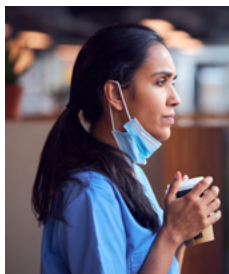


CANBERRA Doctor

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16% rego fee hike a 'tax by stealth'



Medical registration fees are set to rise by about 16% next year, as doctors are forced to wear the costs of additional work Health Ministers have imposed on Ahpra and the Medical Board.

AMA President Professor Steve Robson has called the fee hike a 'tax by stealth', saying much of the increase is driven by initiatives such as cosmetic surgery reforms and efforts to support the recruitment of

International Medical Graduates. In a letter to State and Territory Health Ministers as well as Federal Health Minister Mark Butler, Professor Robson said the profession has always been prepared to fund the reasonable

costs associated with medical registration and accreditation, but that Governments should fund the regulators' additional functions. "While Health Ministers appear more than willing to increase the workload of the Ahpra, you do not

appear willing to help support this work with extra funding and have simply decided to impose what is effectively a tax on the profession," Professor Robson wrote.

"For example, while Health Ministers talk about the need to reduce barriers to the recruitment of IMGs, including the costs of registration and assessment, you have not been prepared to make any investment in helping bring down the costs of these processes or supporting IMGs in navigating these processes. This is despite the reality that many of these IMGs are being recruited to work in your own health services."

Professor Robson also expressed his concern that Ahpra's new tasks were getting in the way of it performing its core functions.

"These additional tasks are resource intensive and take place at a time when the medical profession continues to have concern over the length of time taken by Ahpra to deal with

notifications against doctors and the resulting uncertainty and significant distress incurred by practitioners awaiting an outcome," he wrote.

AMA is calling on the Health Ministers to consider additional funding for Ahpra so that it can perform its usual functions effectively while also being able to satisfy the increasing demands being placed on it by Health Ministers.

AMA ACT President-Elect Dr Kerrie Aust said many doctors will be angered by the 16% fee rise – an additional \$150 on top of the current \$860 annual fee.

"It already costs around \$15,000 a year just to be a doctor, when you factor in the costs of insurance, registration, CPD course fees and professional membership fees," Dr Aust said. "It's unfair to use medical registration fees to make doctors fund health system reforms on behalf of all Australians." ■

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President's Notes

WITH PRESIDENT, PROFESSOR WALTER ABHAYARATNA

Payroll tax relief

Last week, AMA ACT President-Elect, Dr Kerrie Aust and RACGP President, Dr Nicole Higgins, met with ACT Chief Minister Andrew Barr. The main issue was, of course, payroll tax.

While there was a very encouraging discussion about retrospective operation of the tax, the discussions are continuing in regard to proposals for an exemption or amnesty from payroll tax for GPs in the ACT. Queensland is offering a 3-year amnesty and South Australia a 1-year amnesty, to give practices time to adjust to the new interpretation of tax law.

In the ACT, payroll tax is payable where salaries and 'relevant contracts' exceed \$2 million

and is levied at 6.85% for those amounts over the \$2m threshold. Independent contractor GPs under the most common arrangements may be caught up under the new interpretation and find that medical centres are passing the cost through to them.

In the course of the discussions, Chief Minister Barr said the ACT Government was modelling payroll tax and how possible solutions might impact on GPs; the AMA has offered its assistance with this work.

Both AMA and RACGP pointed out the harm that payroll tax could do to patient access and the sustainability of general practice in the ACT, where out-of-pocket expenses are already the highest of any state or territory.



Sunday mornings with friends: Rajeev Jyoti, Walter Abhayaratna, Antonio Di Dio and Andrew Miller (L-R). Have you got a photo you can share for our Life Outside of Medicine competition (page 14)?

Calvary transition

All has gone relatively quiet on the Northside front. After the Government's shock July 3 takeover of what was Calvary Public Hospital Bruce, the majority of staff have signed on with the new employer, CHS – just over 1,900 team members and VMOs, or around 99% of the workforce.

The North Canberra Hospital and Canberra Hospital will each report separately to CHS. Further changes will, no doubt occur over the next 12 months as issues around the integration of NCH into CHS are worked through.

While the immediate question is about how the new network will be structured, it is also an opportunity to deal with governance. AMA ACT sees this as a rare opportunity to enshrine greater transparency and accountability into the governance of our health system and has already raised the potential for further reforms aimed at improving its independent oversight.

We will continue to engage the Government on these issues and keep you informed.

I also encourage readers to get in touch with me to raise any emerging issues in the wake of the acquisition.

VMO Arbitration

Every three years or so, AMA ACT, the ACT Visiting Medical Officers Association and Territory representatives undertake a process of setting VMO rates and other contract conditions. 2023 is one of those years and

we have progressed through the negotiation stage and are anticipating arbitration hearings in the latter part of this year.

AMA ACT's major claims include use of the AMA Fees List for FFS rates, use of the AMA Medical Fees Index to adjust sessional rates, choice of FFS or Sessional contract for VMOs, restriction on workload changes and clarifying and beefing up indemnity arrangements.

If you have any queries and questions on the VMO Arbitration, please send them through to AMA ACT CEO, Peter Somerville at execofficer@ama-act.com.au.

Enterprise Bargaining

It's great to see the Government will start offering interns 3-year contracts, rather than the current 2, as part of a package of measures to support junior medical officers. This was something AMA ACT had advocated for through the enterprise bargaining process.

The process to develop a new Enterprise Agreement continues, with regular meetings between the AMA, ASMOF and other employee representatives and the Government.

The Government has put a pay offer on the table which includes both flat pay rises and percentage increases to salaries. Ultimately, the Government's pay offer, if accepted, would result in Intern pay rates increasing by 13.59% over 3.5 years, while the rates for a Specialist Band 1 would increase by 8.92% over the same period.

The Government has made a similar pay offer across the board to all bargaining groups (nurses, admin staff, and so on).

It really should not be considered in isolation but needs to be seen as one component of a total package of employment conditions. The AMA will continue to bargain on behalf of doctors to achieve the best outcome that we can with the remaining elements of the package. It is likely that a draft Agreement will be available for members to consider within a few weeks.

If you have any queries and questions please send them through to AMA ACT Senior Workplace Relations Advisor Greg Schmidt at industrial@ama-act.com.au.

Farwell Jane

I would like to add my best wishes to Professor Jane Dahlstrom on her retirement, along with the many other tributes on pages 4 & 5 of this edition. In 2020, Jane won our President's Award for her wonderful contributions to medicine in the ACT. Jane is a born encourager, so it's great to see her on the receiving end of praise this time. It's well deserved!

Life Outside of Medicine

Having just returned from a wonderful family holiday overseas, I am delighted to see that *Canberra Doctor* is running a 'Life Outside of Medicine' photo competition (page 14). While medicine is important, it's not everything. We all need regular time away to maintain perspective, recharge the batteries and make memories with the people most precious to us. So, what are you doing on your next rostered day off? And when's your next holiday? ■



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“The majority... fall through the cracks”: deep end workshop

GPs have given tragic insights into the ways patients with significant and complex mental illness are falling through the cracks in the ACT’s public mental health system.

31 primary care practitioners from the Canberra region completed a survey as part of a recent series of workshops, including 21 who identified as ‘deep end’ practitioners, working with the city’s most disadvantaged patients.

Respondents painted a grim picture of services that provided erratic, episodic care for many of their patients. One GP lamented that “the majority of patients seem to fall through the cracks”, adding, “I am left struggling to manage difficult psychosocial problems with no solutions, without any support”.

Access block

GPs expressed frustration that the most seriously unwell patients, who were unable to proactively engage with mental health services, were deemed to have “chosen” to disengage. “There are many instances of letters to me about patients being difficult to contact and therefore the service assumes care has been refused,” one GP wrote, adding that “expecting patients with mental health disorders to be organised is like expecting patients with

COPD to walk up 3 flights of stairs to their appointment.”

Access problems were especially an issue for patients with comorbid drug/alcohol issues, with GPs reporting that these patients would not be accepted at Adult Mental Health services – only Drug and Alcohol services, and only if they self-referred. As a result, patients with substance issues were missing out on management of underlying mental health issues such as ADHD, one GP wrote.

The workshop report stated that structural barriers were acting as “unconscious management strategies for increasing demand”.

GPs ignored

Many GPs who responded to the survey felt their expertise, knowledge of the patient and their context, and assessment of patient need was not given due consideration by other sections of the mental health workforce. This ranged from patients being discharged from ED without any communication with their GP, to mental health staff not taking seriously a GP’s referrals to emergency, to care teams ignoring a GP’s advice against ceasing depot injections.

One GP described how Community Mental Health transferred their patient from depot injections to oral medications, even though the patient’s history showed a “clear pattern of his deterioration when

he invariably ceases oral meds”. The patient remained stable for a few weeks but then failed to present to the GP and failed to collect his medications from the pharmacy. Ultimately, he was admitted to the Adult Mental Health Unit after being found by police agitated and confused.

Woefully underserved

GPs were deeply grateful when on occasion they received meaningful engagement from other specialists, including psychiatrists. They also recognised that often mental health teams were doing their best, but that the system was “woefully underserved”.

The two workshops were held in June and July and organised by Deepend Canberra, supported by AMA ACT. Katie McKenzie, Executive Director, Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) at Canberra Health Services and other senior MHJHADS staff attended the workshops. Ms McKenzie described the increasing demand on the public mental health system and the reform work underway that these workshops could provide input into. Deepend Canberra are finalising the report from the workshops and have a meeting scheduled with senior MHJHADS staff and the Office of Mental Health and WellBeing in October to help progress solutions. ■



A way forward

Workshop attendees were asked to brainstorm the features of an ideal mental health system for Canberra. Among the ideas they came up with were:

- Avoiding harm through co-location of services
- Trauma informed and shame informed care
- Embedding multi-disciplinary teams into general practice
- Flexible funding to support team environment
- Easier pathways for GPs to refer to mental health services
- Navigator/patient liaison workforce to support patients and GPs
- 24-hour safe places for patients with lower acuity psychological distress

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Thanks Jane... from all of us

DR KATHARINE BASSETT

After two decades as a leading Canberra clinician and medical educator, Professor Jane Dahlstrom celebrated her retirement in July. Many of *Canberra Doctor's* readers would know Jane as a colleague, teacher and mentor. While she has been all these things to me, she has also been something else — my mum.

In gathering information for this article, I realised that there is a lot I don't know about my mum. Her resume (at 95 pages long) gives some insight into her contribution to medicine, teaching, research, and executive administration, and it's clear that her contribution has been significant. She was a Staff Specialist in anatomical pathology at ACT Pathology for over 20 years and held several

leadership positions during this time. Of note, she was the acting head of the Canberra Clinical School for the Australian National University (ANU) School of Medicine and Psychology, Chair and Professor of Pathology for ANU Medicine, the Executive Director of ACT Pathology, Canberra Health Services for two years, and prior to this was the interim Dean for the ANU College

of Health and Medicine. In addition to several international appointments, she held several honorary positions with the Royal College of Pathologists of Australasia. Her love for medical education resulted in many awards for teaching, including the Carrick Award — a national award for Australian university teaching — and the Medal of the Order of Australia (OAM). With more than 180 peer reviewed original research articles, reviews, editorials, and book chapters, her contributions to research have been significant.

This is only a snapshot of her contributions and accomplishments, and she did all this while raising six children. When you ask her how she managed to achieve so much, she puts it down to two things — incredible support from her family, and incredible support from her colleagues. There are two colleagues who played a particularly important role in mum's career: Dr Sanjiv Jain, her Clinical Director in Anatomical Pathology for 30 years, and Professor Paul Gatenby, the inaugural Dean of the ANU Medical School. Listening to mum talk about how these two men gave her opportunities and space to grow, be creative, and take on leadership positions was inspiring. She paid that experience forward, providing that same space to other young doctors and researchers, empowering the next generation. When you speak to her students

and colleagues, many will say that Jane has been their mentor, their inspiration, a pioneer who paved the way for future women. Hearing these things made me proud to be her daughter and made me reflect on the significant role she has played in my own career.

When I was sick as a child and couldn't go to school, mum would often bring me along to her lectures. The first lecture I attended was when I was eight, and it was on the appendix. I attended so many of her lectures that by the time I was in university, as she was my teacher I knew most of the topics back to front. Those who have had the privilege of attending one of my mum's lectures would agree that she has a gift for teaching. While she tends to misplace her glasses mid-way through the lecture (usually finding on her head), and will often throw in a few jokes that no one understands, I know everyone would agree when I say that the way she teaches is magnetic.

In addition to her clinical work, leadership roles, and teaching, mum is a gifted researcher. Mum did her PhD at the John Curtin School of Medical Research, ANU, and has continued to do research for almost 30 years. She would always say to us that her research made her a better clinician. Some 27 years after my mum was awarded her PhD, I decided to do my PhD at the same institution, and during this time I was

fortunate enough to collaborate with her. For those who have done research, you would agree that at times the temptation to walk away and quit is overwhelming, however my mum's ability to work through problems and help me find a solution always kept me on track.



While I am so lucky that mum has been my teacher, mentor, and research collaborator, most importantly she has been an amazing mum. I have watched her work incredibly hard and achieve amazing things, and I am looking forward to her being able to take a step back and — for the first time in her life — take a break. It would not surprise anyone to know that, in her retirement, mum will continue contributing to medical education and research. She was recently appointed as Chair of the Australian Medical Council's (AMC) Medical School Accreditation Committee (MedSAC) and will continue her research with her husband Professor Chris Nolan. However, this next chapter of mum's life will also give her more time to do the things she loves most of all — spending time with her family, sitting in the garden, playing the piano, and painting. While some may see this as the end of an era, I believe it is the start of something even more exciting. ■

Dr Katharine Bassett is Manager of Research and Reform at the AMA.



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Clockwise from opposite page: Jane at her farewell; with daughter Katharine; with students; and with family.

“Prof Jane Dahlstrom became a dear friend as well as an amazing colleague and mentor after I started at the Canberra Hospital. As a new neonatologist to Canberra she took me under her wing, taught me everything I know about placentas, helped me start the ACT Maternal and Perinatal Mortality Committee, included me and supported me with involvement at the ANU Medical School to becoming a Professor. However, my favourite memories will be our sailing trips in the Whitsundays where her pathology brain never turned off while giving us an anatomy lesson dissecting the fish we had caught.”

Professor Alison Kent, Head of Unit, Neonatology, Women and Babies Division, Women’s and Children’s Hospital, Adelaide

“Jane possesses a unique talent for breathing life into theoretical concepts. When we teach together, her lectures are always full of energy, and you can see that her students are totally engaged. Her intellect constantly leaves me in awe, as does her genuine kindness and willingness to offer assistance. It has been a pleasure working with such an exceptional individual.”

Professor Steve Robson, Federal AMA President

“Jane joined our Department as a Trainee Registrar in Anatomical Pathology in 1992. Ever since she has shown a passion for excellence in whatever she does. She is diligent, empathetic, and an incredible teacher and communicator. She has been a role model and mentor for many young doctors over the years.”

Dr Sanjiv Jain – Director of Anatomical Pathology

“Jane has been a legend in our profession for many years and has brought to this town her kind of medicine. Her enthusiasm and her gifts, both at the highest levels, have combined into a career that has brought great credit to Canberra, and great benefit to medicine. And like many of our greatest, there are tens of thousands of people walking round our city today who have no idea who she is and what she’s done for all of them and us. Thanks Jane for being amazing – and best wishes for a long, healthy and happy next chapter in a remarkable life.”

Antonio Di Dio, former president AMA ACT, Acting Director PSR

“Jane is an exemplar role model as a clinician, researcher, teacher and leader. She has been an inspiration to many and she leaves a life-long legacy of extraordinary people at the Canberra Hospital thanks to her wonderful mentorship. I suspect, it will not be until Jane leaves, will most understand just how much she has done for the organisation. I know, she will leave an enormous gap at many levels and I shall miss her greatly. Thankfully, I know where I can still share morning tea with her!”

Professor Imogen Mitchell, Executive Director, Research and Academic Partnerships, Canberra Health Services



“I have known Jane for the last 17 years. Our journey as a mentor-mentee relationship has evolved into an unbreakable friendship. She has grown me both professionally and personally. I know Jane will be always there for me and help me whenever I need it. She knows me more than I know myself. I am so blessed and fortunate to have someone like her in my life.”

Dr Mitali Fadia, Anatomical Pathologist, ACT Pathology

“Professor Dahlstrom made pathology lectures a joy. Her enthusiasm to link the clinical presentation to what is seen under the microscope was evident in every lecture and workshop. She reviewed our exam performance and took the time to reteach the things that we misunderstood. Her door was always open for questions, and nothing was considered too simple to ask. She taught about more than the microscope, addressing stewardship of the health system and the actual cost of the investigations that we would go on to request in our medical career. Her teaching influences my practice every day.”

Dr Kerrie Aust, AMA ACT President-Elect

Our journey as a mentor-mentee relationship has evolved into an unbreakable friendship



“Jane is always a bright light and a deeply engaging educator, and even if I don’t love histology and pathology the way she does, for the rest of my career I know I will hear her voice saying “SITE SIZE SHAPE COLOUR CONSISTENCY...” as I describe a specimen (and of course using my 7cm finger she made us measure to help estimate sizes). I’m eternally grateful I was able to be taught by such a kind and generous woman.”

May Erlinger, final year medical student, ANU

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HOSPITAL CULTURE AND STAFF WELLBEING

Will Canberra's wellbeing investments pay off?

SARAH COLYER

You can hear the excitement in Kalena Smitham's voice when she talks about the new investments in staff wellbeing at Canberra Health Services (CHS). Smitham had been executive group manager of People and Culture at Canberra Health Services for only a year when ACT Health Minister Rachel Stephen-Smith announced \$8.75 million over four years to create a Health Workforce Wellbeing and Recovery Fund last October.

"The money is a turning point," Smitham says. "Public health doesn't get a lot of money for these sorts of things typically, but the Minister funded us because it's a focus of hers. In particular, she really wants to ensure that junior doctors want to come to Canberra, and that the doctors who are here want to stay."

CHS is preparing to appoint 11 Wellbeing Leads across the different craft groups – medical, nursing, allied health and operational staff – who will be salaried one day per fortnight. Smitham explained: "We're looking for a junior and senior doctor to join this team, and they will have time set aside to focus on being the conduit between the Wellbeing Strategy and their specific workgroup, to make sure it's meeting their workgroup's needs."

As an example of responding to doctors' specific wellbeing needs, Smitham points to the Government's recent announcement of \$8.6 million over three years to provide greater support for junior medical officers. This includes increasing the length of contracts offered to interns from two to three years – a claim proposed by AMA ACT through enterprise bargaining to provide greater job security.

A range of other initiatives are being supported through the new Fund. These include:

- Training managers in wellbeing leadership, including operational debriefing and psychological first aid (\$1.5m over 3 years)
- Creating new wellness spaces where staff can unwind and recuperate, including two at the Canberra Hospital and one at the University of Canberra Hospital
- Piloting the Mayo Clinic Well-being Index App among 500

- staff, who can use it to regularly assess their own wellbeing
- Establishing a Wellbeing Peer Support Program (100 officers by end of 2023). See box
- Appointing a Staff Psychologist for ACT Health
- Regular onsite Employee Assistance Program services at Canberra Health Services
- Improved online support portal
- Compassion Collaboration Project to help staff feel confident speaking out about issues and developing and implementing ideas to improve services
- Appointing a senior doctor to work with the Executive Director of Medical services, who will have responsibilities for wellbeing and pastoral care
- Two PHD students to interrogate the data on the efficacy of new wellbeing interventions

Crises and complaints

The catalyst for all this spending on wellbeing is some very deep culture problems across Canberra's public health system. The challenges are long-running, but they reached fever pitch in 2018, when Dr Antonio Di Dio, then AMA ACT president, described the "almost non-stop series of crises and complaints", from data disasters to waiting list blow-outs and persistent allegations of bullying.

The Government rejected the AMA's call at the time for a full judicial inquiry which would have had the power of a royal commission to conduct public hearings. However, it agreed to a more limited independent review into the culture of the health system. The Culture Review's 2019 report found worrying and pervasive issues in the public health system, including

poor management and leadership, inefficient processes, inadequate training and a large proportion of staff who had witnessed staff-on-staff bullying and who were not proud to be working for ACT Health.

In the years since, there is no doubt there has been some progress. In January this year, an independent review reported that ACT Health had experienced a steady improvement in cultural maturity and slight improvements in organisational trust since 2019 and praised the commitment of senior staff. It found there has been a "substantial improvement" at CHS with regards to bullying and harassment.

Nevertheless, there are many ways in which the culture problems persist. This year's review report observed that many staff still

weren't engaged or were actively disengaged. Canberra's hospitals continue to be associated with the lowest satisfaction rate among trainee doctors nationally according to the Medical Training Survey (MTS). Senior cardiologists working in private practice in Canberra this year wrote to the Health Minister warning the city's public cardiology system is dysfunctional following the dismissal of several senior staff members. Women's and Children's has also suffered one crisis after another, including the tragic suicide of much-loved obstetrician Dr Peter Scott in May last year, and the loss of accreditation for Maternal and Foetal Medicine earlier this year.

The evidence

CHS is not alone in the challenges

it faces. There is a growing international literature on the pervasive issue of doctor burnout, and conversely on health practitioner wellbeing and fulfillment. The pioneer behind it all is Dr Tait Shanafelt, a US haematologist who began researching the link between physician burnout and quality of care in his junior doctor years, after becoming concerned about the cynicism among interns he worked alongside.

At a time when talking about wellbeing was largely considered 'wishy washy', Dr Shanafelt was not only talking about it, but establishing tools to measure it (including the Mayo Clinic Wellbeing-Index now being used at CHS). In 2017, Dr Shanafelt became the world's



The wellbeing peer support officer

Dr Ali Archambeau is an emergency doctor who has just completed training to become a wellbeing peer support officer with CHS. Dr Archambeau had seen peer support officer programs in action through her work alongside paramedics, and knew from the outset she wanted to get involved.

"It creates a culture of openness and people being able to approach each other when they are struggling," she says.

Dr Archambeau says the selection process to become a wellbeing peer support officer was rigorous, including providing referees, sitting an interview and undergoing psychometric online testing. Once selected, she did a day of psychologist-led training.

Dr Archambeau's name will now appear on an intranet list of wellbeing peer support officers. "We're available for any staff member who feels like they're struggling," she says. "They can self-select which peer support officer they want to see and contact us via email."

"We'll organise a time to meet, have a confidential conversation about what's going, provide them with resources and point them in right direction to find additional help."

Overall, Dr Archambeau is optimistic about the road ahead for CHS. "I think there's a really strong positive culture of wanting to support staff with their wellbeing," she says. "There's so many initiatives out there



at the moment for staff – the biggest barrier is people actually knowing what's available."

Dr Archambeau says she's already seeing registrars in the ED using the new Well-being Index App. "They're having a chat to us and talking about where they're sitting on the Wellbeing Index. It's great to see people can talk about these things and engage in a positive light with it."

first Chief Medical Wellness officer at Stanford Medicine, where he has since developed methodologies for organisations to measure and address health practitioner wellbeing at the levels of the individual, the culture and the system.

Canberra Doctor contacted Dr Shanafelt to ask how evidence should guide Canberra's investment in health practitioner wellbeing. While he wasn't able to comment, he suggested we talk with the best person in Australia on the topic – Dr Bethan Richards, who became Australia's first Chief Medical Wellness Officer in 2019, when she took up the position at Sydney Local Health District.

Dr Richards tells Canberra Doctor the catalyst for her own work in Sydney was a crisis. "I was the network director of physician training, and there was an observable build up in the levels of distress among trainees, which made us start thinking about what we could do to better understand it and respond," she says. "Then in 2017, over a period of four months, four basic physician trainees in NSW took their own lives. It was shocking and heartbreaking. We set up a pilot to support the basic physician trainees, as a kind of grief reaction – to try make it feel like those deaths were going to count for something – and over time that evolved into a program for a wider group."

In 2018 Dr Richards went to Stanford University to study the model pioneered by Dr Shanafelt, who she still talks to often. She now runs a program called MDOK, which is based on Shanafelt's data-driven approach and model, including the five key pillars of wellbeing – physical; psychological; social connection; leadership and performance; and culture and safety. The same pillars are part of CHS's Wellbeing Strategy for 2023-26, although it has not yet been officially released. In the MDOK program, each pillar has its own associated tactics, which are evaluated using routinely collected wellbeing data. MDOK is an agenda item on quality and safety committees, departmental committees and medical boards.

MDOK has been linked with several positive outcomes, including a jump in the rate of doctors who have a GP (from 55% to 75%), an increase in the rates of doctors who have reached out for help (by 150%), an increase in the rates of doctors having lunch and drinking water, and lower rates of distress and burnout and higher rates of self-compassion and resilience in doctors who engage with MDOK activities.

Speaking about the wellbeing approach for Canberra's public health system, Dr Richards says she is encouraged by the data and details she's seen from Smitham's team. "I think they've got a sound approach, with funding to ensure that the people they are recruiting from the different craft groups are supported with a budget and resources," Dr Richards says. Although CHS doesn't have a Chief Medical Wellness Officer, Dr Richards says there's more than one right way to establish a



“I think they've got a sound approach, with funding to ensure that the people they are recruiting from the different craft groups are supported with a budget and resources.”

Dr Bethan Richards

wellness system for a healthcare organisation. "What's key is having different leads across the different craft groups," she says. "These positions need to be empowered in the organisational governance structures, resourced and supported to effect change."

Dr Richards was interested to see CHS is recruiting Wellness Leads from not only medicine, but also nursing and allied health. "The data clearly shows that many of the 'pebbles in the shoes' for nursing staff are different for medical, allied health and corporate staff," she adds. "As a general principle, with so many unwritten rules and microcultures within professions, it would also be fair to say that craft groups respond more openly to those that they see as having a true lived experience of their world."

The Canberra approach

Before coming to Canberra, Kalena Smitham worked at NSW Ambulance, where she implemented a \$30 million strategy to address

the mental health crisis in the service, including establishing a peer support program with 350 officers. Smitham says the experience gave her a handle of the interplay between individual and system factors when it comes to health practitioner wellness.

"It's two-way thing," she says. "At NSW Ambulance, we identified that working while fatigued had become a major problem with the culture, so we made it clear that staff could have a sick day if they were tired. On the other hand, if someone continually comes into work tired, we need to ask them what's going on." Smitham says she "100% agrees" with Dr Shanafelt's data-driven model of physician burnout and wellness in which the three contributing factors are personal resilience, workplace culture and workplace efficiency.

When it comes to workplace efficiency, Smitham says there are often improvements that can be made in the way work is organised, with flow-on benefits for staff wellbeing. "A good example of this is how we are implementing a lower acuity ward at the moment to better cohort patients in a way that will be more efficient and create better flow," she says.

"Sometimes we need to create variation in the intensity of the work people do – moving



“I think the biggest barrier to mental health and wellness, particularly among doctors is stigma – the fear of showing weakness, or losing one's registration”

Kalena Smitham

people out of acute and sub-acute," she says, "There are also systemic issues in the way doctor training and development occurs that drives against wellbeing, and that's something AMA could really influence."

Smitham acknowledges that there are differences in the stressors faced by doctors, compared with other sections of the health workforce, and says that's why

CHS's approach involves a combination of organisational interventions and some specific to the different professional streams.

"I think the biggest barrier to mental health and wellness, particularly among doctors is stigma – the fear of showing weakness, or losing one's registration" she says. "The organisation can help with that – which is some of what we're doing through the Speaking Up for Safety program and the Well-Being Index App – but there also needs to be a movement based on hope that comes from within the professional stream."

One thing Smitham is keen to stress is that everybody has a role to play in improving the culture of their workplace. "Everybody waits for the organisation to make the changes, but actually, why can't we all just play our bit?" she says. "Little things like showing gratitude make a big difference."

"Every individual should be asking 'How am I making this a great place to work?' and 'How am I supporting my colleague's wellbeing?'"



For more information on wellbeing support available to CHS staff, visit the 'Support for staff' link on the homepage of the CHS Health Hub.

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When you're contacted by the authorities: a survival guide



DR ANTONIO DI DIO
Acting Director, PSR
Past Director, Drs4Drs ACT

here to listen and to help. If you do not read any further just remember those three things, and you will be a mile ahead of almost anyone who has been through the experience.

Background and perspective

We all trot along thinking we're doing the right thing. And I've never met anyone who got out of bed one morning and deliberately said to themselves, "I'm going to harm a patient today, or do something wrong". The vast and overwhelming majority of practitioners, and I've met thousands over the years, are good and decent people trying to do the right thing. The statistics give meaning and a broad view – last year about 150,000 practitioners, most of them doctors, billed Medicare. About 6,500 had a notification to AHPRA or the various medical Boards, about 1,000 were reviewed by the Medicare Compliance division, and about 100 were referred by Medicare to the Professional Services Review (PSR).

A little more perspective

We know that about 76% of all AHPRA referrals of practitioners result in an outcome called "No further action", and only 3-4% receive an ultimate finding that

involves some kind of restriction on their practice. Sadly, for those going through this process – especially in the past – the experience can be one of the most stressful and difficult times of their life. Why? Well, if you've been through it you'll know. Regardless of the fact that the vast majority of cases are never publicised, there is an incredible feeling of shame about possibly having erred or let someone down, distress about what this could mean for the patient or family, anger that this happened to me and that I've not done what I'm accused of, anxiety at what restrictions on practice will do to my standing in the family or community, or my ability to earn a living, and catastrophising worthy of any of our most challenging patients. I've done all of those things, and dumber ones too.

Where it may lead

These thoughts can fester inside someone, particularly someone who is already stressed and going through a tough time (the medical life is not always an easy one), and lead to lousy decisions. Self-management with alcohol, becoming loud at home, or much much worse – becoming quiet. Accentuating poor habits and forgetting good ones. Forgetting to seek help and look after yourself.

What to do

As a busy middle aged male GP there is absolutely no kind of self-care that I

haven't foolishly ignored. But I urge you to do better than I did years ago. As per the opening paragraph, please – call your legal rep, call your closest loved ones, and call us. Those three things will save your day, your friendships, your peace of mind, maybe your life.

Firstly, if you receive a notification of any kind you need to contact your medical defence organization (MDO). Do not worry that you are wasting their time. It is the opposite – your early communication alerting them of an issue will save them time and give you the start of peace of mind. You've paid your premiums, get your value. Their approach to the problem, their collected wisdom and experience, are invaluable, and sometimes akin to you spot-diagnosing a harmless rash when your patient spent the previous night thinking they had something fatal. Take their advice early and often, and while doing so, get on with your best life. Now. Don't wait for it to "be all over" before allowing yourself to relax.

Secondly, do not bottle this up for a year without telling anyone. I can tell you it is in the top 5 of

dumbest things I've ever done. Share with the people you love and trust. Your loved ones won't care if you've done nothing wrong, and care just as much if you've made a mistake. Your friends the same. Every Sunday morning I walk around the lake with a bunch of mates and there's nothing so relieving of a burden as a problem shared. These issues have come up plenty of times.

Thirdly, seek the support of organisations like Drs4Drs, even anonymously if you wish, that care for our colleagues. We will listen and among other things make sure you see one of the fantastic GPs in our town, especially those who see a lot of doctors themselves. Do not suffer, alone and scared, when you don't have to. Regulators are focusing more and more on balancing the crucial role they have in protecting patients, and their other statutory responsibilities, with maximizing the dignity and respect accorded to those under review. Look after yourself, and remember finally that the overwhelming majority of practitioners undergoing processes move on to enjoy their careers for years to come. ■

Many of us have had the tough experience of receiving a letter from a regulator in Australia. If, like me, and 90% of the entire medical profession, you get anxious or distressed when faced with any such communications, let me give some advice.

One, call your legal representative. Two, share with your loved one, your trusted friends, your GP. Three, consider calling us at Drs4Drs – we have a 24/7 service, you can be anonymous if you wish, we are



The 24/7 Drs4Drs ACT Helpline is 1300 374 377

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BY DOCTORS FOR DOCTORS

GP Psychiatry Support Line available in ACT

Canberra GPs can now access free and convenient telephone support from psychiatrists Monday to Friday from 7am to 7pm.

ProCare has been providing its telephone-based psychiatry support to GPs in selected primary healthcare networks (PHNs) for the past five years. However, the service was not available in Canberra until July 1, when the Federal Government took over funding to establish the national GP Psychiatry Support Line.

GPs can call the service for support ranging from medication advice, to diagnosis help or advice when assessing risk in relation to a patient case.

90% connection rate

One of ProCare's priorities is to have an immediate connection rate, explained CEO Alex Sovechles. "A minimum of 90% of calls get straight through to a psychiatrist," he said. "For the service to be relied upon, it's important that when GPs reach out, they are serviced efficiently."

The psychiatrists on the hotline are not seeing their own patients at the same time, Sovechles said, meaning GPs "don't need to feel like they're butting into someone else's professional life when they make a call".

"Our aim is to support GPs so they can do more in the moment and hopefully over time it will ease the burden on the mental health system as whole," he said.

Strong demand

The number of calls taken by the service has doubled since July 1, when the pool of potential callers doubled from around 14,000 to around 28,000 GPs.

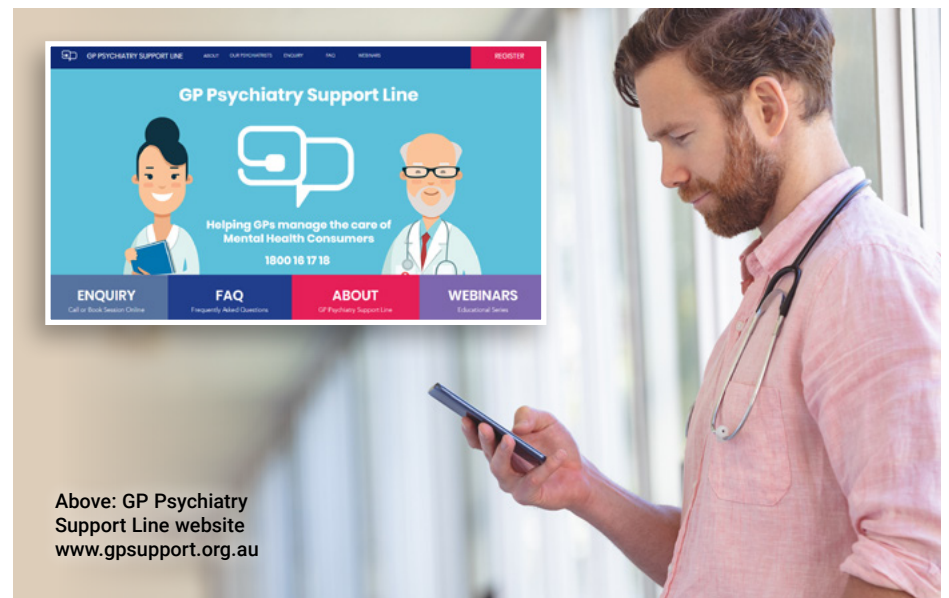
Dr Tanya Robertson, an AMA ACT board member and GP said she had previously found psychiatry support hotlines useful when working in NSW.

"It can be extremely useful for GPs to get timely support and advice, especially for medication choices and adjustments," she said. "In my opinion, I have avoided ED presentations and the need for tertiary referrals by speaking to a psychiatry colleague in a timely way and agreeing on a plan of action."

Data collected

ProCare collects de-identified data on the nature of the calls and their geographical source, which it will share on a monthly basis with the Commonwealth Government and PHNs.

"The idea is to create a geographical map of issues GPs are facing so the PHNs can target initiatives around those issues and show where there are gaps in knowledge," Sovechles said.



Above: GP Psychiatry Support Line website www.gpsupport.org.au

How to use it

Sovechles stressed that the hotline is not a triage, referral or emergency service, and that at no time does the psychiatrist speak with the patient, though patients may be in the room during the enquiry.

GPs can access the GP Psychiatry Support Line by calling 1800 16 17 18. When they first contact the service they will be registered. GPs can also pre-register online at gpsupport.org.au.

GPs can also make bookings online or over the phone and the team will call back at a selected time. After the enquiry, the GP will be sent a digital report by the psychiatrist within one business day. ■



GPs can access the GP Psychiatry Support Line by calling 1800 16 17 18

Top tips to secure the training place you want



ABIGAIL DE WAARD
JUNIOR DOCTOR ADVISOR,
AMA ACT

It's no secret that one of the top challenges facing doctors-in-training is securing a specialty training place. With this goal in mind, AMA ACT hosted a Careers Night on 14 June to equip junior doctors and medical students with skills for their career journeys.

During the formal part of the evening, Anita Fletcher from StandOut Medical Careers discussed the art of crafting a perfect CV and impressing at interviews. One of her key pieces of advice was to include a "Professional Profile" on your CV. This profile is a short paragraph that effectively conveys one's interests, experiences, and career objectives, giving employers a glimpse into your personality, aspirations and passions.

Dr Kerrie Aust, AMA-ACT President Elect, led a roundtable discussion about strategies for success during interviews. She highlighted the value of maintaining a record of challenging patients and situations encountered during clinical practice which could later be utilised as examples during interviews. Other senior doctors recommended highlighting specific reasons for wanting to work at a particular institution or General Practice, to demonstrate a genuine interest in the organisation.

In addition to the formal part of the evening, the event provided a valuable opportunity for junior doctors to connect with more experienced counterparts

over dinner. Thank you to all the doctors and medical students who attended and contributed towards the great discussion.

The event would not have been possible without the support of AMA ACT. Special thanks to Dr Kerrie Aust, Prof Walter Abhayaratna, Dr Antonio Di Dio, Dr Tanya Robertson and Dr Iain Dunlop for generously contributing their time and expertise to make the Careers Night a success.

Abigail de Waard is a final year medical student at the ANU. ■

- Include a "Professional Profile" on your CV
- Maintaining a record of challenging patients and situations encountered during clinical practice which could later be used as examples during interviews
- Highlight specific reasons for wanting to work at a particular institution or General Practice

AMA ACT President, Prof Walter Abhayaratna, proposed four key aspects to stand out in applications:

1. Previous experience

Relevant clinical experience and professional development

2. Research experience

Including papers, conference presentations or involvement in research projects

3. Leadership potential

Ability to take charge, coordinate teams, and effectively communicate in challenging situations

4. Training and education involvement

Indicates a commitment to lifelong learning and a desire to contribute to the growth and development of future doctors

How to manage underperformance



GREG SCHMIDT,
SENIOR WORKPLACE
RELATIONS ADVISOR
AMA ACT

Practice managers and others must occasionally have difficult conversations with staff members about their conduct or their work performance. This article will outline a suggested approach to handling poor performance.

Be clear at the beginning

A Duty Statement or Position Description is a really useful document – both for recruiting staff and for managing them in a role. The Position Description should not attempt to capture every last detail of the role, but it should definitely set out the main duties of the position and ensure that anyone reading it has a very good understanding of the type of work involved.

Once an employee is working in their new role, it's entirely fair to expect them to carry out the duties on their Position Description to a high standard – and quite unreasonable to expect them to perform different duties that weren't on there. Therefore, the Position Description should provide the basis for any discussion about the duties that an employee is to perform, or the standard to which the employee is performing their role.

Check in

If you observe that an employee is not producing the outcomes that you expected, a good approach is to check in with the employee and see if there are any factors (in the work environment or in their personal life) that are causing a problem for them. Bottlenecks in a workflow can often be quickly resolved by a manager once the issue is known – so don't let your employee be hampered by a problem that has a ready solution. Issues outside the workplace can be harder for a manager to resolve, but a workplace is often able to offer support while an employee deals with personal issues, including paid or unpaid time off work.

Discuss & document

If there are no obvious issues preventing your employee from performing their duties satisfactorily, it's time to have a discussion to clearly let the employee know that you expect

better performance. In this discussion it's important to identify the standards that you expect – and it's equally important to then listen to the employee. There may be other issues that you were unaware of, or the employee may have good ideas on how they might improve – such as training to develop a particular skill.

However, the employee must be left in no doubt about the required standard of performance, and what measures, if any, the employer will take to support the improvement. Set a timeframe for the next review of performance, and follow through with it. All discussions should be documented to provide a clear record of the process that was followed.

The last resort

With support from their manager, many employees will be able to improve their performance and work to a satisfactory standard. However, in cases where an employee does not achieve and



maintain the required standards the employer may have to consider termination of employment. It is important that the worker is advised beforehand so that they understand the importance of lifting their effort. Employees may request to have a support person with them for such serious discussions, and this should generally be allowed.

Dismissed employees generally have the option of challenging their dismissal through the Fair Work Commission. In the case of an alleged Unfair Dismissal, the Tribunal will consider at least the following factors:

- whether there was a valid reason for the dismissal related to the person's capacity or conduct;
- whether the person was notified of that reason;
- whether the person was

given an opportunity to respond to any reason related to the capacity or conduct of the person;

- any unreasonable refusal by the employer to allow the person to have a support person present to assist at any discussions relating to dismissal; and
- if the dismissal related to unsatisfactory performance by the person – whether the person had been warned about that unsatisfactory performance before the dismissal.

If an employer is considering the dismissal of a worker, it would be prudent to consider these same issues beforehand to confirm that any dismissal will be defensible.

The AMA is available to assist members with advice on management of staff. ■



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Storyteller, advocate, doctor

Meet Dr Marrwah Ahmadzai

For as long as she can remember, Dr Marrwah Ahmadzai, 29, has been fascinated by peoples' stories. An Obstetrics and Gynaecology Registrar at the Canberra Hospital, Dr Ahmadzai was born and schooled in Canberra, but was always keenly aware of the challenges her parents overcame to get here – fleeing their home in Afghanistan, due to conflict, and eventually immigrating to the ACT.

Dr Ahmadzai has written many short stories and news articles on the migrant experience. Her TEDx talk on how storytelling can break down barriers between people of different cultural and religious backgrounds has received 3400 views on YouTube. Dr Ahmadzai tells *Canberra Doctor* she sees the value of peoples' stories every day in her work as a doctor.

How are stories part of medicine?

Stories are an integral part of medicine because patients are so much more than bed numbers and medical diagnoses. Patients are complex human beings with back-stories and so many life experiences that affect the way that they engage with healthcare and the way their health is shaped. As doctors, part of our role is to engage with the patient's story and recognise it for its uniqueness. In doing so, you're giving patients the proper care that they deserve because you're treating them as an individual. That's why a core part of our training is learning innovative ways to communicate effectively, even in a short amount of time.

How has your family's refugee story informed the way you practice?

Knowing my parents' stories and struggles when I was growing up – being aware of the sacrifices they made to leave their country and relocate – gives me perspective. I try not to take for granted the privileges I have, but to use them for a greater good.

What helps you cope with the demands of life in medicine?

For me what's really helped is scheduling regular leave throughout the year – at least a week every term. My Muslim faith also helps me cope; I look for a lot of solace in prayer and reflection. I also have a strong support system in my family and friends, and I rely on them to unwind and debrief about things. It's also important to maintain interests outside of medicine, so simple things like baking, going for walks and reading books help me. There are also people in the workplace who are available to help – my training supervisor and senior registrar are often people that I go to.

How do you feel about Canberra as a place to live and work?

I made the conscious decision to come and live and work in Canberra because I was born and raised here and have a lot of family here. It's a great place because it's basically a big country town with a lot of space to escape into nature. Sometimes I've found myself caring for the same obstetric patients across multiple pregnancies and that's always really nice.

I'm passionate about continuing to work here to give back to the community and to grow and improve our services. If I sub-specialise I will have to move somewhere else – that's the nature of medical education. However, even if I do move away, ultimately I'd like to move back to Canberra as a consultant.

You are a member of the AMA's ACT Council of Doctors in Training and the Canberra Regional Medical Education Committee and you were previously a Blue Buddy Mentor with the hospital. What do junior doctors need?

Junior doctors need to feel valued and supported. That means ensuring adequate staffing numbers, staff retention, ensuring people are getting leave, good culture and good training and education opportunities.

Do you have any advice for junior doctors?

My advice to junior doctors would be, whatever rotation you're doing, speak to your seniors about your interests and goals in medicine. If they're a senior person who's been through the ringer, you'll find you get a lot of interesting advice even without directly seeking it out.



Dr Marrwah Ahmadzai says advocacy work has enriched her clinical practice. Photo courtesy of Ross Townsend.

As an example, when I was a Plastics intern, I shared with one of the Plastics registrars that I was interested in Obstetrics and Gynaecology as a training position. He encouraged me to send an email to the head of the department about jobs. I thought it was presumptuous of me to email someone so senior, but the registrar encouraged me that it was good to show interest in the role and see if there was anything I could

about doing. I went off and did those things, and then when job opportunities came up the next year, my application was competitive because I had put in the preparation.

What advice or encouragement do you have for doctors who might want to get involved in advocacy work?

Advocacy can be daunting, but I have found it to be very valuable. I didn't anticipate or see myself doing advocacy – it all happened by accident, but I've found it's enriched my clinical practice and given a lot of perspective in terms of being aware of biases and making sure I communicate more effectively.

What gave me strength and confidence to do it is that I brought it up with my department and got their support early on and they introduced me to my hospital's media team, which was an obligation I had as a public hospital employee. I was nervous and embarrassed about doing the TEDx talk, but many doctors came and supported me, and it opened up so many other opportunities. It's an absolute privilege to be an advocate and I'm really grateful for these experiences. ■

“Patients are complex human beings with back-stories and so many life experiences that affect the way that they engage with healthcare and the way their health is shaped.”

do to make myself more competitive. So, I contacted the head of department, and amazingly he replied within minutes and set up a meeting. He told me about research opportunities and other courses to think



Why is self-care so hard?



NESH NIKOLIC,
STRATEGIC
PSYCHOLOGY

As health practitioners, we can often find ourselves dispensing self-care advice with an ounce of 'do as I say, not as I do'. You know the drill: exercise, eat healthy, sleep, maintain social connectedness, be mindful, reduce toxins, be kind to yourself. Why is it that these basic pillars of good physical and mental health can be so hard to follow?

Learned helplessness

The question of why people don't do what is obviously good for them is not a new one. In the 1960s, Martin Seligman at the University of Pennsylvania designed his famous 'learned helplessness' experiments. Seligman put two groups of dogs in harnesses and gave them electric shocks. The first group could push a level to stop the electric shocks, but the second group had an ineffective lever, with no power to stop the shocks.

In the second part of the experiment, all of the dogs could jump over a low partition to escape the shocks. However, Seligman found that the dogs who had been in the group with the working lever jumped over the partition more frequently; while those who had been powerless in the first part of the experiment made fewer attempts to cross the divide. The second group of dogs appeared to have learned that it was futile to try to change their situation, and so lay down passively and whined.

The theory of learned helplessness is often used to help explain the behaviour of people with severe depression. Yet even if you don't have depression, there's a good chance you have sometimes found yourself able to relate to those dogs. The responsibilities of daily life and work can feel overwhelming and out of control, and our efforts to make positive change can feel like an uphill battle. When it comes to behaviours that are good for our health – things like eating well, exercising, reducing alcohol intake and planning social engagements

– it can feel like there's not enough time, that it's too hard to sustain, or even that it's pointless.

Observe yourself

How do we work our way out of such learned helplessness? One way forward is for each of us to stand back and observe our own lives through a matrix like the one in the diagram. The vertical axis represents the things happening for the individual in the physical world (top) and their own inner mental and emotional world (bottom). The horizontal axis represents an individual's behaviours and thoughts in relation to their values – either moving towards (right) or away from (left) them.

In the bottom right quadrant are the people and ideas that are important to the individual. For some people it is obvious what fits here. Others are restless because they have not yet figured it out.

In the bottom left quadrant by contrast, are the private thoughts and sensations that push us away from our values. For instance, ideas such as: 'I don't have enough time' or 'I can't do it properly so it's not worth doing at all' or 'I don't want to burden others', as well as feelings of hurt or embarrassment.

In the top left quadrant is what the individual does to cope with thoughts or feelings that don't align with their goals and values. Sometimes these are destructive behaviours, such as drinking or gambling. But often they are seemingly good behaviours, just at the wrong time – for instance, regularly

staying back at work when they had wanted to be home with family. These can also at times be called avoidant behaviours.

In the top right quadrant are the things the individual does that align with their values. When it comes to health and wellbeing, this might mean signing up for a trial class at the gym, making plans to catch up with a colleague socially or downloading some healthy recipes.

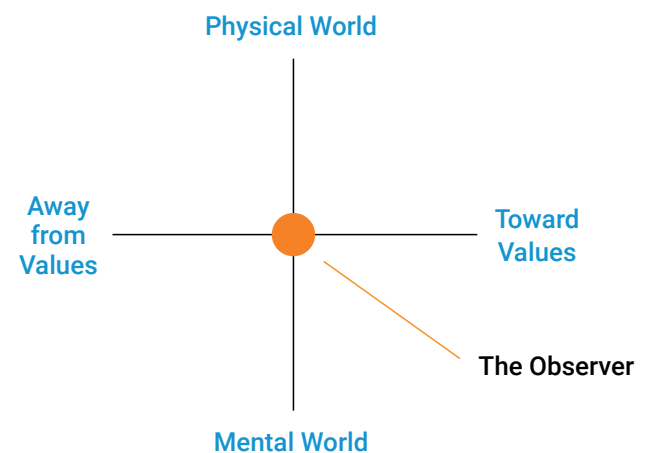
As a therapist, I would encourage everyone to pause to observe their life through this matrix. What are the thoughts and sensations that get in the way of you living in line with your goals and values? What are the patterns of avoidance in your behaviour? A successful life does not mean living entirely in the right half of the quadrant – unhelpful thoughts and sensations are a natural part of human existence. However, a successful life will mean increasingly choosing to pursue actions that align with your values, despite unhelpful thoughts.

Flexibility and persistence

What happens when we experience setbacks as we work towards our personal goals? This is where flexibility and persistence are so important. To take the analogy of Seligman's dogs, if one lever is not working, hit it again or hit it differently, or try a different lever. For instance, if you ask the boss for a change to your working conditions and the boss says no, ask again at a different time and ask differently.



Seligman observed that certain dogs made fewer attempts to escape electric shocks in his famous 'learned helplessness' experiments.



A successful life means increasingly choosing to pursue actions that align with your values. This is represented by the top right quadrant of the matrix.

A 'no' is not something that ought to be quickly accepted. Sometimes it is worth exposing yourself to further discomfort – a difficult conversation perhaps – in pursuit of your goals.

Flexibility is also important, as there is always more than one possible course of action toward achieving one's goals. A holiday in the South of France, for instance, is not the only way to feel refreshed. A trip to a new coffee shop or a drive down a different 4WD track may be more attainable.

I always encourage my clients to become 'experimenters' in pursuit of their life goals; to actively do the opposite of what their unhelpful thoughts are telling them and

then observe what happens. If the outcomes of an 'experiment' aren't consistent with your goals, you can always try something else; just don't stop trying.

At the heart of all of this is the vital importance of being clear about what matters most to you. Everyone wants good physical and mental health. Once we are clear in our own minds about the importance of this goal, it is much easier to keep 'hitting the levers' to make it happen. ■

*Nesh Nikolic presented some of this material at the recent Drs4Drs ACT Safe Space event.



Study backs calls for sugary drinks tax

New research showing more than 500,000 cavities could be prevented over 10 years if a sugar tax was introduced provides yet another reason for the federal government to introduce the AMA's proposed sugar tax.

The research from Monash University, together with Deakin University and the University of Melbourne, has concluded a tax on sugar sweetened beverages would have a major positive impact on dental health in Australia and save the country millions of dollars.

AMA President Professor Steve Robson commented: "The AMA's own research shows that adding just 16 cents to the price of a can of soft drink results in thousands of fewer cases of diabetes (-16,000), heart disease (-4,400) and stroke (-1,100) over 25 years but we now additionally know 500,000 dental cavities and their costs could be avoided over a decade with cost-savings of \$63.5 million.

"I keep saying it's a no-brainer and that's because a sugar tax would generate \$2.8 billion over four years for the Australian economy which can be directed into preventative health measures. As a nation we'll be healthier and wealthier." ■

Healthcare sector approach to AI required

Australia needs stronger governance and regulation of artificial intelligence (AI) and the health sector requires its own separate strategy to protect patients, consumers, healthcare professionals and their data.

In a submission to a Department of Industry, Science and Resources discussion paper, the AMA said successful regulation of AI in healthcare requires a common set of agreed principles to be embedded in legislation that establish a compliance baseline.

Those principles should ensure:

- safety and quality of care provided to patients
- patient data privacy and protection
- appropriate application of medical ethics
- equity of access and equity of outcomes through elimination of bias
- transparency in how algorithms used by AI and ADM (automated decision making) tools are developed and applied
- that the final decision on treatment should always rest with the patient and the medical professional, while at the same time recognising the instances where responsibility will have to be shared between the AI (manufacturers), the medical professionals and service providers (hospitals or medical practices) ■

To read the AMA's submission visit ama.com.au



Doctors Caring for Colleagues Workshop


September 23rd, 2023

This workshop is offered to all doctors interested in doctors' health and/or see doctors/medical students as patients. This is a hybrid event, which you can either attend online or in-person.

TOPICS INCLUDE:

- being the doctors' doctor, including self-care - the sustainable doctor,
- understanding burnout/moral injury,
- supporting rural doctors,
- understanding mandatory reporting, and
- managing the suicidal doctor.

The workshop will be facilitated by the Doctors' Health Alliance, with the in-person ACT event hosted by Drs4Drs ACT.



For more information and to register online, go to doctorshealthalliance.org.au/event/doctors-caring-for-colleagues-workshop



AMA backs the Voice

The AMA's position on the Voice to Parliament was formally endorsed by its Federal Council in June 2023. The AMA supports formal recognition of Aboriginal and Torres Strait Islander peoples in the Australian Constitution and the establishment of the Voice to Parliament, and considers that this recognition presents a tangible opportunity to improve the health and wellbeing of Aboriginal and

Torres Strait Islander peoples.

The AMA acknowledges the diversity of views within membership of the AMA and the broader community regarding the proposed Voice to Parliament. The AMA encourages all Australians to inform themselves and consider the possible health and wellbeing benefits that the Voice to Parliament could have for Aboriginal and Torres Strait Islander peoples. ■

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ama.com.au/act/drs4drsact



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Life Outside of Medicine



Photo competition

What do you like to do in Canberra when you're not working? We're asking readers to send in a photo of themselves doing something they love to do in the Canberra region in their free time, and we'll publish it in our next issue.

Having a life outside of medicine is vital to a sustainable career as a doctor. There's plenty of great things to do in our beautiful bush capital, but sometimes we need a bit of inspiration. Your photos might be the spark a colleague needs to get out and enjoy themselves.

The first three publishable entries will receive an iconic Canberra scrub cap thanks to Drs4Drs ACT. Remember to write your name, postal address and a brief explanation of where you are pictured. All entries should be sent to editorial@ama-act.com.au.

Board members Dr Tanya Robertson, Dr Betty Ge and Dr Igor Policinski and CEO Peter Somerville have shared a few of their own pics to get the ball rolling. ■



Enter for your chance to win an iconic Canberra scrub cap thanks to Drs4Drs ACT.



Left to right, from top: Tanya bike riding at Mt Arawang, Cristian and Peter at the Aarwun Gallery in Nicholls, Igor skiing in the ACT region, Betty at an Isaacs playground with one of her children.



Students! Send us your stuff

We are currently seeking contributions for our student edition of *Canberra Doctor*, which will be published in December.

Whether it's a reflection on something you've learned, an essay you aced, a short story about a day to remember, a political manifesto, life hacks, a homeopathic recipe – anything really! – please share it with us.

We also welcome original cartoons, copies of your own artworks, photos you've taken and links to videos or podcasts you've made. Show us what you've got!

All entries should be sent to editorial@ama-act.com.au by 1 November. Be sure to include your postal address. The best submission, as judged by AMA ACT staff, will receive a new stethoscope. ■



Send us your contribution for your chance to win a new stethoscope!



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For more information or to apply, contact Natalie Tuivaga on 0467 801 464 or Natalie.Tuivaga@scs.com.au

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