



New AMA President Steve Robson champions general practice

New AMA National President and Canberra local Professor Steve Robson says he is eager to work closely with the Federal Government on national reform that will breathe new life into general practice.

Speaking with Canberra Doctor, the former AMA ACT president said he'd had promising conversations with Federal Health Minister Mark Butler about implementing Australia's Primary Health Care 10 Year Plan.

"One thing the Health Minister Mark Butler and I agree on wholeheartedly is we must make general practice the most sought-after destination for medical graduates," Professor Robson said. "Only 1 in 7 new graduates choose general practice as a career, when it should be around half."

10-year plan

The 10-year plan was released under the former Morrison Government with widespread support across the healthcare sector but without funding. The plan endorses voluntary patient registration to incentivise quality person-centred primary health care. It also calls for using technology such as telehealth and integrated data to drive healthcare improvements.

Labor has committed \$1 billion over four years to begin implementing the plan, which Professor Robson said

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*Prof Steve Robson
and Dr Omar Khorshid*

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President's Notes

WITH PRESIDENT, PROFESSOR WALTER ABHAYARATNA

Stop to celebrate

We have too many unsung heroes among us. The sad passing of a number of colleagues, including Associate Professor James D'Rozario in January, is a reminder to stop and think about who's doing what in our busy healthcare system, and celebrate those who inspire us. It's time we started to show our appreciation to each other and not wait until it's too late.

In this issue of Canberra Doctor, we offer a tribute to James.

Dr Peter Scott

It's recently been brought to my attention that certain rumours have been circulating through the medical community in Canberra concerning the circumstances of Dr Peter Scott's death. Having had the opportunity to speak with the Scott family, I

wanted to let you know that the family have no knowledge of any workplace issues relating to performance or like matters that existed at the time of Pete's death. The suggestion that such issues existed is mistaken and unhelpful at this time.

In the spirit of kindness, I ask that we all accept that this puts an end to such rumours, and we return the focus to supporting the Scott family as they strive to adjust to life without their beloved Pete.

Drs4Drs ACT

In our busy lives, it can often be difficult to find a safe space to share our personal challenges, to chat or even to reach out for help. With the launch of Drs4Drs ACT earlier this year, the aim is to provide such a space. The new Drs4Drs ACT service, funded through the AMA and



AMA ACT President's Award recipient, Dr Denise Kraus (centre) with AMA ACT Board Members.

Medical Board of Australia, provides a 24/7 call-back helpline for colleagues in distress, with referral pathways to select local doctors. No problem is too big or too small for the new service to be able

to assist. Drs4Drs ACT is here for all medical practitioners and students in the Canberra region.

The remit of Drs4Drs ACT also includes education and awareness raising of issues relating to doctors' health

and wellbeing. The recent 'A Safe Space' wellbeing event, featured later in this edition of Canberra Doctor, is an example of the educational activities the new service is undertaking.

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Orthopaedics ACT



Dr M. Saqib Zafar has officially commenced with Orthopaedics ACT!

He is an Australian trained orthopaedic surgeon specialising in Foot and Ankle, Limb Reconstruction and Orthopaedic Trauma Surgery. Currently operating at several private hospitals as well as taking public patients.

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\$200m digital health record ready to roll

On 12 November a new digital health record (DHR) for the ACT public health system goes live. Costing \$201 million, the DHR is the largest ICT project the ACT government has ever undertaken and will replace a poorly connected network of over 50 different clinical systems, some of which are more than 30-years-old.

Associate Professor Rohan Essex, an ophthalmologist and Chief Medical Information Officer for the project, is acutely aware of the enormous potential benefit of the DHR, but also the stress many doctors anticipate with learning a new system and the scepticism some feel about the potential for it to be used in 'big brother' type ways to monitor compliance.

"It has been a very challenging few years for everybody in the hospitals, and I know there is a feeling among some people of 'how are we going to cope with a new system on top of all this?'," Associate Professor Essex said. "There will be a learning

curve, but I think the training will address a lot of peoples' concerns," he added. Already around 60 doctors have been trained to teach colleagues how to use the DHR. For everyone else, training begins from 29 August.

Do we have time to learn a new system?

The ACT Government has allocated \$50 million to support the implementation of the Digital Health Record. This money will be used to bring in additional healthcare workers while hospital staff take time away from their clinical duties to learn and adapt to a new IT system. Associate Professor Essex said



A/Prof Rohan Essex

locums will be brought in to help cover staff shortages during the implementation phase of the DHR, and there will be opportunities for part time staff to temporarily increase their hours. The Health Directorate has also agreed to temporarily reduce activity over the period, comparable with a Christmas slowdown, he said. "Kudos to the government – they've given us exactly what we asked for to help get this implementation right," Associate Professor Essex said. "The health services are also exploring opportunities to increase contracted care to private hospitals to minimise service disruption."

Training takes around one day, including half a day of face-to-face teaching, with the rest of the lessons able to be done online. Associate Professor Essex commented: "I'm pleased we are adopting a peer-to-peer training model as it is far more efficient and effective than generic training delivered by a non-peer trainer."

What's so exciting about the new DHR?

The very same DHR being rolled out in Canberra has been linked with a reduction in paediatric deaths at the Royal Children's Hospital in Melbourne, where it was implemented in 2015.* "There was a 22% reduction in deaths after the system was rolled out in 2015," Associate



Professor Essex said. "Although we cannot prove causation, there were no other changes in the hospital population or other major interventions at the time to explain such a significant change."

Associate Professor Essex said the reduction in mortality after the DHR rollout in Melbourne was most likely due to a fall in the rate of prescribing errors. "Prescribing errors drop substantially with the new system, an effect particularly important in a paediatric population with weight-based dosing," he said.

From the time the system is turned on, Associate Professor Essex said doctors can expect to benefit from:

- Logging into a single system to access all clinical information
- Notifications of abnormal pathology and radiology results
- Secure messaging between doctors, nurses and allied health in the system (GPs will be added to this at a later stage)
- GPs who are already registered with HealthLink will have instant access to digital referrals and pathology and imaging results

Will a new DHR increase doctor burnout?

Associate Professor Essex said he was aware of reports from the US that DHRs had increased the administrative burden on doctors and were linked to burnout. However, he stressed that the Australian context was very different.

"In the US, strict legislation forces doctors to document much more than they do in Australia," Associate Professor Essex said. "We have gone out of our way to configure the system to support stream-lined workflows, and have actively resisted attempts to move administrative tasks to clinicians."

Associate Professor Essex categorically ruled out the system being used to monitor compliance.

"The system does have some learning support tools which help users to understand where they may be inefficient in the way they use the system and to identify learning opportunities," he said. "I can reassure our members that these clinician support tools will be kept strictly in the hands of clinicians."

Associate Professor Essex said he was aware some colleagues viewed the DHR with scepticism, but encouraged everyone to be open to the opportunities it would provide. "At the end of the day, we all have a shared responsibility to make this happen and the system is very good – the best you can get," he said.

**REFERENCE: J Paediatr Child Health. 2022 Feb;58(2):332-336*



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Drs 4 Drs ACT: Dr Kerrie Aust shares her story

Doctors gathered at AMA offices in Barton recently to share their experiences of work-related stress and learn how to help themselves and one another.



AMA ACT President-elect, Dr Kerrie Aust

The inaugural Drs4Drs ACT wellbeing event, A Safe Space, was attended by medical students and doctors at all levels of practice, including hospital doctors and general practitioners, on 25 June.

Dr Kerrie Aust, a GP at Isabella Plains and president-elect of AMA (ACT) told *Canberra Doctor* she was encouraged by the openness with which both junior and senior staff spoke about their mental health experiences as a way of sharing that “it’s ok not to be ok”.

“When we see someone is not OK, it’s so important we lean in and check on them,” she said.

Mourning colleagues

Dr Aust said her passion for doctors’ mental health was a direct consequence of the suicide of a colleague when she was a junior doctor. “You don’t have to know someone personally to feel affected by suicide,” she said. “There’s a lot of grief in our community.”

“We really feel the loss of the people who taught us and who we really admired and sometimes wonder how we will cope if they couldn’t,” she said.

An issue raised at the day-long conference was the conflict doctors often feel between seeking medical or legal help and worrying that any disclosure could potentially affect their registration or insurance.

Dr Aust’s story

Dr Aust told attendees she had experienced this fear herself when needing to take leave as a junior doctor and access help from a GP.



“All I could think of in that moment was, ‘This is the moment I’m going to get found out and reported to AHPRA,’” she said. “That didn’t happen: I didn’t get reported, and it didn’t affect me finding a position as a trainee.”

Dr Aust’s GP listened with empathy and helped her access the mental health care she needed, as well as working with her on strategies to cope with stress at work.

“I spoke with my supervisor about how I was feeling and he gave me great support, which quickly increased my confidence,” she said.

Don’t be afraid to seek help

Now Dr Aust has a number of doctor-patients at her own practice. “Don’t be afraid to come in and see a GP,” she said. “AMA ACT maintains a list of doctors willing to see doctors as patients, who are all mental health trained and aware of the AHPRA requirements.”

Dr Aust said doctors should be reassured that depression and anxiety were rarely reasons for not being able to continue to work.

Dr Antonio Di Dio, a Canberra GP, deputy chair of the Federal Board of Drs4Drs and part of

Drs4Drs ACT has more than 25 years experience facilitating healthcare for doctors.

He estimated around a quarter of his doctor patients were on antidepressants.

“I’ve never once reported any of them to AHPRA and it’s highly unlikely I ever will,” he said. “Let not one doctor be denied medical care because of their concern they’ll be reported,” he added. “We don’t need, now or ever, another tragic reminder of why we do this.”

The 24/7 Drs4Drs help line is 1300 374 377

Who’s looking after you?

Drs4Drs ACT offers an independent & confidential advice service for doctors and medical students

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Drs 4 Drs ACT: Top tips to survive legal complaints

Nothing strikes fear into the heart of a doctor like a legal complaint. Tom Miller, a lawyer with MinterEllison and Harry McCay a solicitor at Avant Law helped attendees at the recent Drs4Drs ACT event think through how to look after themselves when a complaint arises.

Remember, perfection is not the standard

"Perfection is an honourable aspiration, but the law does not require it," said Mr Miller, quoting the famous English judge, Lord Denning. Mr Miller said the issue in medical negligence cases was whether the doctor exercised their skills with reasonable care and to a reasonable standard. Mr Miller emphasised that errors in clinical judgement, incorrect diagnoses and adverse patient outcomes can occur even when a doctor is providing care to a reasonable standard.

"A patient complaint doesn't in itself mean that the doctor has failed to exercise a reasonable level of care," Mr Miller said. Mr McCay noted that 70% of complaints to AHPRA are closed without further actions.

Apologise if you want, but do it carefully

"An apology is not, from a legal

perspective, an admission of liability," Mr Miller said. "In fact, an apology can help avoid a situation where an angry patient goes down the legal path." However, the form of the apology does matter, he said. He warned there were cases where a patient had mistakenly taken a doctor's apology to mean that they did not provide a reasonable standard of care.

"Don't get into the trap of having unrealistic expectations of yourself, which could lead you down a path of maybe apologising for not giving perfect treatment," he said.

Contact your MDO early

For any complaint alleging a lack of care or a problem with your medical standard, or a coronial inquest that may raise questions about your care, talk to your medical defence organisation (MDO) as soon as possible, Mr McCay said.

"If the police want to talk to you

about a complaint raised by a patient, advise them that you're happy to cooperate but that you need to seek legal advice, and get onto your MDO straight away," he said.

Don't hide from your lawyers

"Too many times doctors haven't wanted to tell us something because it's embarrassing or puts them in a worse light, and that's undermined how we could protect that doctor's interests and achieve the best outcome," said Mr McCay. "So be very frank when talking to MDO lawyers."

Address substance misuse early

"Don't think you can keep it hidden – it will always come out," said Mr McCay. Mr McCay raised concern that the legalisation of personal marijuana use in places like the ACT had contributed to a culture where some doctors did not regard substance misuse as serious.

"The medical board will regard it as serious," he said. "Get medical help as soon as you realise you have a problem and don't let it spin out of control because that's the only way you will be able to maintain your registration."

Know "the worst thing" isn't "the worst thing"

Even if a complaint escalates to a tribunal hearing, and restrictions are placed on a doctor's scope of practice, know that you will be OK, Mr McCay said. "Working under restrictions, and working your way back to unrestricted practice can be very difficult, but it is much better than trying to hide things and getting into a cycle you cannot control that will end up with far worse outcomes," he said.



Perfection is an honourable aspiration, but the law does not require it.

Maintain good networks

"The doctors who get into trouble are invariably the ones who have found it difficult to maintain connections with a lot of peers," Mr McCay said.

"If you have good connections with your peers and a good friend and family base you will be in a much better position to deal with problems that arise in practice than if you try to deal with it all on your own."

Irritable? Fearful? Know the signs you're "off track"

Canberra psychologist Nesh Nikolic urged doctors at the Drs4Drs ACT event to know the signs that they were not coping. Tell-tale signs could include irritability toward family members, isolating one's self and feeling fear, he said.

Another sign was "compassion fatigue", he said, explaining: "There is something about human beings that says, 'I want to help people', but when we lose that, we can recognise in ourselves that something has gone astray."

He urged doctors to take steps to reduce burnout and create healthier workplace cultures, including:

- Maintaining social connection with others
- Being present and deliberate (mindfulness)
- Reducing toxins such as drugs and alcohol
- Being deliberate about social media use
- Not gossiping

The last two – social media use and gossiping – were all about



Nesh Nikolic, Strategic Psychology

reducing "social toxins", he said. "So often we look at one another and compare ourselves and if we fall short, we become concerned and anxious that we will lose our place in 'the group'," he said. "Even when we are in 'the group' we are fearful of being kicked out."

"It's really important that we reduce social comparisons," he said. "We need to each be appreciative of ourselves the way we are," he said. "You will die one day and people will come to your funeral because of who you were as a person, not because of what you could do."



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Medicare in worst shape ever, Butler

The AMA National Conference was held in Sydney and online from 29 July to 31 July. Federal Health Minister Mark Butler told delegates via video-link that primary care was "in worse shape than it's been in the entire Medicare era" and acknowledged the "very deep structural challenges facing our health and hospital system".



Mr Butler thanked outgoing AMA president Dr Omar Khorshid.

Mr Butler told delegates voluntary patient enrolment is squarely in his sights after the first meeting of the Strengthening Medicare taskforce. The taskforce, which includes AMA representation, will advise the rollout of Australia's Primary Health Care 10 Year Plan. "There was very broad consensus across the Taskforce that voluntary patient enrolment is probably the first piece of work for a deep dive," he said.

Also on the Taskforce's agenda are ways to encourage and facilitate genuinely multidisciplinary care, improved use of new technology and the best business model for general practice, he said.

Mr Butler said the important work of the Taskforce would have a

big role in shaping the 2023-24 budget. So far the federal government has allocated \$250 million a year toward the rollout.

Farewell Dr Omar Khorshid

Mr Butler thanked outgoing AMA president Dr Omar Khorshid for the "utter professionalism" with which he advised Labor about health policy in the lead-up to the election. "The advocacy of the AMA and the sage advice of Omar and Martin [Lavery] and others, helped shape our policy which brought about \$5.5 billion of new commitments in the health and the aged care portfolio," Mr Butler said.

Dr Khorshid gave his valedictory speech at the AMA National Conference, describing a two-year term heavily


characterised by COVID-19.

However, he noted that the AMA's advocacy over the period also went well beyond the pandemic, encompassing reform for the private health sector, including prostheses and private health insurance; public health; public hospitals; and general practice through targeted campaigns.

"Australia's hardest working GP"


Outgoing AMA Vice President, Dr Chris Moy was also recognised at the conference for his outstanding service to the AMA. Dr Omar Khorshid presented Dr Moy with the special President's Award, saying he was perhaps "Australia's hardest working GP".

Dr Khorshid acknowledged



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er tells AMA National Conference

Dr Moy's work with the Commonwealth Department of Health on shaping COVID vaccine policy and vaccine indemnity arrangements, and his efforts to help secure nearly \$1 billion for increased primary care funding from the new Federal Government.

Also honoured with a President's Award were past AMA presidents, A/Professor Rosanna Capolingua and Professor Kerry Phelps.

New president and deputy

Well-known Canberra doctor, Professor Steve Robson, has been elected AMA National President. An obstetrician and gynaecologist, Professor Robson served as AMA ACT president from 2016 to 2018 and has also been president of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (see page 1).

Meanwhile, Sydney GP, Dr Danielle McMullen, has been elected Vice President. Dr McMullen, who is also immediate

past president of AMA NSW, said she would help ensure the \$1 billion in funding which the Federal Government has earmarked for general practice was spent in a targeted and effective way as outlined in the Primary Health Care 10 Year Plan.

Championing diversity

Canberra-based orthopaedic hand and wrist surgeon, Dr Jennifer Green has received the AMA's Diversity in Medicine Award for her outstanding contribution to promoting and implementing equity, inclusion and diversity initiatives within the medical profession and workplace.

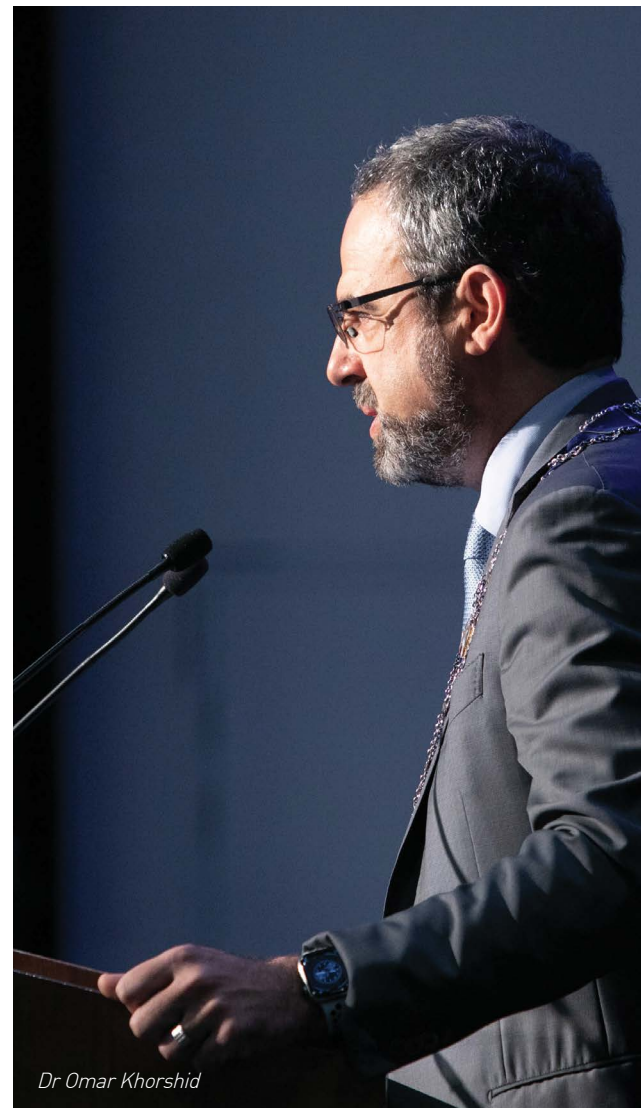
Dr Green is the founder of International Orthopaedic Diversity Alliance, a recently established collaborative not-for-profit of more than 800 members worldwide championing diversity, equity and inclusion in orthopaedics – the least diverse medical specialty worldwide.




Dr Jennifer Green



Dr Chris Moy



Dr Omar Khorshid






Dr Katherine Gordiev

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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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Continued from page 1

was "a good start, though only a down-payment".

"If we can get a new way of delivering general practice we can start getting some data that general practice is an investment, not a cost for the government," Professor Robson said. "We need to make sure people understand that investing in general practice keeps people healthier, stops waste and keeps people out of hospital."

AMA is advising the Federal Government through its representation on the Strengthening Medicare Taskforce.

Other priorities

Professor Robson said other major priorities of his presidency would be:

- continuing the major focus of former AMA president Dr Omar Khorshid on addressing the logjam in Australia's public hospitals
- continuing to work with the Federal Government and other players to bring about reform of the private health sector
- initiatives that encourage doctors to choose to work in regional and rural Australia
- making healthcare sustainable for the sake of the environment
- addressing the human cost of healthcare, in view of

the enormous emotional, mental and physical toll of the pandemic years

Canberra pride

Professor Robson has a fondness for Canberra where he works as a local obstetrician and gynaecologist. He was AMA ACT president from 2016-18.

"Canberra has some of the best doctors in the country working right here and we ought to be proud of that," he said. "But we have issues with the culture in our public hospitals and our general practices are stretched; our doctors need support."

"We need the next generation of young Canberra doctors to want to stay here and support their local community," he said.

Associate Professor James D’Ro

Tributes have flowed for Associate Professor James D’Rozario, a leading haematologist who worked tirelessly toward his vision for Canberra to be a centre of excellence in clinical trials and doctor training.

Associate Professor D’Rozario was Director of Haematology Clinical Services at Canberra Hospital from 2013 until his death due to natural causes on 27 January 2022 at age 56.

He won numerous awards, including the prestigious Public Service Medal for leadership in the ACT in 2019 and the AMA ACT President’s Award in 2021 for service to medicine.

AMA ACT president, Professor Walter Abhayaratna said Associate Professor D’Rozario was a “local hero”.

“James had such a clear and ambitious vision for his department and for Canberra Hospital more broadly,” Professor Abhayaratna said. “He wanted clinicians working closely with clinical trials

coordinators to provide patients with the highest level of care.”

“James also had a magnetism for attracting doctors to work in Canberra,” Professor Abhayaratna said. “Registrars who trained under him wanted to come back.”

A wonderful mentor

Dr Maya Latimer, who is now directing the department, trained under a young Dr D’Rozario when he was a senior registrar and she an intern. For many years she worked closely with him as deputy director.

“When James started out, there were only four specialists in the department, but under his leadership we grew to 12,” Dr Latimer said. “He was a wonderful mentor and did



Associate Professor James D’Rozario (centre) was an active member of the Australasian Leukaemia and Lymphoma Group. Supplied by the Australasian Leukaemia & Lymphoma Group.

a huge amount of work to improve the department’s reputation and standing.”

“He would always joke that, ‘I hope the Adelaide Crows can do as well at locking in talent at the AFL national draft as us’.”

Under Associate Professor D’Rozario’s leadership, the department forged connections with Orange Base Hospital so registrars could get rural experience, and with Sydney hospitals so that trainees would have opportunities to look after shared care allogeneic transplant patients, Dr Latimer said.

Associate Professor D’Rozario was also Director of Physician Training at Canberra Hospital from 2003 to 2011.

“James always kept the trainees on their toes, asking questions in clinics and on ward rounds and at meetings in corridors,” Dr Latimer said. “He wanted you to bring your best to every teaching session and ward round.”

Dr Latimer said the quick-witted Associate Professor D’Rozario had a skill for bringing people together, leading to deeper connections between Canberra Hospital and the Australian National University.

“James achieved so much in his

short time,” Dr Latimer said. “He was determined that all his patients would get access to the best care, including access to new compassionate and novel therapies, which is what his drive for bringing the best clinical trials to Canberra was all about.”

Gung-ho for Canberra

Associate Professor Peter Mollee, Chair of the Scientific Advisory Committee at the Australasian Leukaemia and Lymphoma Group, worked on a number of myeloma trials together with Associate Professor D’Rozario, some of which led to the approval and funding of new myeloma treatments.

“James was absolutely gung-ho that Canberra would have a vibrant clinical trials program and that people in Canberra would get access to the latest treatments,” Associate Professor Mollee said. “He was a big champion of that and, as a result, Canberra became a sought-after site for running Australian clinical trials in blood cancers.”

Associate Professor D’Rozario was a skilled problem-solver with a positive attitude, Associate Professor Mollee reflected.

“There’s no doubt James had some difficult situations to deal with, but he would never disparage the people who were causing the problem,” he said. “He would just be promoting the positive things and getting on with solving the issue in the background.”

Deeply cared for people


Professor Jane Dahlstrom, Chair and Professor of Pathology at ANU Medical School met Dr D’Rozario when they were pathology registrars together at Canberra Hospital 25-years-ago. Both worked in Sydney after completing their training, and both returned to Canberra in the early 2000s.

“I miss him,” Professor Dahlstrom said. “I enjoyed his company because I valued his opinion.”

“If James walked into the room people paid attention,” she said. “They knew that what he was going to say would be concise, direct and well-considered.”

Professor Dahlstrom remembered her friend’s “extraordinary energy”.

“James really deeply cared about people and ensuring the right things happened for them, whether it was a patient, a



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D'rozario: remembering a local hero

trainee or a colleague," she said.

"He was often the first to offer encouragement and stood up when he felt there were injustices," she said.

Resilient in adversity

Professor Mark Hertzberg, Professor of Haematology at the University of New South Wales recalls being struck by how articulate, calm and patient Dr D'Rozario was when he taught him as a trainee around thirty years ago.

"I was always impressed by his resilience in the face of a lot of adversity, because he had significant health problems all his life but he didn't want to be treated any differently," he said.

Professor Hertzberg served alongside Associate Professor D'Rozario in many roles at The Royal College of

Pathologists of Australasia.

"He never sought the limelight, but he liked contributing and was very collegial," he said. "He was passionate about training young specialists and getting new drugs to Australian patients."

Fiercely independent

Dr Michael Pidcock, Director of Laboratory Haematology at Canberra Hospital trained Dr D'Rozario as a registrar and later handed over leadership of clinical haematology and the transplant unit to him.

"James had a strong sense of equity and fair play, and was able to inspire confidence in all those around him including consultants, nursing staff and administration," he said.

"His personality and passion for haematology were major

factors in recruiting high calibre registrars, some of whom became specialists," Dr Pidcock added.

Former AMA ACT president, Dr Antonio Di Dio paid tribute to his "dry-witted" and "big-hearted" colleague, who had a "fiercely independent determination to gain the best outcomes for those under his care".

"A formal call to the Professor about a clinical issue quickly became a conversation with a colleague called James about a patient we both cared for, and the manner in which he contextualised everything into what it meant for a person, a couple, a family in need, revealed every time the wisdom underpinning his decisions," Dr Di Dio said.



Photo supplied by the Australasian Leukaemia & Lymphoma Group.

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A revolving door? Study raises questions about Canberra's inpatient psychiatric care

Questions are being asked about the adequacy of inpatient psychiatric care in Canberra, after an analysis found length-of-stay is shorter in the territory compared with other states and territories and that most patients are already known to the system.

The ACT had the second lowest average length of stay for mental health patients in acute hospitals (10.9 days) after Queensland (9.3 days), compared with the national average of 12.8 days, according to an analysis of data from the 2019-2020 National Mental Health Performance Framework.

The vast majority of ACT mental health admissions were among people who had been in contact with community mental health services in the preceding week (61.4%), compared with only 33% in NSW and South Australia and 45.9% in Victoria.

ACT also had the highest rate of seclusions in acute hospitals – 12.2 per 1000 bed-days, compared to a national average of 8.1.

The data shows ACT patients had more engagement with community mental health than patients in other states – ACT had the highest average number of treatment days per 3-month community period of any state (8.1 days).

The ACT also had the highest percentage of “ongoing outpatient outcome changes” – a measure of clinical improvement in the community – of all the states (29.7%).

Short length-of-stay

Writing in *Australasian Psychiatry*, the authors cautioned: “our comparisons are exploratory and do not take into account a multitude of possible influences on KPIs other than just health system performance”. These influences could include state and territory differences in population, service organisation and mental health legislation, they wrote.

Nevertheless, lead study author, Associate Professor Jeffrey Looi, head of the Australian National University’s academic unit of psychiatry and addiction medicine said the data offered relevant observations and raised important questions.

“The data reflects well on community mental healthcare



Canberra psychiatric inpatients had a relatively short length of hospital stay.

in the ACT,” he said. “The community teams appear to be following patients closely and bringing people into hospital proactively.”

However, Professor Looi said the fact that so many inpatients were already under the care of community mental health services suggested their previous hospital stays may have been, at least partially, ineffective.

“Given the short length of stay, it could be that the intensive care side of the service doesn’t quite have enough time to work,” he said.

Stabilising patients

“You may potentially get a revolving door phenomenon, where we have good care to wrap around people but we can’t quite get them stable enough because we don’t have enough time on the inpatient side.”

However, Queensland, which had the shortest average length-of-stay, also had the highest percentages of outcome change for completed inpatient and ambulatory care – suggesting there is not necessarily a correlation between length of stay and outcomes.

Professor Looi commented:

“The issue is not just how long the patient is in hospital, but what treatments are available while they’re there.”

“Medication can be adjusted within a couple of weeks, but many people with mental illness have other medical conditions – high BP, strokes, diabetes – that require treatment while they’re in hospital.”

National Mental Health Performance Framework: Descriptive analysis of state and national data for 2019-2020, Australasian Psychiatry 2022, June 2. Vol 0 (0) 1-8

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Variety extends careers: the wisdom of adding non-clinical work



By Dr Antonio Di Dio

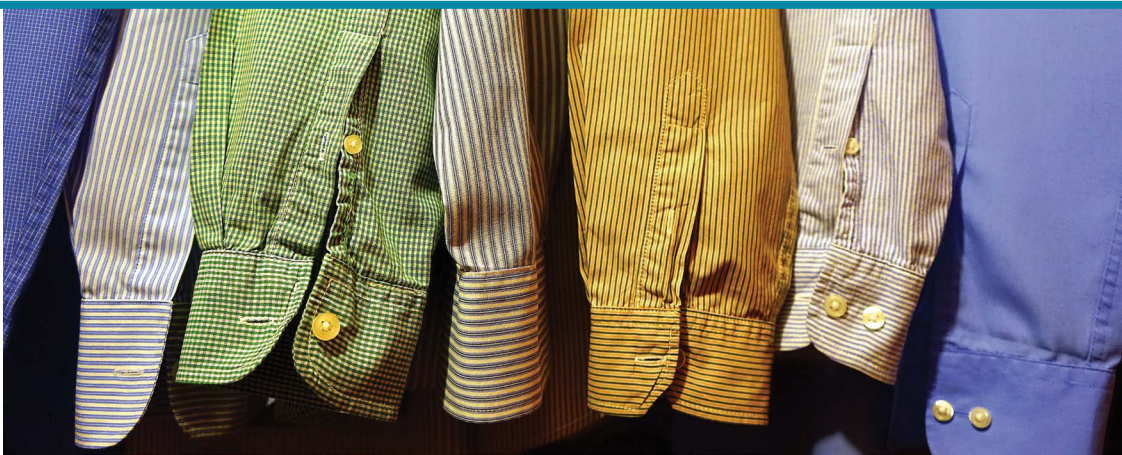
It's been interesting watching colleagues run their practices – and their lives – in recent years. For over 25 years I've been involved in the Doctors' Health Advisory Service (DHAS), providing 24/7 on-call counselling to doctors in need, and so many of those wonderful people end up being my patients for the long-term. Additionally, it's been a privilege at our practice to have so many patients who happen to be medical practitioners. And thirdly, it's great to work in a practice with lots of part-time doctors flitting in and out (unless you are our overworked practice manager, Tahnee, who has to herd those cats into a coherent roster!). Years of advocacy through

the AMA completed the picture a little further about the challenges doctors face, especially as this led to much interaction with bureaucrats, media and politicians, to see how those doctors are perceived.

As a consequence, I've come to know hundreds of us doctors and what we do, and how we cope with the incredible challenges of this profession. The loss of loved members of our profession looms over my head like a cloud that will not leave, and gives context to these thoughts. If there is a single piece of useful wisdom in these words, let it be dedicated to those wonderful people, who can never ever be replaced.

A season for everything

Some of us transition out of clinical practice slowly and organically into what comes naturally for us. Four of my friends are academics now, and professors of general practice. One of them now runs a large part of the department of health. Two of them quit decades of busy specialist practice (in the same practice!) to become state health minister and a federal local member of parliament



Adding different work can help those who are experiencing burnout.

respectively. Three became writers, two became chief medical officers, one became Secretary of Health, and so it goes. They followed career paths and for many of them a small part of their time was successfully quarantined for clinical work.

Push factors

Others find that the move out is somewhat harder. I got a call years ago via the AMA to say that one of our members needed representation industrially with the hospital. Pretty common stuff, and I visited her at her home and had a chat. After the best support and advice we could give, she

ended up reducing clinical hours and taking on more leadership and administrative roles. One of my DHAS clients, a lovely young resident medical officer, called at 3am one night because he was deeply distressed. He agreed to come see me for coffee a few hours later and we spent some days in regular counselling about what had happened. He never worked in medicine again and found his joy in a different profession.

One of my patients had a tough time with AHPRA and had sufficient practice restriction that they now work perfectly happily for the government, waiting for the time when they are allowed to return to clinical practice. A practice interstate specialising in men's health came about because one of the practitioners was restricted from seeing female patients. And the commonest one I see? By far the commonest is a person in mid-career, exhausted by working 10 sessions per week in specialist or general practice, dipping their toe in the water and taking on something else, perhaps half-a-day-a-week at first, then gradually building it as they wish.

Help with burnout

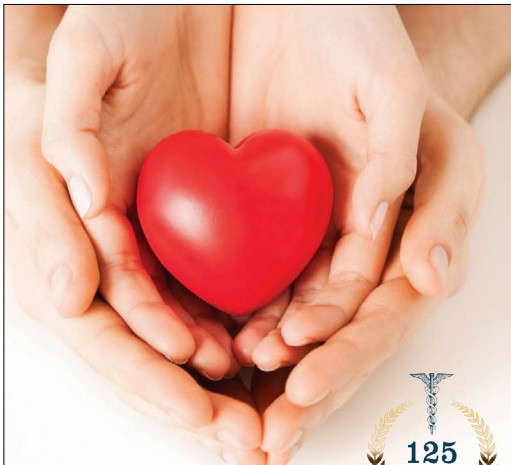
And what happens then? Well, it certainly seems to work for most people. It's a little tricky at first trying to figure out if you are doing a good job or not. Clinically you have lots of metrics – how many hours you worked, how many patients or procedures you did, and whether patients walked

out of your office smiling – you generally know how you are doing.

That's not universal – a young intern almost quit medicine when convinced she was the worst doctor to ever practice. When asked about her months later, one of her consultants described her as the best intern they'd ever had – a bit of feedback helps! Still, once you make a change and add a little different work, it does seem to help people experiencing the dreaded 'B' word – Burnout. Variety extends careers, improves lives, and adds to the richness of experience for many of us.

The reasons why people seek that non-clinical work is very much varied and can be urgent or slow, organic or jarring, your decision or someone else's. But it always seems to be a reflection of how hard it is to practice medicine, especially if it also involves running a group of people, or running a business, or both. The AMA ACT has been running some excellent burnout prevention sessions. If you can come along please do, regardless of where you are in your medical journey. As ever, let me remind you that we are a family in this job, never competitors, never disinterested observers. If you need support, call us at DHAS 24/7. If you need some advice about potential problems or solutions you have with burnout, come join us or contact us. We are in this together.

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'Thank you for your service to the members'

Early July marked the retirement of Tony Chase, AMA ACT's Manager of Workplace Relations and General Practice for the past six years. Tony's contribution to the AMA ACT has been immense on so many fronts - his deep commitment to the welfare of members, the rigour he brought to the workplace and general practice issues crossing his desk and the endless list of 'true stories' he kept his colleagues amused with. To celebrate the occasion, AMA ACT members, staff and guests gathered at the Hotel Realm to pay tribute to Tony and his dedicated work for AMA ACT.

A long working life

Tony's life has stretched from early post-war London, to migrating with his family to Australia as a 10-year old, and then the entire family returning to the UK, only for Tony to return independently to Australia in his late teens.

An extended stint with a Japanese trading company, a developing love for the English language and, most importantly, marriage and a daughter, Katrina, all followed his return to Australia. Arriving in Canberra in the early 1980s with a relatively new family, Tony took up a position with the Federal Department of Industrial Relations. While he worked doing a variety of tasks including policy and submission for national wage cases, his evenings were spent in pursuit of an MA in English literature.

After five years at DIR, Tony had had enough and moved on to work for the Canberra Business Chamber. From there his career took off rapidly with Tony undertaking several prominent court matters representing ACT employers. After stints with large employers, Tony returned to the Business Chamber until, in July 2016, he started at AMA ACT.

Varied Interests

Of course, anyone who's spent some time with Tony knows that he has a wide and varied range of interests - from the classics of English literature, to spy novels - particularly the maestro Le Carre - through to football and his beloved West Ham. What relatively few people know is that Tony was an accomplished footballer in his own right, playing with APIA Leichhardt in Sydney at a time when many of the 1974 World Cup Socceroos were playing at the club. Even after arriving in Canberra, Tony found time to be involved in the foundation of the Orana Steiner School, while later having a brief undercover flirtation with Opus Dei, and all this time making friends from all walks of life across all parts of Canberra and the region.

When Tony is around you can be certain of good company, interesting conversation and a sympathetic ear.



Prof Walter Abhayaratna with Tony Chase (centre) and Prof Steve Robson

Retirement Plans

With Katrina and her husband and two grandchildren in Canada, Tony has plans to catch up with them and his extended family in the UK when all will be together later in the year. Tony also has some long-delayed plans to finish the editing of the novel he's been working

on for the last six or so years. Whatever happens now and wherever he ends up, from all of us at the AMA ACT, we thank Tony for his commitment and dedication together with his good humour and collegiality, but most of all for his care and compassion for those around him.

President's Notes...continued

Continued from page 2

The launch of the service earlier this year also means that we want your feedback on what you believe the local needs are and how Drs4Drs ACT might best serve those needs. Please feel free to send your thoughts to dhas@ama-act.com.au

New Federal President

Hearty congratulations to Professor Steve Robson on being elected the new AMA Federal President. Of course, many of you will recall that Steve was AMA ACT president from 2016 to 2018 and in fact he'd maintained a Board position up until his recent election. Steve is a natural leader and skilled communicator who will work hard toward much-needed reforms of our sector. Congratulations also to Dr Danielle McMullen, the newly

elected Vice-President. Having worked with both Danielle and Steve, I know that the AMA is in good hands.

I'd also like to recognise and thank the outgoing AMA president Dr Omar Khorshid, and VP Dr Chris Moy, who have together expertly advanced the AMA's agenda and the medical profession generally over the past two years. The outstanding work that both Omar and Chris have done has come during one of the most challenging periods our health system has faced.

AMA telehealth item numbers restored

I'm pleased to report that the AMA has been successful in its campaign to have the Federal Government restore an important telehealth item. Item number 93716, which funds GP phone

consultations lasting at least 20 minutes to assess patients with Covid-19 for antiviral eligibility, has been restored to the MBS. The incoming Albanese Government's initial decision to scrap a series of telehealth items, despite the continuing pandemic was just the latest slight to our chronically over-stretched and under-funded primary care sector. In the end, however, new Health Minister, Mark Butler reversed the decision and went a step further, telling the AMA National Conference that he thinks primary care is in worse shape than it's been in since the beginning of Medicare.

Healthcare reform

The truth is, we shouldn't have to talk about item numbers as often as we do because the big picture is that Medicare is really not fit for purpose anymore. This was

recognised in the Primary Health Care 10 Year Plan released by the previous Morrison Government. It is time for us to develop alternative ways to finance the care of patients with chronic and complex diseases in a way that strengthens the support for patients and their general practitioners, and better integrates the care of our patients in our currently fragmented health system.

Our healthcare system has a huge value problem and Medicare will require reform. Check out the AMA's plan to Modernise Medicare at www.ama.com.au/modernise-medicare

Dr Denise Kraus

At the August AMA ACT Board meeting, I had the pleasure of presenting this year's AMA ACT President's

Award to Dr Denise Kraus. This award was made to Denise in recognition of her dedication to medical services in the community as a general practitioner and HIV physician. She has shown exemplary care for her patients and support for her medical colleagues over decades, notably with humility and a quiet and unassuming manner.

Farewell to Tony Chase

In this edition of Canberra Doctor, we also mark the retirement of Tony Chase, our Manager of Workplace Relations and General Practice. Tony's contribution to the AMA ACT has been immense on so many fronts and we are grateful for all of the things he has done. At every stage, Tony has demonstrated a deep commitment to the welfare of members and we wish him well.

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Palliative Care ACT is offering respite accommodation at no cost to patients with life-limiting illnesses and their support people at a beautiful home-away-from-home in the heart of Canberra.

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Established with donor support, the house has four bedrooms, six common areas and a sprawling garden and is funded by the ACT Government to provide Cert IV trained care workers on a ratio of 1 to 4.

Tracy Gillard, CEO of Palliative Care ACT encouraged Canberra GPs to tell their patients with life-limiting illnesses about the service.

"If someone can still live at home without too much assistance, other than standby assistance, they are likely to be suitable to come to stay at Leo's Place," she said. "Any supports they have at home, for example community nursing, can visit at Leo's Place and we can also provide standby assistance."



Patients with life-limiting illnesses are invited to stay at Leo's Place in Braddon.

Patients or family members are invited to phone the service, which does a quick intake interview. Priority is given to those deemed to need it most. There are some limitations – it is not a clinical facility and staff don't lift patients

or administer medicines.

At present, accommodation can usually be arranged within two weeks, Ms Gillard said.

**For more information visit
www.leosplace.org.au
or call 02 6171 2290.**

Here to help: Greg Schmidt, Workplace Relations Advisor

Greg Schmidt has recently begun work at AMA (ACT). Here he shares a little about his experience.

G'day, I'm the new senior workplace relations advisor at AMA (ACT), carrying on from the much-loved Tony Chase who retired in July.

I had the pleasure of working alongside Tony at the Canberra Business Chamber some years ago, where I was Director, Workplace Relations for seven years.

I have a science degree from The

University of Melbourne, with a major in physics, however most of my working life has been involved in understanding and explaining the employment framework that applies to both employers and employees. In Australia, this can be a complicated mix of laws, awards, enterprise agreements and individual contracts.

I have worked in both public- and private-sector organisations during my 30+ year career spanning human resources, operations management, payroll

and employee entitlements.

I am available to assist members to understand their rights and obligations regarding their own employment, and the employment of staff.

I am the proud parent of two adult children. In my spare time I enjoy reading, camping and bushwalking.

I am also an active sailplane pilot and instructor, flying mainly with the Canberra Gliding Club. There's nothing better than enjoying sweeping views of the



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Dr Anandhi Rangaswamy

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

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

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