters and Fiona Brew

Terms of Reference and Processes

While the Terms of reference are relatively broad in regard to conduct in the workplace, the Review has been set up to examine and report on overall trends. That is, while it will collect information on particular examples of inappropriate workplace conduct or behaviours, the Review will not investigate particular allegations or complaints.



The Review was not set up to

have any investigatory role nor is it resourced to do so.

Special Edition

This edition of Canberra Doctor will feature information about the Review including options to engage with the Review and making submissions, contributing to the AMA (ACT) submission, terms of reference and scope of the Review, pro-



cedural fairness for those against whom complaints are made. The information in this Special Edi-

tion is based on our consideration of the materials provided by the Review, discussions with the Office of the Review and with the Chair of the Review Panel, Mick Reid.

Salaried Doctors Bargaining: p3





President's Notes

WITH PRESIDENT, DR ANTONIO DI DIO

Canberra Doctor Special Edition: Information on Engaging with the Review

This edition of the Canberra Doctor is designed to be a useful guide to engaging with the Independent Review into Workplace Culture in ACT healthcare services. It provides information on several important matters but, please note, it is not designed to be comprehensive or address every relevant issue.

This edition contained the following parts: Page 1 Background to the Review Page 2 Outline of contents PPage 4 Review panel members and scope of the Review Page 5 Terms of Reference Page 6 Engaging with the Review



Health Minister Meegan Fitzharris: commissioned the Review.

and Submissions Page 7 Protection for Submitters Page 8 Procedural Fairness If you have specific questions on the Review, you should contact AMA (ACT), your Medical defence organisation, the secretariat of the Workplace Culture Review or your own advisor. Contact details are set out below.

Information and Assistance:

- Review website https:// www.health.act.gov.au/ Culture-Review
- Call for Submissions – https://www. health.act.gov.au/ CultureReviewSubmissions
- FAQs https://www.health. act.gov.au/sites/default/ files/2018-10/Review%20 -%20Frequently%20 Asked%20Questions_v2.pdf
- Enquires: WorkplaceCultureReview@ act.gov.au or ph: 02 6205 9555
- AMA (ACT) 02 6270 5410 or wradvisor@ama-act.com.au
- Medical Defence
 Organisations





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

The truth, the whole truth and salaried doctor bargaining in the ACT

BY TONY CHASE, AMA (ACT) MANAGER WORKPLACE RELATIONS AND GENERAL PRACTICE

Some contemporary commentators tell us that the popularity of enterprise bargaining is in decline. (Financial Review July 2018). Certainly, the number of employees covered by enterprise agreements has declined by some 25% over the last 4 years. Both sides of the employer/employee divide have reason to complain – on one hand, it's too easy for workers to cut a deal with their employers and on the other, it's too easy for employers to terminate enterprise agreements.

Anyone who's been involved with the salaried doctors bargaining in the ACT over the last 18 months will probably agree that reform of the process is needed. Too much time has been spent in unnecessarily protracted "negotiation" with attempts by the AMA to shorten the process, being dismissed out of hand by ACT Health. There is also an element of 'bargaining fatigue' being felt by all the parties.

Slow Progress

Looking back, there has been incredibly slow progress since the formal bargaining between ACT Health, AMA (ACT) and AS-MOF commenced in November 2016. However, just recently we have seen a welcome change. Perhaps prompted by the ACT Government's stated intention to push for the finalisation of a long list of ACT public sector enterprise agreements before the end of the year, and prior to holiday break, ACT Health has now started to press the urgent button in an attempt to quickly settle the agreement.

The Headline Issues - Pay

The ACT Government is sticking to its final pay rate offer of 10 April 2018, saying that the current offer is consistent with its pre-election commitment to "maintain wages in line with CPI." The 10 April 2018 Territory Government announcement (revised and final) pay offer is set out in the following terms:

- 2.25% from the first full pay period in October 2017;
- 0.5% from the first full pay period in June 2018;
- 1.35% every six months from the first full pay period in December 2018 to the first full pay period in June 2021; and
- Agreement expiry date of 31 October 2021 – a 4-year term.

CPI currently stands at 2.2% in the ACT.

For the purposes of the bargaining process under the Fair Work Act 2009, the proposed pay rate increases have not been formally agreed by the employee bargaining agents, AMA (ACT) or ASMOF. This is because there is evidence that salaried medical practitioners will actually be worse off over the 4-year term of the EBA, having regard to the minimal pay increases offered by ACTH.

Superannuation

The Government has improved its earlier offer on superannuation contributions for staff on the Superannuation Contribution Guarantee rate as follows:

- 0.25% on 1 July 2017
- 0.25% on July 2018; and
- 0.25% on July 2019
- 0.5% from July 2020

The contribution rate will be 11.5% for affected staff by 1 July 2020. The legislated minimum of 9.5% plus 2%. Any further in-



creases made to actual superannuation Guarantee rate during this period will be absorbed.

DITs - Conference Leave and Educational Expenses

This issue remains at time of writing, unresolved. ACTH's latest offer represents no improvement over the last four EBAs. The latest offer not only compares unfavourably with other jurisdic-

Universal

tions, but it bizarrely reintroduces the previously discredited policy of denying JMOs access to a small measure of support in the face of the ever-growing costs of College and Examination fees.

ACTH are saying that College and exam fees are not considered part of the cost of JMO training and education. Go Figure.

Continued page 9...

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Review Panel Members

The Review Panel is made up of Mick Reid Chair and Prof David Watters and Ms Fiona Brew, members. Further information about the panel members is set out below:



Mick Reid - Chair of the Review Panel

Mick Reid has undertaken many roles in the Australian health system during a career that spans four decades. His experience includes bureaucrat, consultant and academic giving him a breadth of experience and depth of knowledge of the Australian health care system. Mick Reid has held the position of Director General of Health in two States – NSW and Queensland – and, when not engaged in the public sector, Mick has undertaken health and science projects throughout Australasia, for governments in Asia, and the Pacific and with UN organisations.

Prof David waters - Review Panel member

Prof David Watters is Professor of Surgery at Deakin University working at Barwon Health and the University Hospital Geelong. David was President of RACS from 2015 to 2016 during which time the college established an 'Expert Advisory Group' to advise on bullying, harassment and discrimination in the health sector. This included looking at how RACS could play its part in reducing elimination of bullying and harassment from hospitals and health services.





Fiona Brew - Review Panel member

Ms Fiona Brew is currently Executive Director, People and Culture, Ballarat Health Services. She has a nursing background. Fiona has a background in reforming culture in health services with a long-standing passion for governance, service improvement and hospital performance. She is a passionate advocate of education for health professionals and workforce innovation to meet the changing needs of the health environment.

Scope of the Review

The scope of the review is limited to the following publicly funded services:

- Canberra Hospital
- Calvary Public Hospital
- ACT Health Directorate
- Health Protection Service
- Canberra Health Services





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Review Terms of Reference

Minister Fitzharris announced the Review's Terms of Reference (TORs) on 21 September:

- a) Examine and report on the workplace culture of public health care services in the ACT and provide advice on any systemic and institutional issues. This examination should take into account any examples of best practice workplace culture and professional conduct in the delivery of public health care in the ACT, nationally and internationally.
- b) Examine any claims made in relation to inappropriate conduct and behaviours related to the delivery of public health care services in the ACT and provide advice on:
 - best practice responses to i such complaints;
 - whether referral of such ii. complaints should be made to any other authority; and iii. what support services
 - should be provided to complainants.
- c) Examine and report on the existing workforce policies and complaints management practices to ensure their relevance and appropriateness in achieving satisfactory outcomes for all parties.
- d) Provide findings and recommendations for:
 - i. further improving workforce culture across the ACT public health system;
 - ii. additional support systems

required for staff and management engaged in the delivery of public health services in the ACT, including processes, training and professional development.

AMA (ACT)'s Comments on TORs

TORs a), c) and d) are broad and focus on the larger, systemic issues

TOR b) suggests more of a focus on individual instances of poor workplace culture and it is this TOR that many VMOs, senior salaried staff and junior doctors may wish to refer to in their submission. When considering TOR b) and any possible submission, please note the following:

'Examine' - the Review has no power - or resources - to 'investigate' complaints. It has been tasked to 'examine' complaints, that is 'look at or consider a person or thing carefully and in detail in order to discover something about them.'

Consequently, do not expect the Review to 'investigate' your complaint.

Inappropriate conduct and behaviours' - that is, conduct and behaviours 'not suitable or proper in the circumstances' in a workplace. These are very broad categories and allow considerable scope for framing a submission.

'Referral' - dependent on the nature of the 'inappropriate conduct and behaviours' described in a submission, the Review may refer a complaint to 'any other authority'. Submissions making allegations of criminal behaviour or describing conduct of a criminal nature would be the most obvious example of matters to be referred.

Please refer to the information on 'Protections for Submitters', later in this Canberra Doctor.

'Any other authority' – these could include, amongst others, the ACT Public Service Commissioner, the ACT Police, the Australian Federal Police, AHPRA and Worksafe ACT.



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For further information or an application form please contact the ACT AMA secretariat on 6270 5410 or download the application from the Members' Only section of the AMA ACT website: www.ama-act.com.au

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Woden Specialist Medical Centre, Level 2, 90 Corinna St, WODEN ACT 2606

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Engaging with the Review and Making a Submission

There are several reasons a person may consider engaging with the Review:

- General queries about the Review or its processes
- Making an individual submission to the Review
- Providing information to AMA (ACT) for inclusion in our submission
- Meeting with a representative of the Review

AMA (ACT) has been assured that the Review will:

- accept information and deal with process queries (where possible) over the phone on 02 6205 9555 or by email WorkplaceCultureReview@ act.gov.au
- accept submissions electronically or by mail or in person
- contact you and seek your consent before releasing information from your submission or referring your submission to another authority



Dr Antonio Di Dio, AMA (ACT) President.

 provide an option for interviews in person

While we cannot assure you definitively about the effectiveness of protections for those persons providing information or making individual submissions to the Review, it does seem, on balance, that for a significant majority of submissions and information provided, there shouldn't be concerns about privacy or confidentiality or being adequately protected.

Confidentiality and Privacy and Referrals to Another Authority are dealt with later in this edition of Canberra Doctor.

Further assistance on these issues may also be available from your medical defence organisation, AMA (ACT) or the Office of the Review.

Making an Individual Submission

The Terms of Reference for the Review establish a reasonable scope for a submission to deal with:

- 'workplace culture' of public healthcare services
- 'inappropriate conduct and behaviours' in the delivery of public healthcare services
- 'existing workplace policies and complaints management processes'

The closing date for submissions is 30 November 2018.

Some matters you may wish to consider for your submission:

- Have you witnessed or experienced workplace bullying, sexual harassment, discrimination?
- Have you sought to fix a problem, or been subject to a process, governed via ACT Health or Calvary

Public Hospital policies and procedures but then found the process ultimately unsafe for your career or found the outcomes (or lack of outcomes) to be unfair or unreasonable?

- Do you know about fraud occurring within your workplace or organisation? This could involve financial or professional or other types of fraud that may or may not constitute criminal fraud.
- Are you aware of unfair promotion or recruitment practice?

Of course, there may be a range of other matters or issues you wish to raise. Getting initial advice from AMA (ACT) or your MDO or a private lawyer or other trusted advisor is a good start. Your advisor should be able to assist you:

- To frame your thoughts in way that accurately reflect your experience and then be persuasively explained
- By giving you the confidence and insight to understand that your lived experience is

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- In understanding how your intended submission might interact with the terms of reference / interact with the Review
- Manage or obtain advice about possible risks arising from making a submission

It is also possible to request a private meeting with the Review to discuss information you may wish to put forward or a submission you have made.

Contribution to AMA (ACT) Submission

AMA (ACT) will be making a submission that will concentrate on highlighting examples of inappropriate conduct and behaviours and proposing a high-quality system for dealing with bullying and harassment in the workplace including issues around cultural change.

We encourage input from members (and non-members) and from medical practitioners currently working or having previously worked in the ACT healthcare system. For those who would prefer it, we will include a selection of de-identified examples of inappropriate behaviour and conduct in the workplace.

In addition, we welcome other contributions that deal with personal experience of poor workplace culture including administrative and disciplinary issues and other broader, system-based issues.

Given the limited powers granted to the Review (compared to our preferred Board of Inquiry), the Review will be unable to ascertain with any reliability the extent of inappropriate conduct and behaviours in the workplace. While it might be said that this is the way of such reviews, we do expect the Review to identify recurring themes and issues and make recommendations to deal with those matters.

Given this, AMA (ACT) believes that there remains an opportunity to contribute to improving the current culture, policies and processes by which workplace complaints – and other matters – are dealt with.

For further information on contributing to the AMA (ACT) submission, please contact the office on 02 6270 5410 or wradvisor@ama-act.com.au



Dr Katherine Gordiev Orthopaedic Surgeon

Shoulder and Upper Limb

Dr Gordiev specialises in Arthroscopy, Reconstruction, Replacement and Trauma of the Shoulder and Upper Limb. This includes arthroscopic and open shoulder stabilisation, shoulder replacement, rotator cuff repair, elbow, wrist and hand surgery. She has practiced in Canberra since 2005.

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

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



Phone 02 6260 5249 www.katherinegordiev.com.au Suite 7 National Capital Private Hospital, Garran 2605

Protections for Submitters, Privacy and Referrals

The Review has posted information online listing the legislation they say covers the staff of the 'Office of the Review' and their obligations and duties as public servants:

https://www.health.act.gov.au/ sites/default/files/2018-10/Review%20-%20Frequently%20 Asked%20Questions v2.pdf

The list of legislation includes Public Sector Management Act, Fair Work Act 2009, Information Privacy Act, Health Records (Privacy and Access) Act 1997, Health Act 1993, Public Interest Disclosure Act 2012, Freedom of Information Act 2016 and Enterprise Agreements.

The Review gives no further details in regard to the manner in which the various pieces of legislation operate to provide protections but, for example, the general protections part of the Fair Work Act operates to remedy or prevent adverse action being taken against a staff member who makes a submission.

In addition, the Review has published additional material, available at https://www.health.act.gov. au/CultureReviewSubmissions, that deals with Privacy and Confidentiality and Referral of Submissions to Another Party.

Privacy and Confidentiality

The Review states that submission will be 'accepted and kept in the strictest confidence' but that '[the Review] must comply with all relevant legislation.' The Review also states that, 'if you do not consent, your submission will remain completely confidential.' This means that, a submission you make may be released to another party or referred to an appropriate authority where there is a legal requirement to do so or you consent to that course of action.

In our view it is not within the Review's powers or means to maintain complete confidentiality of every submission.

However, it is also important to remember that, absent the consent of the submitter, there are very few circumstances where a submission could be released to a third party.

If you are in any doubt about these matters, please contact your medical defence organisation or AMA (ACT) or the Office of the Review.

Referrals of Submissions to an Appropriate Authority

In this part, the Review states, 'if you've included complaints in your submission the [Review] may wish to refer those matters to an appropriate authority for investigation, in these cases, your consent will be sought.'

Appropriate authority

There are a wide range of organisations that may be an 'appropriate authority' in these circumstances including – the ACT Public Service Commissioner, the ACT Police, the Australian Federal Police, AHPRA, Worksafe ACT, The ACT Human Rights Commissioner, the Fair



Work Ombudsman, the Canberra Hospital or Calvary Public Hospital (the latter two regarding disciplinary matters, for example).

Investigation

The Review has no power to investigate complaints nor does it have the resources to do so.

Your consent will be sought

While we acknowledge the good intentions of the Review in this re-

gard, if the Review is required by law to refer a submission, it will do so regardless of whether your consent has been sought or gained.

Of course, if a submitter consents to a referral that may be made to a range of authorities including AHPRA and ACT Health itself, in the case of misconduct matters. It is for these reasons that AMA (ACT) has asked the Review to develop and publish a 'Referral Protocol'; thus far they have declined to do so.

Despite these matters, it is important to remember that, absent the consent of the submitter, there are very few circumstances where a submission could be released to a third party.

If you are in any doubt about these matters, please contact your medical defence organisation or AMA (ACT).

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Procedural Fairness for Persons against Whom Complaints are Made

In announcing the Terms of Reference for the Review, Minister Fitzharris' media release of 21 September stated:

'The Independent Review will be conducted so as to protect the confidentiality and privacy of individuals who make submissions, and those who may be the subject of complaints to ensure procedural fairness.'

Similarly, the Review has stated it proceedings will be conducted so as to afford procedural fairness to those against whom allegations are made.

What is 'Procedural Fairness' in these circumstances?

Given the inability of the Review to investigate or make decisions about a complaint, the relevant aspects of procedural fairness are disclosure of the allegations against a person and a reasonable time to respond to those allegations.

At a minimum, procedural fairness should include:

 clearly informing the person concerned of the allegations made against them in a way that allows them to properly respond. This does not necessarily mean giving the person concerned all the information contained in a submission, it must be enough to allow a proper response, given the nature of the allegations.

Giving the person against whom the allegations are made sufficient time and opportunity to consider and respond to the allegations commensurate with the seriousness of the allegations.

We think it is unlikely, given that the Review has been tasked, un-



der its Terms of Reference to '[e] xamine' rather than 'Investigate' or 'decide' matters, that allegations will formally be put to, and a response sought from, persons against those allegations are made. The practical effect will be that any such allegations will be held confidentially by the Review and not acted on. If you are in any doubt about these matters, please contact your medical defence organisation or AMA (ACT).

Doctors' health resources

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

Doctors' Health Resources online

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

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

http://dhas.org.au/resources/resources-for-junior-medical-officers.html On the DHAS website itself. **AMSA students and young doctors:**

http://mentalhealth.amsa.org.au/about-the-campaign/ http://mentalhealth.amsa.org.au/keeping-your-grass-greener/



The truth, the whole truth...

...From page 3

The AMA (ACT) has reminded ACTH that ACT-based JMOs additionally incur travelling and accommodation costs when compared with other metropolitan teaching centres. ACTH probably need to be reminded that TCH and Calvary, although regionally based, are teaching hospitals. ACTH have cited "monetary and fiscal limitations" to support their position.

The timeline of ACTH's offers are set out in the accompaying graphic.

Seniors

Despite recent progress, a number of key issues remain unresolved:

The proposed differential treatment of medical practitioners who currently are not in receipt of the 17.4% on-call/recall allowance with respect to the hours of work; ASMOF and AMA are seeking a strict 38 hour week for this category of employee. At the moment, the nominal working week is 40 hours (including 2 hours which accrue for ADO purposes).

- The final draft agreement setting out the process, method and means of movement to a Senior Specialist classification is close to settlement.
- The introduction of new management and governance arrangements for the Medical Education Expenses (MEE) fund remains to be finalised.
- The means and methods of management and governance of the Private Practice Funds together with an adjustment to the MEE amount, remains unresolved.
- An agreed definition of what constitutes mandatory training is close to finalization.
- ACTH's proposal to change the span of ordinary hours from 0700 to 1900 is still subject to agreement
- Improved access to "onerous hours' provisions. This change will result in the removal of the onerous qualifying period from the present 6 to 12 months to fortnightly. (more than 100 hours in that fortnight)



ARIN's/SEAs

The ACT Government have signaled their intention to undertake a significant reform process around ARIns and SEAs.

It is likely that some of AMA (ACT) members may be impacted by this proposal. Individual members may wish to seek our advice and advocacy on these potentially complex contractual matters. There are inherent contractual difficulties associated with the SEAs and ARins in the current EBA. The proposed new arrangements are intended to address both individual and group-based arrangements going forward, and it is clear that Territory Government / ACTH fully intends to amend, vary, renegotiate or set aside some of the current arrangements.

The AMA (ACT) has reserved its negotiating position on this important issue.

ACTH have formally committed to maintain ARins/SEAs until the new Agreement is implemented. ACTH have also committed to write to each affected employee to initiate discussions so as to manage the transition process. There are additionally question marks over the payment of superannuation under any successor to the ARins/SEAs.

Affected members are however, advised to approach this issue with caution and to seek advice.

Voting on new agreement

ACTH are pushing to have the new agreement circulated and a draft EBA tabled for review and vote within 6 weeks.

JMO EDUCATION ALLOWANCE

ACT Health have revised their JMO Education Allowance offer for 2017-2021. The new offer mirrors the previous EA arrangements. ACTH is proposing to decline applications for reimbursement of College and Exam fees.

CURRENT QUANTUM*

- PGYI 91 employees
 \$2,041 each employee
- PGY2 85 employees – \$3,062 each employee
- PGY3+ 375 employees
 \$3,061 each employee
 TOTAL BUDGET: \$1,594,251

NEW OFFER*

- PGY1 91 employees
 \$2,230 each employee
- PGY2,3 and above - 460 employees
- \$5070 each employee TOTAL BUDGET: \$1,594,251

AMA (ACT) CDT REQUEST

- PGYI 91 employees – \$2,500 each employee
- PGY2 85 employees – \$3,500 each employee
- PGY3+ 375 employees
 \$5,000 each employee
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AMA Council of Doctors in Training – National Meeting

BY DR RENATA PAJTAK, AMA ACT CDT CO-CHAIR

In late July, the Australian Medical Association Council of Doctors in Training (AMACDT) met to discuss the current and emerging issues in medical education and training.

In attendance were AMACDT members from across the country, trainee committee representatives and the Federal AMA President Dr Tony Bartone and Vice President Dr Chris Zappala.

Rural Health

At the forefront of the discussion was the progression towards the development of a National Rural Generalist Pathway as a key solution to combating the rural workforce shortage and the longstanding barriers to improving the health and wellbeing of our rural communities.

It is no secret that the number of General Practitioner (GP) proceduralists or generalists working across rural and remote Australia has been steadily declining, with the mean length of stay by a GP in their current principal rural and remote practice slowly declining since 2010.

Professor Paul Worley, the National Rural Health Commissioner, attended an hour-long session to discuss the training framework, scope of practice, appropriate recognition and incentives to practice for a rural generalist. The AMACDT highlighted the appointment of the AMACDT Chair Dr Tessa Kennedy to the National Rural Generalist Pathway Taskforce as a positive development and discussed six key areas of focus moving forward: collegiality, creating networks, efficient training pathways, skills in primary care, emergency medicine and extended skills, incentives and professional choices which will inform the AMA NRGP working group.

Gender Equity

Key issues involving ongoing gender disparities within medicine including the 'pay gap' was brought to the forefront earlier this year. The AMACDT plans to hold a roundtable in March 2019 which will look broadly at the cultural and practical barriers of gender equity in medicine and aim to learn from other industries which have made strides in this area, in the hopes of achieving the same positive outcomes. The AMACDT reiterated the importance of gender equity as opposed to equality, emphasising the consequences of failing to achieve equity, would impact both women and men alike.

GP Registrars

The AMACDT also discussed the barriers to AMA membership for GP registrars, including that there is no home for GP registrars within the AMA and reported financial impediments to becoming a member, particularly for those who work part



AMACDT members with Dr Tony Bartone, AMA President, (second from left, front row).

time. The AMACDT passed three draft motions, to better support GP registrars with two progressing to the AMA Board meeting for approval at the end of August.

In addition, the AMACDT formed a working group to explore the practical application of a single employer model for GP registrars to enhance flexibility in the training pathway and to provide better portability of workplace entitlements.

National Hospital Health Check

Exciting steps were also taken in the development of a National Hospital Health Check. A number of state and territory AMA Doctor in Training Councils run annual health checks to assess how well health services are meeting state based industrial agreement requirements and accreditation standards for doctors in training. This is crucial for identifying modifiable workplace stressors including unpaid overtime, inadequate staffing, poor rostering and bullying and harassment in the workplace, which have all been linked to increased anxiety, stress and burnout amongst Doctors and, in particular, Doctors in Training.

The AMACDT has been working on the development of a standardised set of questions to allow each state and territory AMA to run an annual hospital health check which will inform a national report on the working conditions for DiTs across Australia.

Education Forum

Finally, the AMACDT is proud to announce that two abstracts have been accepted and a third is under consideration for presentation at the 23rd Australian and New Zealand Prevocational Medical Education Forum in Melbourne, Victoria in November this year.

This annual event brings together clinicians, supervisors, department of health personnel, colleges, medical administrators/workforce managers, educators and prevocational doctors who share research, provide educational activities and discuss important current issues in prevocational medical education, training and accreditation. All DiTs are encouraged to attend.

* References available on request.

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CASUAL CONVERSION CLAUSE:

Health Professionals and Support Services Award 2010 / Nurses Award 2010

On 5 July 2017, the Full Bench of the Fair Work Commission decided to incorporate a model casual conversion clause into 85 modern awards, including in the HPSS and Nurses Awards. The new cause is operative from 1 October 2018.

The new clause allows a casual, after 12 months of regular engagement, to request to change their status to part-time or fulltime employment (depending on hours worked). Refusal can occur, but the employer has obligations to meet before doing so.

The new clause will affect employer members that engage casuals on regular and systematic work patterns and covered by the HPSS Award or Nurses Award. In these circumstances, members should:

- consider a compliant method to help reasonable consider and respond to requests
- develop systems to identify casuals that might have eligibility
- ensure casuals are provided written notice of the

clause after 12 months of engagement

New casual rights

The clause applies to a "regular casual employee" defined as: a casual who has worked a pattern of hours without significant change for at least 12 months. The work could instead be performed fulltime or part-time via the clause and under the modern award.

Such a casual may make written request to convert to full-time or part-time (dependent on the rough / fair average of hours worked per week). The employer must consider any request and can only refuse on reasonable grounds after consultation.

Reasonable grounds for refusal These include:



- Significant adjustment to the hours of work would be required; or
- the position will cease to exist, or the hours will reduce, or days/times of work will significantly change (known or reasonably

foreseeable) within the next 12 months.

The reasons for refusal must be in writing within 21 days of the request. The casual can use the Award dispute resolution clause if wishing to dispute the decision.

Agreement for conversion must be in writing then begin on the next pay cycle.

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Professor John Deeble – the 'Father of Medicare'

With the death of Prof John Deeble occurring in Canberra on 5 October, the Australian Healthcare and Hospitals Association published the following tribute:

It is with great sadness that we report the death of Professor John Deeble AO at the age of 87 years.

Often dubbed 'the father of Medicare', John Deeble co-authored, with Dr Dick Scotton, the original proposals for universal health insurance in Australia in 1968, when they worked together at the Melbourne University Institute of Applied Economic Research.

The original proposals led to the establishment of Medicare's forerunner Medibank during the term of the Whitlam Government.

Prof John Deeble

Professor Deeble was subsequently closely involved as the architect of the reintroduction of universal healthcare in Australia, by then known as Medicare, in 1984.

Varied Career

'John was most recently Emeritus Fellow of the Australian National University, a Sax Medallist and life member of the AHHA', Ms Alison

AVIS

Verhoeven, CEO of the AHHA was quoted as saying.

Prof Deeble was also Patron of the Deeble Institute for Health Policy Research, the AHHA's research arm.

John Deeble was Special Adviser to the ministers for health in the Whitlam and Hawke Governments, Chairman of the Planning Committees for both Medibank and Medicare and a Commissioner of the Health Insurance Commission for 16 years.

His other appointments included First Assistant Secretary in the Commonwealth Department of Health, Founding Director of the Australian Institute of Health and Welfare, and from 1989 to 2005, Senior Fellow in Epidemiology and Adjunct Professor in Economics at the National Centre for Epidemiology and Population Health at the ANU.

Professor Deeble was also a World Bank Consultant on healthcare financing in Hungary, Turkey and



Prof John Deeble.

Indonesia, and for over 10 years to 2005, an adviser to the government of South Africa.

Personal Qualities

AHHA Board Chair, Dr Deborah Cole, said Professor Deeble 'would be remembered for four major personal qualities: generosity, integrity, ingenuity and persistence.

'He was an apolitical academic who, once he had identified a solution to a problem, regarded policy and advocacy as part of the job. He was a crusader against social injustice.

'There was a familiar pattern to all of his work: he would identify emerging problems; follow up with extensive data collection and analysis; then formulate policy responses that fitted the facts rather than pre-conceived positions', Dr Cole said

'John's social attitude and work ethic was exemplified by his studies in later years of the deteriorating building and equipment capital stock of public hospitals.

'Because it was becoming a problem, he developed a methodology for valuing and depreciating the useable life of hospital buildings and equipment.

That is just typical of the many ways he applied his skills and ingenuity as a health economist and statistician on the national stage.

'It was an amazing life of achievement for a boy born in the Wimmera wheatfield town of Donald, not far from the South Australian border, and who left school at the age of 15.'



Prof John Deeble in 2014.

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Budget

The discomfort of strangers' ideas

BOOK REVIEWS BY A/PROF JEFFREY LOOI, ANU MEDICAL SCHOOL

The coddling of the American mind

Grea Lukianoff and Jonathon Haidt Allen Lane 2018. ISBN-13: 978-0735224896

What's happened

to the University?

Frank Furedi Routledge 2017, ISBN13 9781138212930

According to Lukianoff, Haidt and Furedi, authors of "The coddling of the American mind" and "What's Happened to the University?" respectively, Anglo-American, including Australian Universities have seen movements arising from students, the academy and administration demonstrating a disturbing desire for censorship of uncomfortable ideas and disdain for

the concept of free speech. While Lukianoff and Haidt analyse these changes from the perspective of cognitive and social psychology, Furedi offers a broader, but not always overlapping sociological perspective centred upon sociocultural explanations. Accordingly, these books may be considered as different levels of analysis of a real problem, though it will be clear they do not necessarily agree.

Lukianoff and Haidt pithily distill the core elements of the culture of what they describe as "safetyism" arising from three core bad ideas (or cognitive distortions in the lexicon of cognitive-behavioural therapy): what doesn't kill you makes you weaker (people are inherently psychologically fragile); always trust your feelings (preferring emotion over reason); and life is a battle between good people and bad

people (tribal Manicheism). The authors attribute the emergence such phenomena as trigger warnings, dis-invitation of speakers and frank censorship as arising from fallacious ideas about emotional safety. After truly disturbing description of these "bad ideas in action", Lukianoff and Haidt develop their arguments as to why these ideas have arisen, drawing upon developmental and social psychology. They also address institutional responses and aspects of social justice. Finally, they suggest roadmaps for improving the education of children, universities and ultimately societies by forms of inoculation against, but not avoidance of bad ideas limiting free speech.

Furedi, in somewhat different sociological language, ascribes the decline in free speech to a "therapeutic culture" in Universities,

where, in particular professional administrators, with the complicity of a cowed academe have assumed parental responsibilities to keep students safe from psychological harm, eliding via the safety idiom to physical harm. Furedi decries the "infantilization" of students arising from Universities eschewing tertiary education via intellectual discovery and challenge to safe zones resembling secondary schools for "biologically mature adults". The author also casts a wider net to address issues of cultural appropriation, which, along with trigger warnings, micro-aggression and safe spaces have had a chilling effect on academic freedom and free speech. Furedi addresses the illiberal nature of this therapeutic safety culture which has resulted in the attempts to impose rules of discourse and etiquette that resemble Orwell's Newspeak.



These three authors develop well-reasoned, evidence-based arguments about the origins and impacts of a safety-focused culture expressing discomfort with strangers' ideas, eroding the foundational academic freedom of Universities.

CANBERRA **Dr Deepa Singhal** nsella Tax, Accounting FRANZCP, FRANZCP (child certf), FRACP, DCH & Business Services Paediatric Neurodevelopmental Psychiatris BUSINESS SOLUTIONS is the only Dual qualified Child and A News Magazine for all Doctors Adolescent Psychiatrist in Canberra in the Canberra Region and surround. She has recently started ISSN 13118X25 HE BEST We specialise in tax planning and 'Canberra Child Psychiatry Centre'. Published by the Australian effective business structuring for Medical Association medical and healthcare profession Dr. Deepa Singhal is also working (ACT) Limited Our services include: as 'Consultant Child and Adolescent 42 Macquarie St Barton FUTURE Tax return preparation Psychiatrist' in The Canberra Hospital. (PO Box 560, Curtin ACT 2605) **Editorial:** Dr Singhal's special interest includes Financial reporting REATE Peter Somerville Canberra Child Sychiatry Centre Neurodevelopmental Psychiatry and working with BAS preparation Ph 6270 5410 Fax 6273 0455 children with complex mental health presentation Self-managed super funds execofficer@ama-act.com.au including ADHD, ASD, Intellectual disability, Practice establishment **Typesetting:** Tourette Syndrome and similar presentations. Design Graphix Lending services Family therapy is her other special interest area. Ph 0410 080 619 **Editorial Committee:**

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