

CANBERRA Doctor

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Hospital Doctors' Interim Agreement "Finalised"

With the long shadow of COVID hovering over the current round of enterprise agreement negotiations, the ACT Government has proposed, and AMA ACT and ASMOF ACT have accepted, a 12-month interim agreement for hospital doctors. The recently-concluded vote on the interim agreement has seen voters support its terms while pay increases are set to flow.

The headline gains from the interim agreement centre on a 2.7% salary increase, delivered as 1.35% in December 2021 and a further 1.35% in July 2022, together with important wins on hours of work, leave provisions, application of the agreement when on rotation and inclusion of a new Medical Student Vaccination Worker classification.

Importantly, while the term of the interim agreement is 12-months, the ACT Government has guaranteed it only represents a 'pause' on negotiations for a new, comprehensive agreement. The negotiations are set to resume in March 2022. Consequently, the majority of AMA ACT's claims for long-term improvements in terms and conditions of employment remain on foot, and will be re-agitated come March 2022.

The next step in the process is for the interim agreement to be approved by the Fair Work Commission and, with all documents having been lodged, that approval is imminent. The interim agreement will cover Canberra Health Services, Calvary Public Hospital and ACT Health Directorate.

Other Improvements

AMA ACT has been successful in gaining other improvements for Doctors in Training and other staff including:

- Rostering practice – commencing in February 2022, a Medical Officer will have at least two consecutive days free from any duty in each calendar fortnight. The previous agreement provided for two consecutive days free

of duty every 28 days.

- Allowances – the Medical Education Expenses, Conference Leave and Education Allowances have been adjusted by ACT Treasury annual CPI projections.
- Overtime for medical officers – a new guarantee that unrostered overtime hours, when undertaken at the request of a line manager, are written down to improve payment compliance and fatigue management.
- Rotations/short term secondments – clarification that during a secondment, a JMO remains an employee of the ACT or Calvary Health Care ACT Limited



and is entitled to be paid in accordance with ACT terms and conditions.

- Several new or enhanced forms of leave including miscarriage, disability, surrogacy and gender transition leave.

In Summary

While the gains may be relatively modest, AMA ACT had urged a 'Yes' vote in order to get past the current COVID situation and to 'scoop up' the gains that were available. We know that the bargaining process will kick off again in March 2022,

ahead of the October end date for the interim agreement, and that we will be advocating for our full list of claims together with any additional claims that are formulated between now and then.

Regular member bargaining updates will continue to be published and you can review our claims list at <https://www.ama.com.au/act/news/2021-ama-act-ea-claims>

If you'd like to become involved with our Council of Doctors in Training or Enterprise Bargaining Reference Group please email industrial@ama-act.com.au

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President's Notes

WITH PRESIDENT, PROFESSOR WALTER ABHAYARATNA

Firstly, let me wish all of you, your family and friends, a very happy holiday season and enjoyable Christmas. While I know many of you will not get the break you deserve, I sincerely wish you will find the peace and happiness your efforts during 2021 have so richly earned. Our Canberra community is rightly grateful for the efforts made by our doctors, nurses and other health care workers during this year.

I'd also like to add my thanks, and those of the AMA ACT to those of our broader community, and recognise how much we depend, not only on the skills and knowledge of our public and private sector health care workers, but also their goodwill and dedication. Thank you.

While 2020 has been an incessantly challenging year for both our local and global communities, I couldn't be prouder of my colleagues who have been at the front-line of patient care. I am in awe of the work of our general practitioner colleagues, who have played a key role in a world-class COVID vaccination program while

continuing the provision of usual healthcare services in the midst of a pandemic. Thank you.

We know the challenges of delivering both a high-class health system and an ongoing response to COVID will continue over 2022 but, given the mighty effort that has occurred in the last two years, I remain confident we will meet those challenges and emerge the stronger for it. I likewise wanted to assure you that AMA ACT will be there to support you and your colleagues, as we look forward to 2022.

Highlights

Undoubtedly, one of the highlights of the year was the annual Graduation Breakfast hosted by AMA ACT for this year's graduates of the ANU Medical School. This cohort, who have had half the duration of their course delivered under COVID-19 conditions, have already shown themselves to be an extraordinary group of young doctors.

Those of us who were able to be attend the Graduation Breakfast and welcome our newest members to the medical profession, couldn't



AMA ACT President, Prof Walter Abhayaratna, with new graduates.

help but be inspired by the stories of personal resilience of our junior colleagues, many of whom are staying in the ACT for their initial postgraduate training. I am confident that our Council of Doctors in Training will be a platform for advocacy and support for this group in the next phase of their careers.

Other highlights of the year included the launch of AMA ACT Health and Climate Change Special Interest Group, ably led by members of our Board including Steve Robson, Miriam Russo and Kerrie Aust and supported by a cast of very committed medical and non-medical volunteers.

The narratives and exchanges emanating from our workshops on burnout in April have continued to drive AMA ACT to provide support for doctor wellbeing, and we will be launching a new Doctors Health Advisory Service in 2022. More

news on this front will be shared widely in the New Year.

We are continuing to work with ACT Health and Minister Stephen-Smith to address the 'system-related' issues that contribute to burnout in our profession, and we will need ongoing support from our members to guide us with this work.

Hospital Doctors Enterprise Agreement

Strangely enough we will end 2021 the way we started – with a new enterprise agreement for our ACT hospital doctors. Given that it took some four years to finalise the agreement approved in February 2021, the latest 'interim' agreement was concluded in record time.

Although the gains are relatively minor and covered elsewhere in Canberra Doctor, the new agreement will provide some breathing

space to get us past the current COVID situation and we will be back at the negotiating table in March 2022.

Student Contributions

This edition of Canberra Doctor contains a number of contributions from our local Anu Medical students and I'd like to thank both the ANU Medical Students Society and the students involved for the contributions they've made. In fact, the number of student contributions that were made have necessitated some of articles being held over to a later edition of Canberra Doctor.

Final Word for 2021

With such a challenging year behind us, I hope that you will be able to take some time to rest in the coming weeks. I wish you and yours a blessed festive season, and a safe and happy New Year.



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VALE

The President, Professor Walter Abhayaratna, Board members and staff of AMA (ACT) extend their sincere condolences to the family, friends and colleagues of Dr Edward Fleming

VALE

The President, Professor Walter Abhayaratna, Board members and staff of AMA (ACT) extend their sincere condolences to the family, friends and colleagues of Dr David Chee Leong

Time to Reflect

BY GABRIELLE GROSS PRESIDENT OF THE AUSTRALIAN NATIONAL UNIVERSITY MEDICAL STUDENTS' SOCIETY

Life as a medical student in Canberra this year has certainly not been dull.

We started the year full of excitement! While some COVID-19 restrictions were present, the Australian National University Medical Student Society (ANUMSS) was able to hold several events to welcome returning and new students. Some events resulted in sopping wet students playing trivia after a rainstorm, students scavenging for clues throughout the ANU campus, and rambunctious students dressed in zoom attire (pyjamas) at the infamous Mooseheads.

As well as enjoying social activities, students have continued a culture of collegiality in the form of academic events. ANUMSS ran a series of peer-led tutorials ranging from important skills like where to find the best coffee in the hospital, what is a "COW", and how to very politely ask a nurse if they know where the patient notes are. Some tutorials were more knowledge-based filled with "interesting" mnemonics to learn the blood supply to the kidney, and to try every possible education strategy to commit the dreaded leukaemia chromosome translocations to memory.

Challenging times of the year highlighted the incredible empathy, kindness, and generosity of the students at the ANU Medical School. Initiatives hosted by fellow students included painting classes, cooking classes, and yoga. I often consider that when I started medical school, I was nervous about being in a class with such an elite population and the compet-



Paint and Sip from Blue Week.

itiveness that may generate. But every year I am astounded by the thoughtfulness of my peers, and their unwavering commitment to supporting each other to succeed.

The ANUMSS was grateful to collaborate with the College of Health and Medicine and the ANU Medical School to provide student opinion on the managing change proposal. Students proved themselves to be a cohort of future leaders and demonstrated the passion we have for our school and the amazing relationships we have built with staff. Now is an incredible opportunity to make changes to the education of future doctors. I look forward to watching how the new structures within the school develop and the opportunities collaborating with the school of psychology will produce.

COVID Year 2

COVID-19 brought interesting lessons on navigating life as a medical student. Rolling out of bed to walk the 10 meters to the computer to log on for lectures became a daily battle. Unhealthy relationships with two-minute noodles were further entrenched as we no longer needed to leave the house for sustenance. The overwhelming excitement to attend placement and see real live people likely made supervisors confused about the intense enthusiasm. The flexibility of online learning also brought enormous benefits to students with home commitments like carer duties or parents. Whilst it was challenging to have reduced exposure to patients, the focus was shifted to

clinical reasoning and enhanced the education of those skills.

Doing online exams alone in your own home despite being recorded provided a concerning level of comfortability. More tears were shed than perhaps would be in person and certainly more colourful language was used when you didn't know the answer to a question. I try not to think about whether a staff member had to review my footage – if so, please consider this my formal apology.

It is also important to pay tribute to the wonderful mentorship we receive. The experience of fear on your first day of placement, trembling at the thought of being quizzed on everything BUT what you revised the night before can

be completely dissolved with a welcoming smile. Persons who take the time to teach, involve you in consults, and encourage your participation can make you go home and completely change your career path. Thank you to all the doctors, allied health professionals, academic, and administrative staff who have played a role in educating and supporting medical students this year.

As a graduating medical student, I am so grateful for the journey I have had. I look forward to joining the Canberra healthcare workforce and putting into place all the lessons I have learnt. I am proud to be a graduate of the ANU Medical School and proud of my peers for their determination and resilience over the last four years.



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Bioethics in the time of COVID-19

BY STEPHANIE BAZLEY MPHIL, BSC (HONS) – 2ND YEAR MEDICAL STUDENT WORKING AS A CASE INVESTIGATOR FOR ACT HEALTH

As doctors and medical students, we pledge to do no harm. But in the face of a global pandemic, measures against the spread of infection ‘for the greater good’ may result in worse outcomes individually. The COVID-19 pandemic has provided an opportunity to observe ‘pandemic utilitarianism’, and the risks and rewards thereof, in a real-life context.



And who has a more candid view of these effects, than the teams supporting individuals through quarantine? Public health teams are afforded a window into the individual effects of lockdown measures, from initial interview to release. But as medical professionals step into these roles, one must ask – is it possible to care for the quarantined while also acting as an enforcer?

Our Hippocratic Oath speaks to the bioethical principles of beneficence, non-maleficence, autonomy, justice and also confidentiality. In contact tracing, we maintain confidentiality regarding a person’s medical requirements and wellbeing concerns, but we also inherently push the line of privacy through initially linking that person to the COVID-19 case, let alone the structures and systems we put our trust in to hold that data.

Furthermore, if an individual is to become infected, we question

their pre-quarantine movements, and movements during quarantine are at risk of increased police surveillance, fines or even jail time. The wider community has also experienced this monitoring, in small part, with the implementation of COVID Safe-type mobile applications around the world.

We can reasonably hold ourselves to the ideals of beneficence and non-maleficence, as we intend to reduce infections in our community, while doing our equal best to maintain the health and wellbeing of the persons in quarantine. It is with autonomy and justice, however, that issues may arise. Understandably, citizen autonomy is reduced while in quarantine. Quarantined persons may do as they wish from their quarantined address, but when they are living in a residence assigned by the state, or somewhere in which they are largely

unable to do their will, we fall foul of this pillar.

Lack of individual autonomy may be conceded as a necessary evil – something to be managed in the short term, for the long-term benefit of the greater community. But we’ve seen extended lockdowns without end dates, and restrictive policies such as curfews, significantly imbalance our existing social structure and cohesion. There

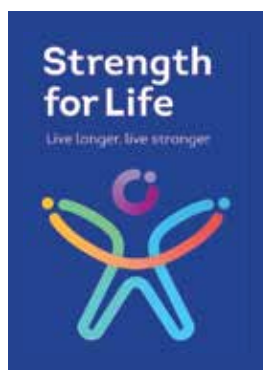
is no better example of this than the protests seen in the major cities around Australia. These events give us pause to reflect on the potential causes of such protests including a neglect of a baseline STEM education or the deep feelings of subjugation felt within certain communities.

The last principle of bioethics to speak on is justice. In the context of bioethics, justice denotes the

premise that all must be treated with equal opportunity and without bias. In this last pillar we face another ethical challenge. The very nature of justice is directly at odds with utilitarianism – even in the case of pandemic quarantining. The wide disparities between quarantine conditions can be staggering.

So where does that leave those who have pledged to uphold the principles of bioethics? My answer, as a medical student cum COVID-19 case investigator, is one of reasoned practicality. In this instance, as with all medical practice, we must be aware that at any moment, we may be causing harm. If we keep that knowledge with us as we manage our interactions and care, we will position ourselves to remedy adverse events more effectively. The provision of public goods such as food, wellbeing support, and logistical support with a spirit of abundance can help build a baseline of safety and care to allow higher goals such as epidemiologically ideal suppression of the virus. But of course, this poses its own financial burden on the community over time.

As we ride the waves of this pandemic, we look forward to these difficulties being behind us. A potential benefit of our situation however, may be a generation of medical professionals facing the wards with a greater appreciation for the relevancy of bioethics and its applications. By experiencing the effects of a lack of confidentiality, beneficence, non-maleficence, autonomy, or indeed justice, we may be evermore incentivised to uphold these values in our future practice.



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A real-life education in public health

BY PETA HUGHES 3RD YEAR MEDICAL STUDENT WORKING AS A CONTRACT TRACER FOR ACT HEALTH

As contact tracers, we notice a subtle change in tempo as the Omicron variant of COVID-19 is found to be present in Australia. The memories of fake blood splatters and toy store syringes from our make-do Halloween decorations of some weeks ago have faded rapidly replaced by our close focus on lists.

People who've been exposed – contacted, yet to be contacted, whose number is incorrect and pending further investigation, who've self-declared exposures, who were on affected flights and more. I consider listing the lists, so I don't lose track.

For a team that has experienced repeated surges over the last 21 months, often at times when like the rest of the ACT, we'd like to be preparing for holidays, visiting the snow or gathering with family, the increase in pace is no small feat.

Contact tracing in the middle of a pandemic while at medical school is a far cry from the jobs I did in my undergraduate days of waiting tables and working in reception. It's also no surprise that there's nothing like seeing a reproduction number in action to really understand the difference between R0 and Rt, and to appreciate the effects of quarantine.

Keeping in Touch

But the invaluable part has been learning to relate to people under the circumstances of this pandemic – breaking bad news to those who have been exposed to and/or tested positive to COVID-19; collecting personal information about mental health or co-morbidities that may make a person susceptible to adverse outcomes;

or managing health emergencies that arise in quarantine – from chest pain to broken bones to broken waters.

It can be hard not to become invested in some people. Daily calls require a contact tracer to follow up with someone in quarantine who cannot receive a text message requesting information on symptoms. In this case, we call each person and a two-minute chat to ask about symptoms and any concerns coping with quarantine can stretch out to ten minutes to provide help, cheer up or share laughs. I have fond memories of an elderly couple who, during one of many daily calls, insisted I come over for coffee after their quarantine ended. It was to the great disappointment of both parties that I had to explain that public service rules prohibit this.

But it certainly hasn't been all coffee and roses and there has been a noticeable increase in angry and distressed ACT residents as the pandemic has dragged on. As might be expected, the pandemic has thrown into sharp relief the gap between rich and poor, advantaged and disadvantaged and those that enjoy good health vs poor health. People who struggle to make ends meet have faced further difficulty in quarantine



as supermarket delivery periods blow out and those who manage depression and anxiety through exercise are significantly affected by the restrictions on their movements.

Anecdotally, many elderly people have reported self-imposed quarantine as a measure of self-protection and are thus at risk of isolation and loneliness. While measures like daily calls help to identify these issues and allow referral for appropriate assistance, the effects of the pandemic still hits hard for many people.

As the ACT approaches 99% vaccination for those aged 12+, we're all hoping our lists and headsets will get a rest over the upcoming holiday period. With Omicron on the horizon this may be wishful thinking – as with all things COVID-related, the future is uncertain. But one thing is for sure – it's been a public health experience that no classroom could provide.

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COMINGS & GOINGS



We are pleased to announce that Dr M. Saqib Zafar will be joining Orthopaedics ACT officially in February 2022. In the meantime, he will be offering limited consultations in December and January.

Dr Zafar is an Australian-trained orthopaedic surgeon specialising in Foot and Ankle Surgery, Limb Reconstruction and Orthopaedic Trauma. He has special interests in

- Foot and Ankle surgery covering all aspects of arthroscopic and open reconstruction.
- Foot and Ankle Sports injuries, Fractures, Bunions and Arthritis
- Ankle Joint replacement surgery
- Lower limb trauma surgery
- Lower limb reconstruction (Management of chronic infections and deformities)

Dr Zafar completed his Undergraduate Medical Degree in 2002 at the prestigious King Edward Medical College in Pakistan. He completed his basic surgical training in the UK and obtained membership of Royal College of Surgeons Edinburgh in 2006. He subsequently obtained his Fellowship of the Royal Australian College of Surgeons – FRACS (orthopaedics) in 2020.

Dr Zafar undertook further subspecialty training in the form of three fellowships, which included the Foot and Ankle fellowship at The Prince of Wales & affiliated hospitals and North Sydney Orthopaedic & Sports Medicine Centre. In 2021, he completed his fellowship in Management of Orthopaedic Trauma at The Canberra Hospital (a level 1 Trauma Centre). He was a Research Trauma Fellow

at University Hospital Birmingham with Professor Sir Keith Porter before his Higher Surgical training.

During his training he had opportunity to work with Professor Nicola Maffulli who is a world-famous Professor for orthopaedic surgery, sports and exercise medicine at Queen Mary University of London. He also gained experience in management of diabetic feet, Charcot and complex foot deformities while working with Dr Brian Martin at Nepean Hospital, Sydney.

Dr Zafar has published significant articles in international journals and presented work at various international and national meetings. He has strong academic interest and is actively involved in training of junior doctors and medical students.

Dr Zafar regularly instructs on Early Management of Severe Trauma (EMST) course run by Royal Australian College of Surgeons, and has been appointed Honorary Clinical Lecturer at Australian National University (ANU) Medical School.

Dr Zafar holds membership of Australian, American, Asia Pacific, European Foot and Ankle Societies.

We sadly announce that **Dr Phil Aubin** will be leaving his Orthopaedics ACT private practice.



Dr. Aubin has decided to focus solely on the care of patients in the public healthcare system. He will continue to offer quality care of orthopaedic lower extremity problems through public clinics at The Canberra Hospital. In mid-December, although he is closing his private practice, he will continue with the care of his recent post-operative patients at Orthopaedics ACT, into early 2022. Dr Aubin has asked Dr Saqib Zafar and Dr Nicholas Tsai to continue with any ongoing care for his previous patients as well as taking on new referrals.

Dr. Aubin would like to thank the Canberra and surrounding medical community for all their support over the 21 years he spent in private practice. He looks forward to continuing care of uninsured patients over the coming years. Should you have uninsured patients and would like them to see Dr Aubin, please contact The Canberra Hospital outpatient clinics in the New Year when his clinics are scheduled to start.

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ANU Medical Students



Rural students in their scrubs – on the beach!



Dressing up in Zoom attire for an event – clinical attire on top, pyjamas on the bottom.



View from the Clinical School at the Bega South-East Regional Hospital.

2021 AMA ACT Graduation Breakfast



Prof Walter Abhayaratna, AMA ACT President, welcomes the new graduates.



A/Prof Andrew Miller joining the new graduates, including his son, James (left).



Sarah Hui Ping, winner of the Canberra BMW prize of a car for the weekend and high tea at the Four Winds Winery.



Prof Walter Abhayaratna, AMA ACT President with Ben Thomas, winner of the Hotel Realm prize of high tea in Buvette Restaurant.



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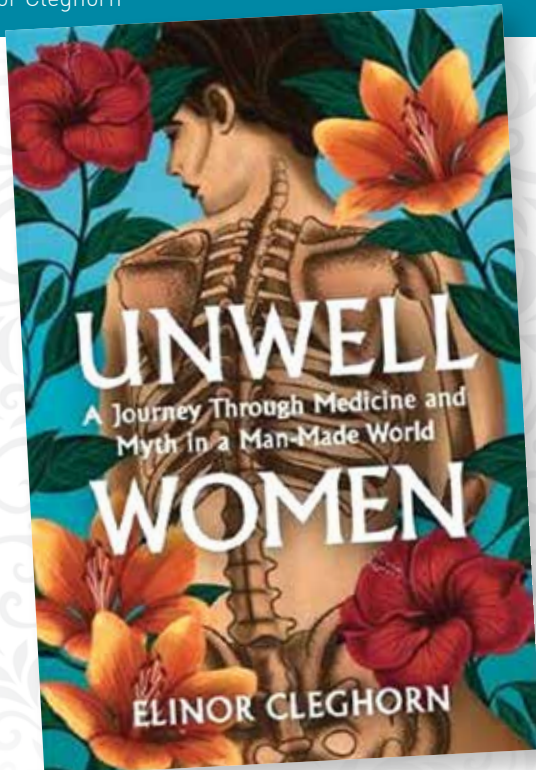
Book reviews:



REVIEWED BY MAY ERLINGER 2ND YEAR WOMEN'S OFFICER FOR THE MEDICAL STUDENTS' SOCIETY

Unwell Women: A Journey Through Medicine And Myth in a Man-Made World

Elinor Cleghorn



While I can hardly think of a person who would not benefit from reading this book, the weight of the stories and experiences of the women in medicine before us, falls heavy on those of us now involved. We must remember what they endured, and press onwards with the battles not yet won, of which Elinor Cleghorn highlights many.

The author beautifully summarised her book with a call to action, being left in no doubt what the action is, "Now, more than ever, we need medicine to face up to its history. Medicine has inherited a troubling series of gaps and omissions that it is trying to redress, but gender bias in medicine is not only scientific and biomedical, it is cultural, it is social, it is political".

Girl, Woman, Other

Bernardine Evaristo

A collection of stories, sometimes from seemingly disparate views, that are woven together in this stunning fiction. The book is driven by strong, fascinating female characters. Blackness, creativity, activism, and sometimes despair are central to the ethos of this book.

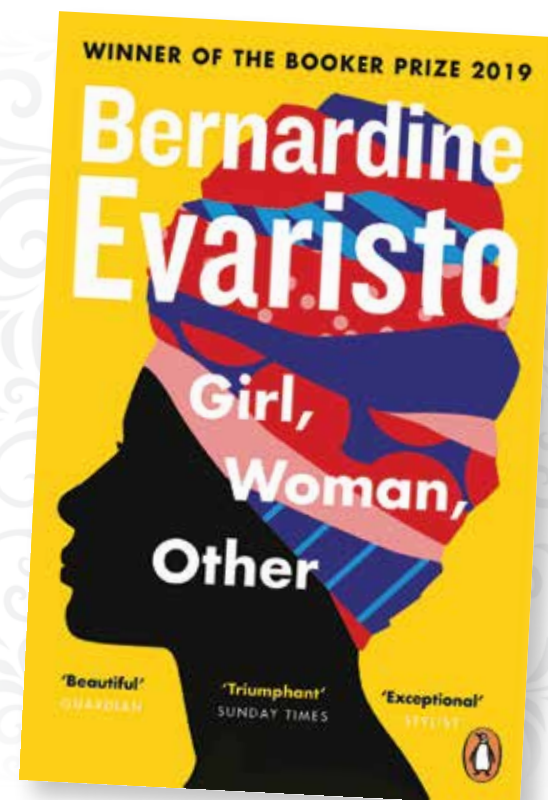
Bernardine Evaristo covers a range of perspectives from characters who differ in age, cultural, ethnic, religious backgrounds, class, sexuality, and occupation, but are unified, only at first,

by their blackness, their Britishness, and their identification as female (at least at some point).

Each chapter brings a new character's voice to the forefront, sometimes viewing the same story through a different lens, sometimes introducing a wholly new one. The threads that the author is able to weave behind and between this collection of characters was drawn together in a way that lured me in and then held me to the story of each of them. The book highlights the complexity of women's experi-

ences, through the style of writing, unconventional structuring and prose, linked to the depth of the characters.

In my view, anyone reading this book cannot fail to find a character, or an aspect of a character, they can identify or empathise with. This is a beautifully creative collection of stories, deserving of the accolades it has received, and it delivers to every reader a greater understanding and consideration of how intricate the experience of womanhood can be.



At the height of the Covid lockdown in Canberra, I spent my one hour of daily outdoor time, rain or shine, marching with rage around my suburb. The rage marching was induced by my new favourite hobby, devouring feminist literature, and Unwell Women was one of the audiobooks I consumed on these walks.

Unwell Women is a thoroughly researched, carefully constructed, wholly galvanising, and rage-

inducing walkthrough of the history of maladies of women, or more specifically the history of men's perceptions of women's maladies.

The author intricately weaves the history of medicine for women with our understanding of illness/sickness today. As a woman, and even more so as a woman in medicine, this book is an important guide to understanding the biases built into the hierarchy of medicine.

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Powerful testimony for cultural and systemic change in medicine

BY SOPHIE KEEN, AMSA PRESIDENT

In a powerful speech on the fourth day of the AMA's National Conference, Australian Medical Student Association President, Sophie Keen, reminded all those present of the consequences of bullying, sexual harassment and unsafe and unsupported work and training environments. In her speech, Ms Keen said while mental health awareness had entered the cultural zeitgeist we are still "losing the battle".

"In the first six months of this year, we have lost three medical students to suicide. I did not know them, so I cannot tell you their stories – but I promise you, they each had one. What I can say is that they found themselves trapped in a system that failed them," Ms Keen said.

"The total number of doctor deaths this year is unknown, but anecdotally it seems higher than ever before. Every one is tragic. We're left with holes in communities, in workplaces and in families that will never truly heal.

"The often-quoted *BeyondBlue* survey of medical student and doctor mental health reported suicidal ideation in about a quarter of doctors. That is a quarter of your clinical team, a quarter of your college,

and a quarter of the people here today.

"Even worse is our suicide rate, which for male physicians sits about 40 per cent higher than the general population, and for female physicians is 130 per cent that of our non-medical counterparts.

"This profession gives people the knowledge and the means to make highly lethal decisions in times of crisis. It then serves up psychological distress on a silver platter of long working hours, significant responsibility, poor work-life balance, and interpersonal and clinical challenges," Ms Keen said.

Call to Action

Ms Keen said workplaces are failing to provide basic structural sup-



ports needed to protect those with the least power.

"If your health system has doctors working unpaid overtime, if unaccredited registrars are struggling in hostile conditions, if there is racism, bullying and sexual harassment swept under the rug, then the system is failing us and, by extension, we are failing each other. As people with power, we

have an obligation to push forward solutions to these problems, because the cost of complacency is measured in lives."

The AMA has called for accreditation of all training places for doctors in training to help prevent bullying and exploitation and promote safe education, training and working conditions for the next generation of doctors.

An AMA Victoria 2021 Hospital Survey found a third of junior doctors reported being brushed off when they raised serious concerns about excessive workloads. Junior doctors in Victoria launched a class action against un-rostered overtime in Victorian hospitals.

If you need help in accessing medical or mental health care at any time, visit www.dr4drs.com.au

Doctors' health resources

Are you looking for a GP?

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Doctors' Health Resources online

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<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/>



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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 conferences concerned with developments in the surgical treatment of shoulder, elbow, wrist and hand disorders.

Dr Gordiev participates in the teaching of Orthopaedic registrars through the AOA training program.

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



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COVID Vaccination in the Workplace

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

In common with all other State and Territory jurisdictions in Australia, ACT employers have a duty under the ACT Work Health & Safety (WHS) laws to eliminate, or minimise the risks of COVID-19 in the workplace, so far as is reasonably practicable. Employers also have a duty to consult workers regarding COVID-19 risks and how these risks are to be managed. This includes the introduction of workplace policies relating to vaccination.



AMA-ACT believes that a safe and effective vaccine is an important part of keeping our community safe and healthy. The COVID-19 vaccines available for use in Australia will help protect people by preventing serious health effects of COVID-19 in the person who is vaccinated, if they are infected with the COVID 19 virus.

However, a vaccinated person may still unknowingly carry and spread the virus to others around them, including workers and others in their workplace. Because of this, even if your workers are vaccinated, to meet your duties under the ACT WHS laws and the risks of COVID-19 in your workplace, you must continue to implement all other reasonably practicable COVID-19 control measures such as:

- practising physical distancing
- improving ventilation, where appropriate
- practising good hygiene
- increasing cleaning and maintenance, and
- wearing masks.

Do I need to include mandatory vaccination as a control measure to comply with my WHS duties?

State and Territory health agencies have issued public health orders that require some workers to be vaccinated, for example, those considered to be working in high risk workplaces, such as quarantine facilities and aged care. If public health orders are made in relation to your workers, you must follow them. In the absence of ACT Government Public Health orders which would otherwise mandate

- ensuring your workers do not come to work when unwell

vaccination of all health workers in the ACT private sector, this information and commentary has been developed to assist you to assess whether a COVID-19 vaccine is a reasonably practicable to manage the risks of COVID-19 in your workplace..

Vaccination and WH&S duties

Under the ACT Work Health & Safety (WHS) laws you have a duty to eliminate or if not reasonably practicable, minimise the risks of COVID-19 in the workplace so far as is reasonably practicable. You may not be able to completely eliminate the risk to workers of COVID-19, therefore you must do all that is reasonably practicable to minimise the risks and vacci-

nation should be considered as just one way to do so in the context of a range of COVID-19 control measures.

ACT Work Safe have issued reference material for ACT employers. https://testmatrix.act.gov.au/_data/assets/pdf_file/0032/29867/worksafe-act-info-for-employers-consultation.pdf

In the absence of ACT public health orders, AMA-ACT advises that it is more likely to be reasonably practicable to mandate COVID-19 vaccination where workers are required as part of their duties to:

- interact with people with an increased risk of being infected with COVID-19 (for example, health care

workers treating COVID-19 patients, hotel quarantine or border control workers).

- have close contact with people who are more likely to develop serious illness from COVID-19 (for example, health care or aged care workers).
- interact with other people such as customers, other employees or the public (for example, stores providing essential goods and services) where there is a high level of community transmission.

More generally, the introduction of COVID-19 vaccines does not automatically mean all businesses need to require workers to be vac-



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inated to meet their duties. Even if vaccination is available to all of your workers it may not be reasonably practicable to require vaccinations at your particular workplace.

Reasonably Practicable

Whether it is reasonably practicable should be determined based on a risk assessment and needs to be assessed on a case-by-case basis. If you conclude (following a risk assessment) that implementing a mandatory vaccination policy is necessary to minimise the risks of COVID-19 at your workplace, you need to consult with your workers (and their representatives where appropriate) about the proposed vaccination policy.

You should also provide your workers with relevant information and materials to assist their understanding of your risk assessment. This will indicate that you can meet your WH&S duties by applying other controls to address the risk of COVID-19.

To minimise risks of COVID-19 consistent with your WH&S obligations in the workplace, you must:

- undertake a risk assessment for your business (more information is available on the ACT Work Safe website).
- consider the effectiveness of available control measures and how they will help manage the risks of COVID-19, including any available vaccines.
- consult with workers about COVID-19 and relevant control measures including the COVID-19 vaccines

(more information on your consultation obligations is available on the ACT Work Safe website).

- determine what control measures are reasonably practicable for you to implement in your workplace (more information on the meaning of reasonably practicable is available on the ACT Work Safe website).

Some other factors you should consider on an ongoing basis include:

- What is the extent of community transmission of COVID-19 where your workplace is located or where your workers perform their work?
- Considering the local situation, how likely is it that your workers will be exposed to the COVID-19 virus?
- Is a vaccine available for your workers?
- Is the Australian Health Protection Principal Committee recommending COVID-19 vaccinations for all workers in your industry?
- Are your workers likely to be exposed to COVID-19 as part of their work?
- Do your workers work with people who would be vulnerable to severe disease if they contract COVID-19?
- What is the likelihood that COVID-19 could spread in the workplace? For example, some work tasks may require your workers to work in close proximity to each other, to your customers or



members of the public.

- Do your workers interact with large numbers of other people in the course of their work that could contribute to a 'super-spreading' event if your workers contract COVID-19?
- What other control measures are available and in place in your workplace?
- Would a requirement to be vaccinated be unlawful in the circumstances? For example, would it discriminate against a class of employees? If you need information on COVID-19 and Australian workplace laws, go to the Fair Work Ombudsman website. If you need information on the implications of anti-discrimination laws, go to the Australian Human Rights Commission website.

There are many issues to consider such as workplace relations, discrimination and privacy issues will also be relevant. If you have a worker who cannot be vaccinated for medical reasons, you may need to implement different control measures to minimise the risks of COVID-19 for this worker and other vulnerable persons, for example, if the individual has a disability (within the meaning of the Disability Discrimination Act 1992) and are more vulnerable to COVID-19 or are unable to be vaccinated. If you need information on implications of anti-discrimination laws, go to the Australian Human Rights Commission website.

Customers and Visitors

Can I require customers and visitors to prove they have been vaccinated before they can enter my workplace?

It is unlikely that the ACT WH&S laws require you to ask customers

and visitors for proof of vaccination. This is because the ACT has not issued public health orders requiring proof of vaccination as a condition of entry. If you want customers and visitors to be vaccinated as a condition of entry to your premises and this is not required by a public health order, you should seek advice before you take any action as this may raise privacy and discrimination issues.

For more information on privacy, go to the Office of the Australian Information Commissioner website. For more information on anti-discrimination laws, go to the Australian Human Rights Commission website.

Workers Refusing to Come to Work

Can my workers refuse to come to work because another worker isn't vaccinated?

Continued page 12...

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COVID Vaccination in the Workplace...continued

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Under the ACT WH&S laws a worker can only cease or refuse to carry out work if the worker has a reasonable concern that to carry out the work would expose the worker to a serious risk to the worker's health or safety from an immediate or imminent exposure to a hazard. In some circumstances, workers have the right to refuse to carry out or stop unsafe work. ACT Work Cover Inspectors can also direct a worker in a work group to cease unsafe work if there is a reasonable concern that the worker will be exposed to a serious risk to their health and safety from an immediate or imminent hazard.

In most circumstances however, a worker will not be able to rely on the WH&S laws to cease work simply because another worker at the workplace isn't vaccinated. However, this will depend on the circumstances. A person who is vaccinated against COVID-19 is much less likely to suffer serious health effects from the virus if they catch COVID 19.

For vulnerable workers (especially those who cannot receive a vaccination), you should continue to implement other working arrangements where you reasonably can, such as working from home. If you need information on implications of anti-discrimination laws, go to the Australian Human Rights Commission website.

Recent Case Law

A recent full bench decision of the Fair Work Commission has addressed the issue of an employee's right to require an employer to take an influenza injection; the significance of this judgement

however is likely to have a wider application having been made in the midst of a wide-ranging public debate around the rights and obligations of employers and employees within the context of many State and Territory Government public health orders, mandating COVID-19 vaccinations.

In a majority decision, the FWC found that the employee had previously received 2 influenza vaccinations, one of which, she alleged, caused adverse effects, but found that there was no evidence that adverse effects were actually caused by vaccination. In NSW, a public health order requires up to date influenza vaccination and staff are not permitted to work without a vaccination unless they provide certification from a medical practitioner of a medical contraindication to the influenza vaccine.

While the dismissed employee had provided her employer with an exemption form from a medical practitioner, the practitioner had not treated her for the alleged adverse reaction, said to have arisen from the vaccination. This evidence was considered by the FWC as "insufficient to demonstrate a medical contraindication described as 'severe facial swelling and rash lasting 10 months'."

The main tenet of employee's argument, that she was allergic to vaccine, was not considered credible given the evidence, including her general anti-vaccination position as revealed in a letter she sent to her employer.

AMA ACT Advice

The approach taken by the FWC is consistent with the AMA's advice to its members and the up-dated



guidelines issued by the Fair Work Ombudsman on Workplace Vaccinations. If you need additional information on COVID-19 and Australian workplace laws, go to the Fair Work Ombudsman website. The Fair Work Ombudsman has information on a range of matters, including giving directions to employees, leave entitlements and termination of employment.

The AMA recommends a collaborative approach to encourage employees to be vaccinated against COVID-19 through discussion, and planning to facilitate a strategy including providing leave or paid time off and promulgating reliable

vaccine information. We also encourage alternative working arrangements for those who are unvaccinated employees.

The Federal Government has not broadly mandated COVID-19 vaccinations in workplaces or otherwise, instead leaving any mandate up to states and territories. The Federal Government asserts that there are already existing powers to provide a safe working environment for employees, as far as reasonably practicable which may enable workplaces conducive to a high risk of infection to direct or reasonably request vaccination. The FWO advises that employers

may include a contract term for new employees requiring proof of COVID-19 vaccination within a defined period from start.

The contract term in itself however is not a shield from discrimination or other claims. An employer ideally will make a logical and legal analysis of the risks and hazards in the workplace, developed a response and implement a policy to target that risk. Any employer thinking about directing vaccination should understand that a risk analysis is complex and that they should consider obtaining legal advice.



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PM's Summer Reading List for 2021

Each year, the Grattan Institute puts together a summer reading list for the Prime Minister. The full list for this year is:

- *The Winter Road: A Killing at Croppa Creek*, by Kate Holden
- *The School: The Ups and Downs of One Year in the Classroom*, by Brendan James Murray
- *She Is Haunted*, by Paige Clark
- *Truth-Telling: History, Sovereignty, and the Uluru Statement*, by Henry Reynolds
- *On Money*, by Rick Morton
- *System Error: Where Big Tech Went Wrong and How We Can Reboot*, by Rob Reich, Mehran Sahami, and Jeremy M. Weinstein

Grattan CEO Danielle Wood says: 'This year's list explores issues that have been, to some degree, overshadowed by the COVID-19 pandemic.

'The Prime Minister has been hard at work for the past two years,

helping to navigate the nation through the biggest health crisis the world has seen in more than a century. But now we're finally returning to a degree of normalcy, there remains challenges on the other side – some that have been exacerbated by the pandemic – that cannot be ignored.

HERE'S A SELECTION:
The Winter Road: A Killing at Croppa Creek
KATE HOLDEN



On a stretch of dirt road in out-back New South Wales, 78-year-old farmer Ian Turnbull raised his hunting rifle, and aimed. The first shot knocked Glen Turner, a state environmental officer, to one knee. As dusk fell on Croppa Creek, Turner and his workmate dived behind their ute, pleading with Turnbull, to no avail. In desperation, Turner turned to run. Once more, a shot echoed over the cleared farmland, this time striking Turner in the back. 'I'm going home to wait for the police,' the elderly farmer said, as he stepped into his ute. He drove off, leaving Turner dead in the arms of his partner.

Australia's history with our land – the clash between farmers wanting to clear and work it, and those seeking to preserve it – runs deep. Equal parts crime and history, *The Winter Road* is a gripping tale of legacy, land, and the killing at Croppa Creek.

Using the July 2014 murder of Glen Turner as a launching point, Kate Holden dives into the events that led to the killing, and the history that preceded it. The tension between Turner, a government man intent on enforcing environ-

mental regulations, and Turnbull, a farming man who believes in the right to treat his own property as he wishes, speaks to broad ideas of ownership and government, of exploitation and preservation.

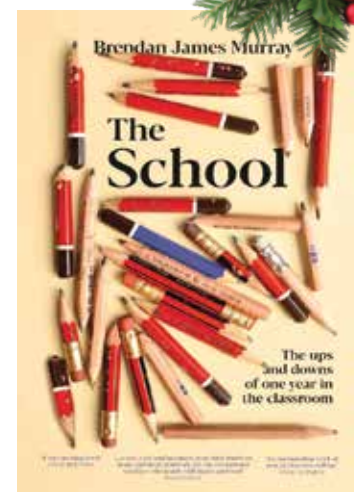
The result is a meticulously researched story of the continuing tug of war between land ownership, inheritance, enforcement, and preservation efforts in Australia. The *Winter Road* raises fundamental questions about the give-and-take relationship Australians have with the land – from First Nations ideals of continuity and preservation, to European notions of taming the land through work. It highlights the complex nature of the laws that govern land, and the dangers that those tasked with enforcing protection can face. By deftly explaining the history behind invasion, settlement, and the traditions of preservation and farming, Holden tells a uniquely Australian tale. It captures deep and difficult questions about exploitation of the land we live on, and how it relates to our history, laws, and society.

The School: The ups and downs of one year in the classroom

BRENDAN JAMES MURRAY

Politicians and policy makers talk a lot about schools, but how well do most of us know what really goes on inside them? Are we brave enough to look beyond the façade to the tangled web of social expectations, bureaucratic improvement plans, and complicated human currents that course through the classrooms and corridors, spilling out into the playground?

The School is a powerful story about a notional year in the life of



a teacher. Murray draws on his experience as an English and Literature teacher at *The School*, a modest suburban secondary school on the edge of Port Phillip Bay, where he happened to spend his own days as a student.

Murray writes compellingly about the burden of obligation – and the genuine gratitude – he feels towards his students, and the excitement of shepherding them toward new understandings. Nobody could read this account without reflecting on how profound an impact a good teacher can have on the lives of his or her students.

But this is no sentimental yarn. Murray reveals his frustration at the lack of resources at *The School* to tackle sometimes shocking levels of adolescent illiteracy, the heavy toll on young lives of poor physical and mental health, the radiating legacy of family trauma, the ease with which social cruelty and physical violence can be inflicted in the schoolyard, and the seeming indifference of a small handful of colleagues.

Continued page 14...



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PM's Summer Reading...continued

...from page 13

But Murray resists the temptation to lay blame neatly at the feet of the usual cast of villains: cynical politicians, heartless bureaucrats, neglectful parents, a few bad teachers, or troubled students. It is refreshing to read an account that acknowledges that these challenges are hard and defy simple explanation.

It is impossible to read this book without feeling a deep sense of obligation – and motivation – to keep asking what more, or what else, can we do to honour the ghost children who walk the grounds of *The School*.

She Is Haunted PAIGE CLARK

Melbourne's Paige Clark has burst onto the literary scene with her debut collection of 18 short stories, *She Is Haunted*. The book is an ethereal work that deftly explores

relationships, loss, and grief. Clark, who is third-generation Chinese-American, and first generation Australian, weaves her own experience of the transnational identity via excruciatingly relatable characters. Each story is written with a piercing dry wit, entwined with pathos-laden gut punches. Most of Clark's protagonists are women, and in a year when the voices of Australian women were given prominence, *She Is Haunted* is a timely, refreshing, and deeply intimate experience.

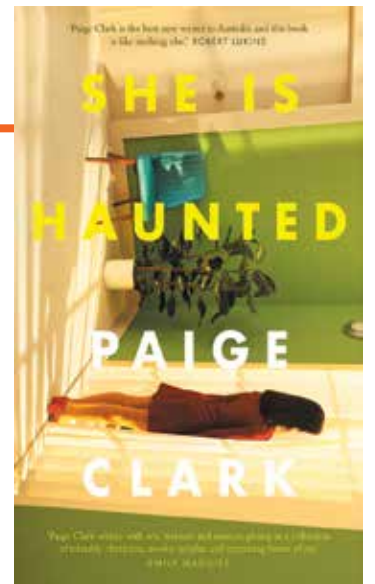
Clark's writing is spare but her attention to the minutiae of life is evocative. She has interwoven the mystical and the mundane, depicting the surreal and the ordinary throughout the lives of her characters, who are all fallible but mostly sympathetic. A Woman in love is split from her beloved and elderly dog after her marriage ends. High-jinks ensue

as she embarks on a 'dog-napping' escapade so she can clone the toothless chihuahua, but we are privy to a past of devastating genetic testing results, and the comfort the elderly dog brought. A woman and her partner voluntarily undergo removal of their left frontal cortex to withstand oppressive heat wrought by a heating planet: indeed, menacing hints of climate change stalk many of Clark's stories.

She Is Haunted is like a cosmic prism through which readers can

view life and death. Spirits and the spiritual haunt carefully crafted vignettes, windows into souls that are grieving, bargaining, lost, jealous. Whilst loss and death are constant throughout the book, Clark's nimble prose keeps readers curious, with surprising deviations crafted within each chapter.

Paige Clark has created a dazzling debut, and if *She Is Haunted* is any indication, we look forward to what's in store from this talented young Australian author.



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PAIN SPECIALIST



Dr Anandhi Rangaswamy
MBBS, MD, FANZCA, FPPMANZCA

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.

ACT PAIN CENTRE
Suite 1, 39 Geills Court, Deakin, ACT 2600
T: 02 6195 0180 F: 02 6147 0669 E: info@actpaincentre.com.au

Assoc/Professor Hodo Haxhimolla

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Goulburn is a regional city in the Southern Tablelands of the Australian state of New South Wales. It is a 2hr drive, south west of Sydney city and 1hr north east of Canberra city.

ABOUT THE MEDICAL CENTRE

The word "Marima" is an Aboriginal word meaning "to care for". This name was chosen by Dr Anne Cockburn and Dr Sue Storrer in 2001 when they decided they wanted to start a medical practice which concentrated on a new level of customer recognition and care. The clinic offers a comprehensive list of medical services and specialised services ie. Chronic Disease Management, Skin Cancer Surgery, Cosmetic Procedures, Home Visits as well as a range of Allied Health Services.

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