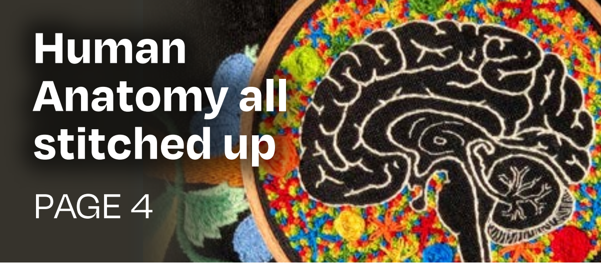
ISSUE 6, DEC 2023/JAN 2024
VOLUME 35, NO. 6

Canberra Doctor is proudly brought to you by the AMA (ACT) Limited

CIRCULATION: 1,900 IN ACT & REGION

Informing the Canberra medical community since 1988

GPs upskill for ADHD tsunami
PAGE 3



Human Anatomy all stitched up
PAGE 4

Quiz: Would you pass med school today?
PAGE 7

Trainee survey signals improvements at Canberra's hospitals

Canberra's trainee doctors are reporting greater satisfaction with their workplaces compared to previous years, albeit less than the national average, a major survey shows.

The results of the Medical Board of Australia and AHPRA's annual Medical Training Survey, now in its fifth year, are likely to bring relief to managers at the territory's two training hospitals after repeated poor results in previous years.

This year's survey found 73% of Canberra-based junior doctors would recommend their current workplace as a place to train – a significant improvement from the previous two years, when only 60% would recommend their workplace. Although still lower than the national rate (79%), the results suggest training conditions are improving for Canberra's junior doctors.

Dr Betty Ge, chair of AMA ACT's Council of Doctors in Training commented: "It's fantastic to see some improvement after years of persistently low performance compared with the national standard."

"Canberra Health Services (CHS) deserves some credit for the changes they're making to try to improve the culture and working conditions, however, we're still below that national standard and so there remains a lot more work that needs to be done."

Dr Ge noted that Canberra still lagged the national cohort on data pertaining to the quality of clinical supervision and teaching sessions, and on weekly hours worked. On average, ACT trainees worked 47.2 hours a week, compared with a national average of 45.6 hours.

Some 455 trainee doctors in the ACT responded to this year's survey, out of a total 22,337 respondents nationally. The data were collected between 9 August and 8 October 2023. Most of the ACT respondents were specialist non-GP trainees (43%), followed by prevocational and unaccredited trainees (28%). Only 6% were interns, 8% were specialist GP trainees and 15% were International Medical Graduates.

Continued page 5

73% of ACT trainees would recommend their current workplace as a place to train, compared with only 60% last year.

Why switch to e-Referrals

When you use e-Referrals, on average, your patient will book their I-MED appointment 4 times quicker.

e-Referrals streamline the process for doctors and put patient care first.

Clinic locations: Belconnen, Deakin, Tuggeranong, Woden

To find out more visit i-med.com.au/resources/e-referrals or scan the code:

President's Notes

WITH PRESIDENT, **PROFESSOR WALTER ABHAYARATNA**

Like many of you, I've watched with interest as the new Critical Services Building has risen from its foundations over recent months. It's an impressive building and – to be optimistic – a tangible sign of hope for our health system. It's surely no coincidence that its opening will coincide with the ACT Government election in October.

Yet, even more than new hospital infrastructure, Canberra needs doctors. In the coming weeks we will welcome a fresh group of interns at Canberra Health Services, and I sincerely hope the opportunities and the culture they encounter at their new workplace will be the kind that make them want to stay for the long-haul. I do believe that things are indeed improving, but are they improving quickly enough?

In Canberra, our waiting lists for practically every specialty are among the highest of any city in Australia. Canberra also has the lowest GP-to-patient ratio. The demand for interns is only going to rise with the development of North Canberra Hospital.

As we head into an ACT Government election year, our politicians should be talking about what they are going to do to make Canberra an attractive place to be a doctor. Doctors are not replaceable by nurse practitioners and pharmacists; it takes 10 years of training to become an accredited medical specialist. Substituting diagnostic skill and experience with protocol-based professionals is a retrograde step that will ultimately cost taxpayers and hurt patients.

Fresh leadership

There's plenty to look forward to in 2024. The territory election in October will be an opportunity to hold the government to its election promises and perhaps obtain some fresh commitments from a new government. If there are particular issues you would like us to advocate on, please get in touch.

Coming up in May we also have the AMA ACT Annual General Meeting, where Dr Kerrie Aust will be taking over as president. I am grateful for Dr Aust's wisdom and energy in advocating for the profession over the last two years as president-elect and am glad to be passing the baton into her capable hands.

We are always looking for doctors willing to take leadership roles within the AMA. All regular board positions will be open for election at our AGM in May. Keep an eye out for the call for nominations during the first part of next year.

Voluntary Assisted Dying

ACT's proposed Voluntary Assisted Dying legislation is currently subject to a committee inquiry. After considering the report, the Legislative Assembly will debate the legislation and make amendments as necessary. Doctors have raised some concerns with the AMA. These include requests for greater clarity about which practitioners can be involved and how to determine a patient's eligibility, whether telehealth should be able to be used, and concerns that the proposed 14-day 'return of substance' period when the substance is no longer required may be too long given the drug's potential for misuse. AMA ACT will address each of these issues and more in a submission to the inquiry.

Prof Walter Abhayaratna, Dr Kerrie Aust, Dr Antonio Di Dio and Dr Marjorie Cross at Safe Space 4.

Safe Space 4

Together with AMA ACT, Drs4Drs ACT, recently ran its fourth Safe Space event. The morning of seminars and workshops focused on the topic of grief. I have no doubt it was incredibly valuable for those who attended. As always, it was heartening to gather with colleagues and speak frankly about how we are going, and how we can work together to address the systemic causes of burnout among doctors.

VMO arbitration

After 12 months of negotiation of claims, mediation and preparation for the VMO arbitration, the hearing went ahead on 28 November. The major matters for decision included workload, remuneration, access to parking, daily rates for locums and support for educational activities.

While a decision is not expected until early next year, discussions between the parties will continue as we attempt to reach agreement on some of the outstanding issues.

Enterprise bargaining

Bargaining for the ACT Medical Practitioners Enterprise Agreement 2023-2026 continues, with regular meetings between the various bargaining representatives to finalise outstanding claims. The Government has put a pay offer on the table which would provide pay increases broadly comparable to pay rises under the last two Agreements.

We recognise that it's now been 18 months since CHS doctors received a general pay increase under the last Enterprise Agreement, and we are pushing to get to a point where a proposed Agreement can be put out for consideration by doctors.

Celebrations

AMA ACT is hosting its annual Graduation Breakfast at Hotel Realm on 15 December, which is always a wonderful celebration. I look forward to seeing many of those graduates again at the intern orientation in the second week of January.

We will also be hosting welcome drinks for 1st year medical students in February, with details to be provided to students through the university.

Before all that however, there is of course, Christmas. On behalf of the AMA board I'd like to thank all our members for their support this year and wish you all a blessed festive season and a safe and happy new year. ■

GOVERNMENT PROGRAMS

- ✓ NDIS provider
- ✓ CDM Medicare providers
- ✓ Hearing services for pensioners / DVA

Commission & Sales Target Free
Local and Independent since 2004

Helping Canberra Communicate

DEAKIN · BRUCE · HARRISON · ERINDALE
QUEANBEYAN www.hearingandspeech.com.au

VALE

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

Dr Susanne Close

VALE

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

Dr Jenson Wong-See

GPs ready to upskill for ADHD "tsunami"

GPs who would like to better equip themselves to care for patients with ADHD and suspected ADHD are invited to join a new Canberra-based RACGP Special Interest Group.

Deakin GP Dr Annie Lim said she was compelled to set up the new group because of an overwhelming sense that patients are being let down.

"I am tired of writing and re-writing letters to paediatricians and psychiatrists only to be told "I'm full" or "10 months wait"," Dr Lim said. "This is not good enough for our patients, and not good for our morale."

Dr Lim is among a growing number of GPs in Canberra with a special interest in treating patients with ADHD. "Since GPs are in a privileged position of caring for patients from cradle to grave and have insights into their patients' family dynamic and various nuances in dealing with their life stresses, we need to be part of the solution," Dr Lim said.

"GPs should be supported by their specialist colleagues in terms of up-skilling on ADHD," she said, adding: "I would like specialist colleagues to support those of us who are proficient at managing uncomplicated ADHD to gain prescribing rights for stimulant medications."

Psychiatry support

Psychiatrist Dr Emma Adams has offered her enthusiastic support for the group, citing the "tsunami of referrals" for ADHD.

"When you get the ADHD diagnosis right and the treatment right, it is one of the most life changing interventions you can do in psychiatry," she said. "And yet, I am so absolutely overwhelmed with ADHD referrals, I get concerned that I'm not seeing my patients with depression and other things."

"GPs are skilled in doing everything and it won't be hard for them to learn a few of the basic points in prescribing and then have a psychiatrist as back-up."

Dr Adams said the Special Interest Group could support GPs in the ongoing management of patients with ADHD. "A psychiatrist certainly doesn't have to be involved as much as they're expected at the moment; it is over the top that patients currently have to see psychiatrists every 6 months."

Dr Adams stopped short of saying GPs should be able to initiate a script for stimulant therapy, as some GPs have demanded. Currently only psychiatrists, paediatricians and neurologists have such authority.

"It's tricky because it's not just about diagnosing ADHD, it's also about making a thorough assessment and managing concurrent psychiatric conditions which can complicate treatment and management," she said.

"While there are a lot of GPs with skills in the area and I think will be extremely competent, there are also a lot who don't just yet, and patient safety is our first priority."

Paediatric support

Paediatrician Dr Kim Bland has also offered her support for the new group. "GPs already have good knowledge and experience diagnosing, treating and managing the symptoms of ADHD," Dr Bland said.

"I don't think a lot of extra training or knowledge is required – more likely day-to-day assistance with some of the practicalities and nuances of caring for children with ADHD.

"A Special Interest Group would have the ability to provide answers for these questions quickly and allow GPs efficient solutions so they can get on with caring for their patients."

Senate inquiry

Dr Lim said she was pleased to see the burden of ADHD highlighted in a recent Senate inquiry report, which estimated the condition affects one in 20 Australians.

"The report highlighted the lived experiences of sufferers, showing how ADHD impairs their educational and vocational attainment, as well as their relationships," Dr Lim said. "It's not hard to see how, without effective treatment, this impairment can be multigenerational."

The senate inquiry recommended the Australian Government review the MBS to improve the accessibility of ADHD assessment and diagnosis. It also called for a review into the scope of practice for clinicians prescribing medications, and for consistent prescribing rules across jurisdictions.

What about over-diagnosis?

A minority of psychiatrists told the inquiry they had concerns about over-diagnosis and over-treatment of ADHD. For instance, Professor Jon Jureidini who leads the Critical Psychiatry Network Australasia wrote:

"expanding services to facilitate the earlier diagnosis and treatment of ADHD could result in significant harms, particularly to children. Diagnosing ADHD does not identify underlying problems, instead locating the problem in the child's neurobiology with a disingenuous disregard of social determinants such as poverty, housing insecurity, poor schooling and unemployment.

"This in turn invites biochemical interventions that modify behaviours in the short-term but carry significant long-term risks. What is needed is services that respond to the needs of each individual child."

AMA ACT board member and GP, Dr Tanya Robertson said in her opinion, over-diagnosis and under-diagnosis of ADHD could both cause harm, adding "both are happening concurrently".

"Access to assessments is not equitable, so under-diagnosis often occurs in those with financial or other disadvantage including of course in families who have other complexities at home," she said. "Late or no diagnosis during formative education years may have significant impact on future life."

Over-diagnosis, on the other hand, was increasingly happening as a result of "short telehealth consultations with limited or incomplete information about the patient", she said.

In this context, Dr Robertson said she supported calls for an expanded role for GPs interested in ADHD management. "If they know the patient and family well, they are probably best placed to identify concerns and contribute to assessments," she said. "Will there be potential for problems? Yes, but that can be minimised and an improvement on what is happening now." ■

To join the new Special Interest Group, contact annie.lim@iinet.net.au.

Transcranial Magnetic Stimulation has recently been added to the Medical Benefits Scheme for the treatment of refractory depression and we have moved our offices to a larger space in Francis Chambers, Woden to accommodate the increase in demand.

We welcome new referrals, and for those seeking the Medicare rebate, patients must meet the following criteria for Treatment Resistant Depression:

- Have failed to respond to an adequate trial of two or more antidepressants (of different classes) unless contra-indicated
- Have also undertaken psychological therapy unless inappropriate

Referrals for an initial assessment can be sent to Dr John Saboisky or Dr May Matias via our website or by email.

tmsact.com.au reception@tmsact.com.au 6210 8703

STUDENT EDITION

May's got Human Anatomy all stitched up

May Erlinger, 29, is a fourth year medical student at ANU, who stitches detailed embroideries of the anatomy she is studying. Born in Munich, Germany, she lived her childhood years in Miami, Florida and Brisbane, Queensland. She has a Bachelor of Psychological Science (Hons) from the University of NSW.

What was your first embroidery piece?

My sister-in-law bought me an embroidery kit where I stitched a pre-made pattern of flowers in a pot. Quickly I found myself stitching flowers on multiple items of clothing (shoes included!), and stitching line drawings my twin had created whilst I was watching lectures (during COVID19 lockdowns). I realised I could keep studying whilst also embroidering by stitching the anatomy I was reviewing. I still wanted to practice my flowers, so just decided to keep practicing the flowers on my anatomy pieces (instead of my clothing), and thus my floral-plus-anatomy style was born!

How long does it take you?

My most anatomically detailed pieces take the longest, usually about 25 hours each. My repeated pieces (I've done a few brains and lumbar spines in different colours) take about 12 hours each. My piece featuring a sagittal slice of a brain (where I included the superior and inferior colliculi) and the gastrointestinal tract (where I featured the different pathological causes of bleeding) both took about 30 hours each, spread out over a few weeks!

What's your favourite piece and why?

I love all my brain pieces, but my "Brainbow" rainbow sagittal brain and the coronal brain slice showing off the basal ganglia have to be my two favourites! I loved getting to use so much colour, and the brain is my favourite organ.

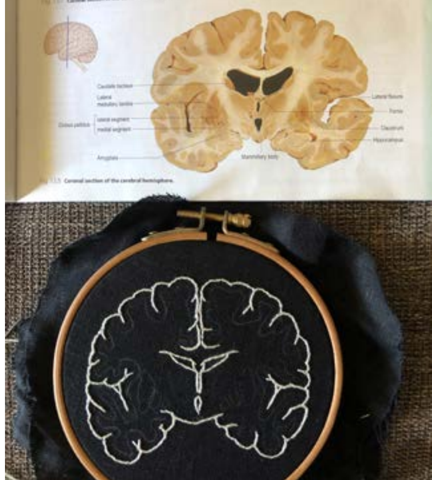
How many have you made?

I've made 37 anatomy embroidery pieces, but even more if I include a group of pieces to celebrate my friends finishing medical school, a series of line drawings my twin drew, and an embroidery piece combining embroidery and water-colour which emulated my grandmother's artwork.

What are your dreams for life after medical school?

I fell in love with the brain in my undergraduate degree, and in my research work post my first degree, and have only continued to do so throughout medicine. I realised quickly I was surgically inclined, and after 3 rotations in neurosurgery (and a term now planned for my intern year!) I'm hoping to make a neurosurgical career a reality. I'm also starting my Master's degree next year so hopefully I will be able to find time to work on some more embroidery!

May's work can be purchased on etsy: www.etsy.com/shop/anatomayembroidery ■



May has stitched 37 anatomy embroidery pieces. Among her favourites is her "Brainbow", bottom left.

Trainee survey signals improvements at Canberra's hospitals

Continued from page 1

North Canberra Hospital

Last year's survey results raised concerns about potentially serious culture problems at Calvary Public Hospital Bruce (now North Canberra Hospital). In 2022, only 49% of trainees there said their workplace supported staff wellbeing, a steep fall from previous years. This year, the rate climbed to 78% – the highest since the survey began.

Last year a record 43% of Calvary's doctors said they had experienced bullying, harassment or discrimination. This year, that number had fallen to the lowest rate yet (26%).

Overall, 71% of trainees would recommend North Canberra Hospital as a place to train, based on 35 responses.

Doctors at North Canberra Hospital were more likely to report having access to protected study time/leave (81%) than the national average (67%), and also compared to trainees at TCH (68%).

This year's results were collected after CHS seized control of the management of the hospital in July. They also follow a period of leadership turmoil at the hospital in 2022.

The Canberra Hospital (TCH)

TCH showed continued improvement in some aspects of junior doctors' experience. This year, 70% of doctors at the TCH said their workplace supported staff wellbeing – the highest in the life of the survey (national rate: 79%). 77% said there was a culture of proactively dealing with concerns about patient care and safety – also a record high for TCH (national rate: 85%).

Overall, 72% of trainees at TCH said they would recommend it as a place to train.

Problem areas

Unrostered overtime continues to be a concern for junior doctors around the country, although TCH is doing better in this regard than the national average. 74% of respondents from TCH said they get paid for unrostered overtime, compared with 61% at North Canberra Hospital and 68% nationally.

Dr Ge commented: "We are getting feedback from trainees that they are working fewer unrostered hours compared to previous years, and that when they do, they are increasingly getting paid for it, and yet, there is much more work to be done in this space."

"We also want to see more flexible work and training conditions accommodated," she added.

Experiences of bullying, harassment and discrimination have declined, but only 32% of those who experienced it reported it, both in the ACT and nationally. Dr Ge said it was concerning to see that only 63% of Canberra trainees who reported mistreatment had their report followed up.

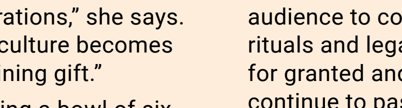
"If a trainee is brave enough to make a report of mistreatment, it should always be followed up – 100% of the time," she said. "Trainees need to feel their concerns are getting some response from senior management."

Other findings of the survey include:

- trainees at TCH were less likely to have accessed flexible work arrangements (17%) compared with their North Canberra counterparts (25%) and the national cohort (25%).
- trainees at both TCH and North Canberra Hospital were less likely to report having excellent or good access to working spaces, such as a desk and computer, than the national cohort (56% and 51% vs 64%).
- 53% of trainees at TCH reported being able to participate in research activities, compared to just 38% at North Canberra Hospital and 56% nationally.
- 84% of ACT trainees rated their clinical supervision as excellent or good (87% nationally)
- 78% of ACT trainees rated their teaching sessions as excellent or good (83% nationally). ■

Med student's art, food for thought

Art had always been a large part of Shelley Wang's life, but it took a backseat during her first few years of medical school, squeezed out by study and other extra-curricular activities.



Have you eaten? **Acrylic with watercolour on canvas, 2023, by Shelley Wang.**

Now in her fourth and final year of medical school however, Shelley has rediscovered the importance of painting for her own self-care. "I re-learnt that for me, art is both a creative outlet and a way to challenge myself to be a better visual communicator," Shelley told *Canberra Doctor*.

Shelley's piece, 'Have you eaten?' (pictured) uses food as a lens into Chinese culture. "My work explores how culture is necessary and formed by mundane, everyday activities, to become rituals and legacies that are passed down generations," she says. "Like food, culture becomes a life-sustaining gift."

"By presenting a bowl of six Tangyuan in a hexagon bowl, which are symbols of unity in Chinese culture, I invite the audience to consider what rituals and legacies they take for granted and how they continue to pass it forward."

Shelley says though art and medicine are an unconventional pair, they share some similarities. "Art encourages a similar skillset to parts of medicine – empathy, curiosity, communication and self-reflection." ■

Are you a GP or Visiting Specialist ready to get away from the rat race?

Bruce Sports Medicine

A taste of country life just down the road

Please join us!

Create the life you've been dreaming of at our peaceful country practice in the charming town of Hall ACT, still in Canberra! Only 15 minutes drive from Belconnen and Gungahlin town centres.

We can provide reception, nursing and allied health support but most importantly you'll be part of our family.

Contact Dr Wilson Lo on 0419 297 347

Bruce Sports Medicine, 9 Victoria St, HALL ACT 2618

STUDENT EDITION

More than just a pink-collared professional

EMMA CARNUCCIO
Fourth year medical student, ANU

Mother of feminism, Mary Wollstonecraft, once wrote that she did "not wish [women] to have power over men; but over themselves". Undeniably, it is owed to women like herself for challenging patriarchal doctrines. It was she who inspired the likes of Jane Austen and Virginia Woolf and began to break the glass patriarchal ceiling, laying the pathway for the modern woman like myself to be more and to fulfil more than the role of the wife ascribed by the patriarchy. And for that, and the opportunity to be a woman of purpose I am grateful.

And yet, women are biologically wired as child bearers and hence the societal expectation to do so persists. Although I do not necessarily agree to the notion of women having to succumb to such expectations, this biological pressure still has a stronghold over women today. Yet, we are contemporaneously encouraged as women to seek out our aspirations, to not only equal but exceed our male counterparts. We are taught that women can do anything. But the question remains, should we have to do everything? More importantly, how can we do so? How can women, how can I, juggle a professional career with the biological instincts instilled in me as a woman?

I am left wondering whether in inciting a social revolution and propelling the waves of feminism that have permitted women to ascend the corporate ladder and enter the world of academia, Wollstonecraft has only made it harder for the modern woman. The woman who is expected to work, to parent, and ultimately to do it all.

Gender bias in medicine

Although there have been significant social strides towards achieving gender equality, there is a long-standing history of gender bias in the medical profession. Our modern concepts and practice of medicine was not only founded by a male, the father of modern medicine himself, William Osler, but its model of practice has patriarchal connotations, being described as a 'paternalistic' model of medicine. Ironically, parallels can be drawn between this model and the oppression of the autonomy of the patient and that of women.

Like so many institutions globally, medicine was built on male dominance. Feminist writer Janice Raymond even went so far as to describe medicine as a "patriarchal religion". In the not so distant past women were only ever perceived as "pink collared" non-professionals in the healthcare system, adjuncts as nurses to their male medical superiors. Even today, despite proudly adorning my stethoscope, I am always presumed to be a nurse.

But the sheer fact that I am one of many young women who are able to study and practice Medicine must point favourably towards the fact that the medical matriarchy has dawned. In fact, this is supported by the most recent Student Statistics Report which reported that female-identifying students comprised 51% of all Australian medical students. And with powerful female voices like Yumiko Kadota, author of Emotional Female, surely this collectively suggests that this profession is moving in the right direction. Perhaps the medical future is female after all.

Juggling roles

Women can do anything, but should we be expected to do it all? The hard truth is that women in medicine often juggle multiple roles as both clinicians and mothers. As a young female medical student, although yet to graduate into either of these roles, I can only imagine how difficult it must be to attempt to navigate this, especially in a career as demanding and relentless as a medical one. How am I to embrace the luxuries of academic and professional equality afforded to me by my fighting feminist sisters?

Honestly, as a young soon-to-be doctor, I feel lost, confused, and lacking direction. I find myself asking how I will be able to balance a professional career and other personal pursuits, fulfilling my maternal instincts but not subscribing to the domestic roles that society places upon me. If anything, I feel the pressure of feminism over me more so than ever. Has contemporary feminism placed even greater expectations onto women? The modern female is now not only expected to be the mother and good wife but to be the successful professional woman as well. It's a controversial thought, but maybe we have simply broadened the scope of our own oppression. Maybe, we are just living in a gilded cage.

Mary Wollstonecraft

> "I feel the pressure of feminism over me more so than ever... Maybe, we are just living in a gilded cage."
>
> – **Mary Wollstonecraft**

Female doctors needed

Nonetheless, a strong female presence in the medical field is of utmost importance. Accessing gender safe and appropriate care is central to achieving positive healthcare outcomes for female identifying patients seeking gender-specific or sensitive care. This is particularly pertinent for consults surrounding topics such as gynaecological issues, intimate examinations, and unfortunately male perpetrated acts of sexual, domestic or emotional violence.

Yet the career trajectory for women in medicine remains arduous, in large part due to childbearing responsibilities. The AMA agrees, stating "there is still a lot to do within the medical profession to achieve gender equity and support women to continue with their careers on the same trajectory as men, especially after giving birth" and that "within the medical profession, there remains an entrenched culture that women will assume child-rearing responsibilities".

Advocating for change

In my opinion, one of the greatest shortcomings that makes navigating this space even more difficult is the shortage of female role models in medicine. What we need is more "femtorship" (female mentorship), as recognised by the AMA. This point has been well-made by Professor Helena Teede from the RACP, who has highlighted how carer responsibilities and disruption often come at milestone career stages. Equally however, she has acknowledged that appropriate mentoring, planning and support through systematic change, including fair maternity leave and part-time training programs, can help to lighten the burden. Although it doesn't eliminate the issue entirely, steps like these would definitely help to ease the burden and provide greater support to women in medicine.

For clarification, I'm most definitely not suggesting that we discount the changes brought about by feminism or abandon the movement all together, absolutely not. However, as a soon to be female doctor I believe it's of utmost importance to address and at least consider how the ever-growing demands on the modern female resonate within the medical setting. Too often have I been told that if I want to be a doctor, I can't have a family or that there's no alternate pathway for me other than to become a general practitioner. Needless to say, this was the absurd advice given to me by my male colleagues. Overall, I don't think that balancing an illustrious career with a personal one is unattainable for women in medicine, but I do believe that it's important to acknowledge the challenges uniquely faced by our female colleagues and to advocate for change. ■

Dr Katherine Gordiev
Orthopaedic Surgeon
MBBS (Hons I) (Univ of Sydney) FRACS FAOrthA
Shoulder and Upper Limb

Over 25 years experience in Orthopaedic surgery, including 19 years in Canberra working in private and public practice.

Arthroscopy, Reconstruction, Replacement and Trauma of the Shoulder and Upper Limb. Includes arthroscopic and open shoulder stabilisation, shoulder replacement, rotator cuff repair, elbow, wrist and hand surgery.

Ph: 02 6260 5249 | katherinegordiev.com.au
Suite 7 National Capital Private Hospital, Garran 2605

STUDENT EDITION

Are you as smart as a first year?

Does the thought of medical school exams cause you to break out in a cold sweat? Could you still pass your medical school exams if asked to sit them now? Challenge yourself with the following questions posed to ANU medical students in their first year examinations.

Question 1

Which of the following pairs of base sequence could form a short stretch of a normal double stranded DNA molecule?

A. 5'-AGCT-3' with 5'-TCGA-3'
B. 5'-TTAA-3' with 5'-TATA-3'
C. 5'-AATT-3' with 5'-TUAA-3'
D. 5'-GCGC-3' with 5'-TATA-3'
E. 5'-ATGC-3' with 5'-GCAT-3'

Question 2

Phosphofructokinase1 (PFK1) converts fructose-6-phoosphate to fructose-1,6-bisphosphate and controls the pace of glycolysis. Which of the following redox factors is likely to stimulate the activity of PFK1?

A. Phosphoenolpyruvate (PEP)
B. Nicotinamide adenine dinucleotide (NADH)
C. Fructose-2,6-bisphosphate (F2,6bP)
D. Adenosine monophosphate (AMP)
E. Adenosine triphosphate (ATP)

Question 3

Which of the following structures, along with the oesophagus travels through the oesophageal hiatus from the thoracic cavity into the abdominal cavity?

A. Abdominal aorta
B. Inferior vena cava
C. Lesser splanchnic nerves
D. Paravertebral ganglia
E. Vagus nerve

Question 4

When a patient is asked to inspire fully, then exhale maximally, all the following muscles contribute to the forced expiration, EXCEPT

A. Diaphragm
B. External oblique
C. Internal oblique
D. Rectus abdominis
E. Transverse abdominis

Question 5

During light muscle activity, the enzyme catalysing the reaction *isocitrate + NAD → alpha-keto-glutarate + NADH* is stimulated by ATP. This is an example of catalytic regulation achieved by _________

A. Cellular redox status
B. Feedback inhibition
C. Hormonal activation
D. Compartmentation

Question 6

You are faced with a difficult decision about telling the patient a truth in a situation that causes conflicts with your personal views. Which of the following statements is most correct:

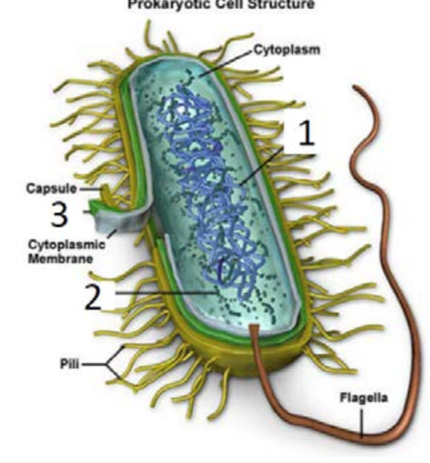
A. As a doctor you should always follow what your own moral and/or religious views say is correct.
B. As a doctor you should always do what is legally correct.
C. As a doctor you should take into account medical ethics and law in making a decision.
D. As a doctor you should make decisions by calibrating moral, ethical, legal and human rights considerations
E. As a doctor you must truthfully disclose all information to your patients in all circumstances.

Question 7

Different classes of antibiotics target key bacterial cell functions that prevent bacterial replication and/or lead to bacterial death *in vivo*. Which of the following antibiotic classes target the structure labelled "2".

A. Cephalosporins
B. Macrolides
C. Rifamycins
D. Quinolones
E. Trimethoprim

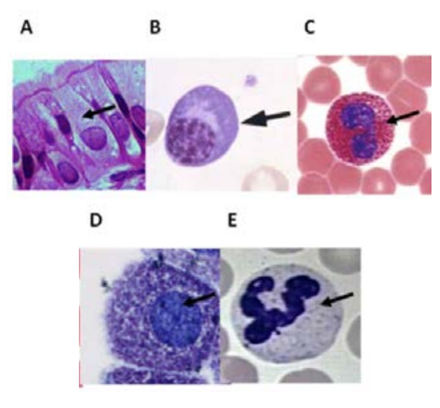
Prokaryotic Cell Structure



Question 8

Name the cell types seen in the high power micrographs selecting from the options given below. All cells are hematoxylin and eosin stained at ×400 magnification.

- Ciliated epithelial cell,
- eosinophil,
- plasma cell,
- neutrophil,
- mast cell/basophil



Online Bookings Available at Strategic Psychology

Our online booking system provides immediate access to available appointments 24/7

visit: www.strategicpsychology.com.au

Check your answers (on page 14) and give yourself a score out of 8.

(on page 14)

8 / 8 Full marks. You must have been the Dux of your class!
5 – 7 / 8 Good job, that HECS debt wasn't for nothing after all.
4 / 8 Uh oh. Looks like you'll be sitting the supplementary...
1 – 3 / 8 Are you sure you graduated medical school?! Please report to the Dean's office STAT.

STUDENT EDITION

How to avoid medical school burnout

ABIGAIL DE WAARD
Junior Doctor Advisor, AMA ACT

After a demanding four years at medical school, AMA ACT Junior Doctor Representative Abigail de Waard decided to review the literature on burnout among medical students. This is what she found.

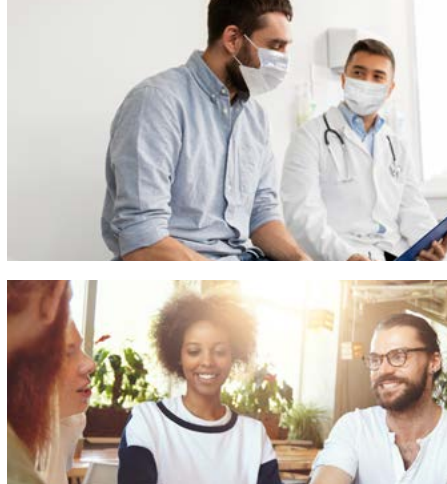
Burnout is defined as a psychological syndrome emerging as a prolonged response to stress. It is typically described in terms of three domains: overwhelming exhaustion, feelings of cynicism and a sense of ineffectiveness or low professional efficacy (Maslach and Leiter, 2016).

How common is burnout among Australian medical students?

Very. One in two Australian medical students were classified as having burnout in the domain of emotional exhaustion (52.3%) and 29.1% in the domain of low professional efficacy in *Beyond Blue's* National Mental Health Survey of Doctors and Medical Students (2013) which included 1811 medical students. These rates were slightly higher than among interns (45.7% reporting emotional exhaustion and 19.4% low professional efficacy), however interns had higher burnout rates in the domain of cynicism compared with medical students (42.2% vs 25.6%).

What is the long-term effect of burnout among medical students?

Research on the consequences of burnout among Australian medical students is limited, though poor mental health is commonly seen after graduation from medical school. A longitudinal study of 396 Norwegian medical students showed that stress during medical school predicts mental health problems post-graduation (Tyssen et al. 2001).



Students with a strong sense of group membership had a lower risk of burnout.

What are the risk factors for burnout among medical students?

A 2016 study of 127 Australian undergraduate medical school students identified several modifiable risk factors for burnout including low emotional resilience, low exercise hours per week, poor social support, low involvement with others and financial concerns (Bore et al. 2016). Non-modifiable risk factors identified in several studies included female gender and Aboriginal and Torres Strait Islander identity (Bore et al. 2016, Beyond Blue 2013).

For students undertaking long-term rural placements, Isaac et al. (2019) found 25% self-reported emotional exhaustion, with risk factors in this group including perceived social isolation, lower rural practice self-efficacy, stress in the year prior to rural placement, rural origin, low preference for rural placement and female gender.

The type of entry pathway to medical school did not appear to affect the risk of self-reported burnout. Dewitt et al. (2016) surveyed 688 medical students and found no difference in the burnout rate between students in direct-entry versus graduate-entry medical programs.

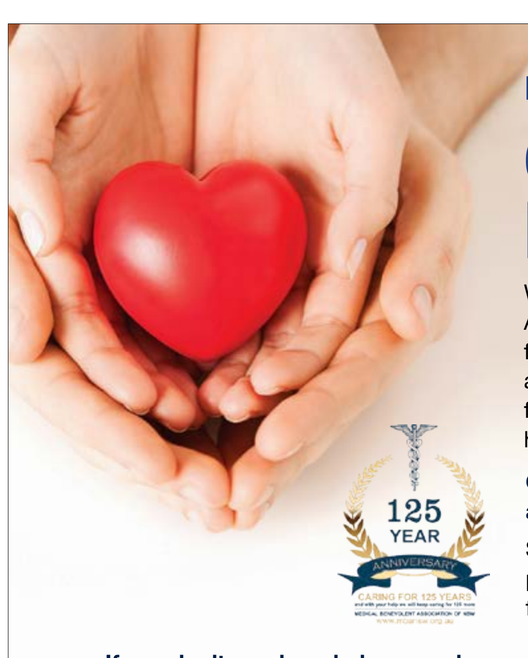
What factors are protective against burnout?

Social support was a key protective factor identified. Students who had a high level of involvement with others, a strong sense of group membership as a medical student and good health were at lower risk for burnout (Bore et al. 2016, Mavor et al. 2014). One study (McNeill et al. 2014) suggested there was likely a bidirectional relationship between wellbeing and medical student identification, with group membership facilitating wellbeing, but poor wellbeing leading to social withdrawal. The personality traits of emotional resilience and self-control were found to be protective in the study by Bore et al. (2016).

For students undertaking rural placements, protective factors included a preference for rural clinical school training at entry, high rural practice self-efficacy and overall good health (Isaac et.al. 2019).

What are the take-home messages?

Students can reduce their risk of burnout by getting involved with their cohort and broader community and cultivating a flexible mindset. Having a trusted GP and maintaining a healthy lifestyle including regular exercise may also support wellbeing. ■



Medical Benevolent Association of NSW

CARING FOR DOCTORS

We've been looking after doctors and their families in the ACT and NSW for over 125 years, offering confidential financial assistance and counselling support in times of adversity or crisis. Whether your issue relates to work, family, addiction, health, loss or financial hardship, we are here to ensure you have the best chance of a full recovery.

Our support is free, independent, non-judgmental and does not require a referral.

So, if you or a colleague has fallen on hard times, please call our Social Work Team on **02 9987 0504** for a confidential chat.

If you don't need our help now, please show your compassion and support us with a tax-deductible donation so we can continue this vital work.

Visit our website www.mbansw.org.au for INFORMATION or to DONATE.

Payroll tax in the ACT

Everything you need to know

The recently announced ACT payroll tax amnesty offers a two-year reprieve for GP practices… but only if they can meet the bulk billing requirements. Those that can't are left vulnerable to significant payroll tax liabilities unless they pass on the costs to patients by increasing their fees. Fortunately, options to reduce payroll tax liabilities are available for GP practices that restructure their payment arrangements or are eligible for an exemption.

Key insights

- Payroll tax liabilities prior to 30 June 2023 have been waived for GP practices that have not previously paid payroll tax on deemed GP payments. This ensures that GP practices will not be subject to historical assessments. This exemption is automatic and does not need to be applied for.
- A further temporary amnesty for GP practices in the ACT is available until 30 June 2025. The amnesty will be available for GP practices that bulk bill at least 65% of GP attendances, register for MyMedicare and register with the ACT Revenue Office by 29 February 2024.
- GP practices that register for the amnesty and achieve the 65% minimum level of bulk billing over the relevant period will not be required to pay payroll tax on deemed payments made to contracted GPs up until 30 June 2025. For the 2023-24 financial year, the bulk billing percentage will be calculated by reference to attendance over the six months from January to June 2024. For the 2024-25 financial year, the percentage will be calculated over the financial year as a whole.
- GP practices with contracted GPs should conduct an immediate review of their billing and payment arrangements and service agreements to ensure compliance with the new payroll tax obligations.
- The simplest solution is to ensure there is no deemed payment. Ensure this by depositing gross medical fees directly into a GP Sole Trader bank account and having the GP make service fee payments separately to the practice.

The situation

To harmonise payroll tax legislation across Australia's states, the *Payroll Tax Act 2011* commenced on 1 July 2011, replacing the *Payroll Tax Act 1987*. This redefined the employee status of independent contractors under a 'relevant contract' and their payment classification (Part 3 Division 3.7).

If:

1. The principal who engages the contractor is deemed to be an employer (Section 33); and
2. The contractor is deemed to be an employee (Section 34)

Then:

3. Payments made to the contractor under the 'relevant contract' for the performance of work are deemed to be wages for payroll tax purposes (Section 35).

What does this mean for medical centres?

If:

1. A medical centre engages GPs under such a contract;
2. Makes total deemed wage payments of over $2 million per year; and
3. Is not applicable for an exemption

Then:

4. These deemed wage payments over $2 million are now subject to payroll tax of 6.85%

Why are medical centres being focused on?

Two recent court cases (The *Optical Superstore Pty Ltd v Commissioner of State Revenue* in Victoria and *Thomas and Naaz v Chief Commissioner of State Revenue* in NSW) have directed nationwide (excluding Western Australia) attention to payment structures commonly used by GP practices. These payment arrangements (how funds are transferred between the patient, the practice and the GP) were previously thought to be exempt.

The outcomes of these cases have resulted in widespread ramifications for medical centres using these arrangements, leaving them vulnerable to payroll tax unless they restructure.

Contractor payment structures

For medical practices, contractor payment arrangements refer to the way contracted GP patient revenue is transferred between the practice and the practitioner. The recent rulings and the ACT's Revenue Circular issued on 7 September 2023 indicate that in most cases, the use of a trust or clearing account as a go-between for patient revenue and contractor payments now poses a significant risk of incurring payroll tax.

The recent Queensland Revenue Office Public Ruling PTAQ000.6.2 released on 19 September 2023 provides guidance on payment structures that will be deemed liable for payroll tax vs those that won't. The examples below are based on the ruling's information, and further options are outlined within the documentation.

Available exemptions

For some medical practices, completely overhauling their business structures or contractor agreements may not be viable. So, what options do these businesses and their GPs have to avoid payroll tax?

The most relevant exemption criteria available are applicable where the contracted GP either:

1. Only works at the medical centre for 90 days or less per financial year; or
2. Provides the same services to other principals (e.g. medical centres) during the financial year.

Recommendations

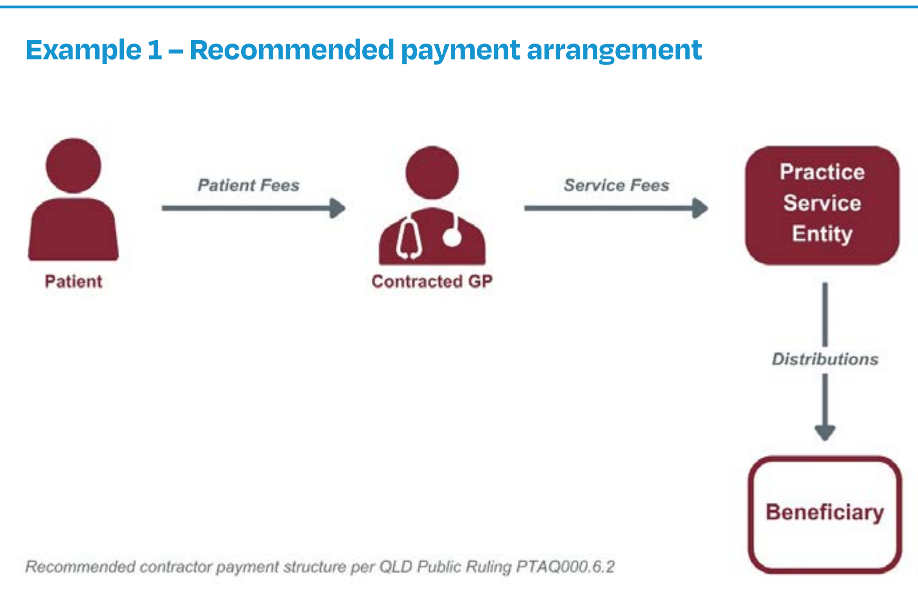
1. Review practitioner service agreements to avoid employee-style language and connotations
2. Understand the exemption criteria and implement it if possible
3. Restructure contractor payment arrangements if required
4. Consider applying for amnesty prior to 29 February 2024
5. Stay up to date on evolving payroll tax changes and obligations

Further advice

Cutcher & Neale is an advocate for defending the financial futures of doctors and GP practices and continues to provide information and support to medical organisations Australia-wide.

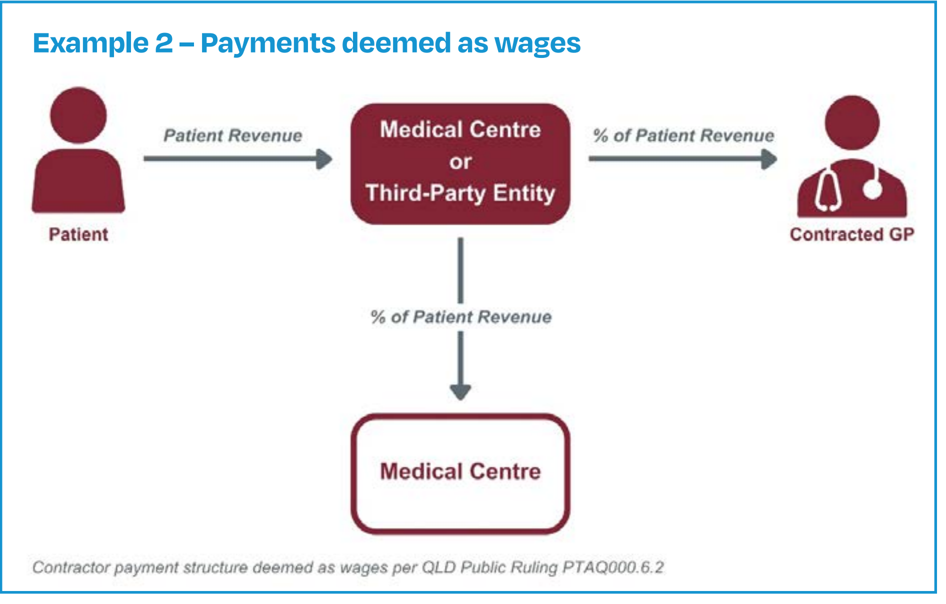
For expert advice on reviewing or updating your service agreements and payment structure, contact our trusted advisors to organise a complimentary consult on 1800 988 522 or medical@cutcher.com.au. ■

Example 1 – Recommended payment arrangement



Recommended contractor payment structure per QLD Public Ruling PTAQ000.6.2

Example 2 – Payments deemed as wages



Contractor payment structure deemed as wages per QLD Public Ruling PTAQ000.6.2

Understand your leave entitlements

GREG SCHMIDT

Senior Workplace Relations Advisor, AMA ACT

Did you get your leave application in on time? Was it approved? As we approach Christmas, many of us are looking forward to spending time with family members and loved ones, or enjoying solitary pursuits. However, getting the time off work is not always easy. Here's a few useful things to know about your basic leave entitlements.

How much annual leave do I get?

The basic entitlement for all Australian full-time and part-time workers is 4 weeks of paid leave per year of service, as per the National Employment Standards set out in the Fair Work Act 2009. However, under the ACT Public Sector Medical Practitioners Enterprise Agreement, senior medical practitioners get 5 weeks of leave per year. Medical Officers are entitled to an additional week of leave if they work rostered duty on 10 or more Sundays in a year.

When can I take leave?

Annual leave is taken at a time agreed between the employer and the employee, which means that leave applications can be declined on operational grounds. It's good practice to submit annual leave applications well in advance, so that managers can plan rosters in a way that allows all employees to have sufficient time off.

It is acknowledged that medical professionals work in an environment where medical services must be maintained; it may not be possible for everyone to get the time off that they deserve at particular times of the year. Having said that, there is a responsibility on employers to approve annual leave requests, where feasible, to allow employees to have the paid time off that they are entitled to.

Can I be forced to take leave?

Awards and Agreements may contain provisions to cover situations where leave must be taken as part of a general shut-down period for an organisation, or where an individual employee has an excessive leave balance.

What other types of leave are there?

The National Employment Standards set out minimum entitlements for Parental Leave, Annual Leave, Personal/Carer's Leave, Compassionate Leave, Family and Domestic Violence Leave, Community Service Leave, Long Service Leave and Public Holidays. Awards and enterprise agreements build on these entitlements and various leave types may interact with each other in complex ways.

How much personal leave can I take?

The current ACT Public Sector Medical Practitioners Enterprise Agreement (MPEA) provides that most employees will be credited with 3.6 weeks of personal leave right from their first day of employment, with a further 3.6 weeks of leave becoming available as each year of service is subsequently completed. This is substantially better than the minimum standard set out for Australian workers in the Fair Work Act, which provides full-time and part-time employees 2 weeks of paid personal/carers leave for each year of service, with that leave accruing progressively but in arrears – that is, after each period of service.

How do I find out more?

Members are welcome to seek advice on leave entitlements for themselves or their team by contacting the AMA ACT Workplace Relations Support Line (02) 6270 5418 ■

Free online parenting support available in ACT

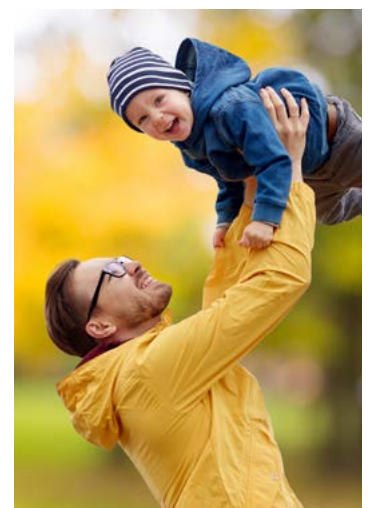
It's no secret that parenting plays a vital role in shaping the trajectory of a child's life. Many parents and carers turn to their GP for advice with the challenges of raising kids, like handling difficult behaviour, adjusting to first-time parenting or coping with their child's anxiety. However, as the health sector struggles with shortages and wait periods, it can be difficult to provide the level of support they need.

Helping GPs help families

Thanks to funding from the Australian Government, parents and carers across Australia, including in the ACT, have access to Triple P's online programs, which help support children's development while boosting their parenting confidence. The programs have already helped over 178,000 families in Australia and come at no cost. They can be useful for those who may be experiencing financial pressures that could otherwise cause them to delay important doctor visits, and can be used in conjunction with the advice of a GP.

Evidence-based support

It can be overwhelming for parents to navigate all the parenting information available online. Triple P programs have been extensively researched and evaluated. GPs can confidently recommend them to patients,



knowing they are backed by over 40 years of ongoing research and more than 820 trials, studies and published papers. As one of the world's most extensively researched parenting programs, Triple P has been cited in reports by the World Health Organization and the United Nations, and is used in over 30 countries.

Convenient access to proven strategies

The programs include **Triple P Online for Baby**, which provides support on sleeping, crying, and understanding baby's signals. For parents and carers with children under 12 years old, **Triple P Online** has practical strategies to manage everyday challenges like cooperation, listening, tantrums, and social skills. With rising levels of anxiety in school-age children, **Fear-Less Triple P Online** provides a toolbox of strategies to help children aged 6 and above to overcome frequent worries.

The free programs can be accessed anywhere, on any device, complementing a GP's work, bridging gaps in waiting times, and adding an additional layer of expertise. Ultimately, they can help parents and carers in their journey towards raising happier, more capable, and resilient children.

Referral made easy

GPs can get promotional support and tear-off pads by emailing contact@triplep.net. Free online programs are available at www.triplep-parenting.net.au ■

DRS4DRS ACT
Australian Capital Territory

The 24/7 Drs4Drs ACT Helpline is 1300 374 377

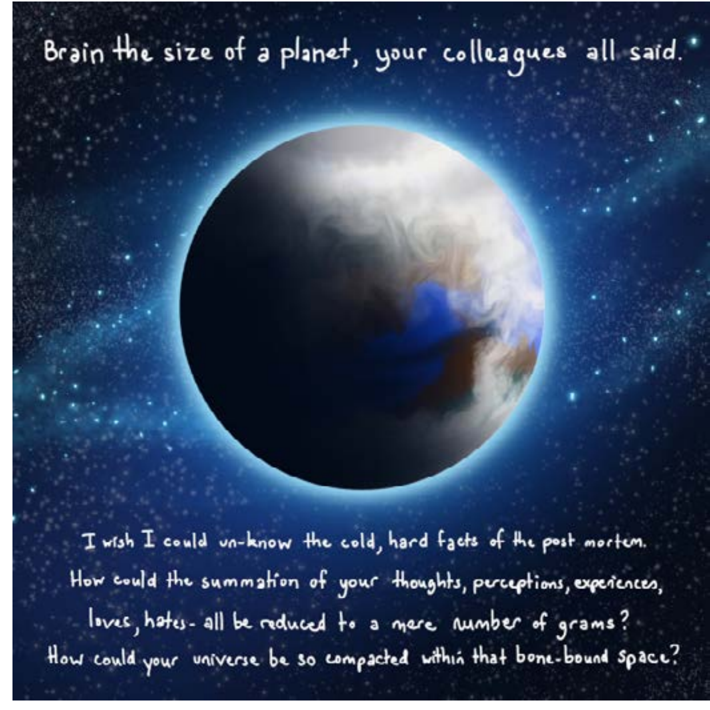
Doctors learn to write through grief

Have you ever considered writing about your hardest days and darkest thoughts? What about drawing them?

At the latest Drs4Drs Safe Space event at AMA ACT offices in Barton, doctors gathered to discuss the difficult topic of grief. They also had the opportunity to develop their writing skills at expert-led workshops, amid evidence that writing about stressful experiences can improve psychological health and wellbeing.

> “For me, writing, drawing and music were a way to channel those emotions that were way too big for me to hold onto within myself, in a healthy way.”

Dr Emma Adams, a Canberra psychiatrist and published author, ran one of the workshops. “Medicine is a tough gig,” she said. “We can write for ourselves, to help put our pieces together, or we can tell a story that will have an impact on the world. We all have our own stories to tell and writing can be a supportive practice in getting us through our lives.”



Canberra GP, Dr Jess Webster, began writing and drawing to work through her feelings and thoughts over the death of her brother, culminating in her book, *GRIEF what an a**hole*. Dr Webster gave a presentation on grief and creativity.

“For me, writing, drawing and music were a way to channel those emotions that were way too big for me to hold onto within myself, in a healthy way –a way to be mindful and counter some of those bodily/physiological reactions to loss such as difficulty concentrating and poor sleep,” Dr Webster said.

“It was a way to confront images that once felt triggering for me, in a safe place; to take control of that image and make it my own,” she said. “Maybe it’s a kind of exposure therapy combined with mindfulness? I’m not sure of the mechanism to be honest! I just know it helped me.”

“Sometimes when we experience significant loss, we feel we have to keep on going, because that’s what we do – don’t take time off, don’t let the team down, don’t show your grief because it will make others uncomfortable.

“I think that instinct of suppression and isolation can lead us to some maladaptive coping strategies, or try to defer our grief – which doesn’t really work as it’ll just find other ways and times to spill out of us.”

Dr Marisa Magiros, a Canberra GP who attended the event, said of the morning: “Each speaker presented powerful accounts of their personal journeys with grief and their learnings.

"We were privileged to hear such honest and raw sharing – I was not the only one shedding tears. We learn so much from storytelling – about the world and ourselves, about actions to take and mistakes to avoid.”

Dr Webster’s book is *GRIEF what an a**hole*. Dr Adams’ book is *Unbreakable Threads*. Both are available to purchase on Amazon. ■

Images from *GRIEF what an a**hole*, by Dr Jess Webster.

DRS4DRS ACT
Australian Capital Territory

Who's looking after you?

Drs4Drs ACT offers an **independent** and **free confidential** support service run by doctors, for doctors and medical students.

No problem is too trivial or too serious.

ama.com.au/act/drs4drsact

FIND OUT MORE

How to survive and thrive this Christmas holidays

Here are 6 tips to take along with your suitcase

NESH NIKOLIC
Strategic Psychology

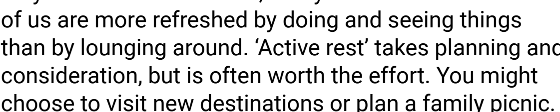
It's beginning to look a lot like Christmas at our psychology practice: the phones are ringing hot with patients who can see the end of the year in sight, but are stumbling towards the finish line with anxiety about how they'll survive the emotionally-demanding holiday season. The truth is, good holidays often take hard work. Having a clear view of what you want from your holidays, as well as an acceptance of the limitations and a flexible attitude, can lead to the kind of break that sets you up refreshed for the year ahead.

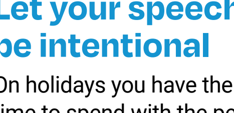
Know what you want

We often see holidays as a break from work and responsibilities, and don't consider what we want to occur during the break. Is this a time when you want to connect with loved ones? If you are conscious that is your goal, it will change the way you choose to 'be' during this time. For instance, you might be intentional about spending time talking with your partner in the mornings, or building sandcastles with your children during some of your time at the beach.

Consider active rest

Humans tend to fall back into the 'easiest' patterns of behaviour, not least of all when it comes to how they spend their holiday time. Often people choose to do 'nothing' and make no plans, because they feel they need a rest. However, many of us are more refreshed by doing and seeing things than by lounging around. 'Active rest' takes planning and consideration, but is often worth the effort. You might choose to visit new destinations or plan a family picnic.



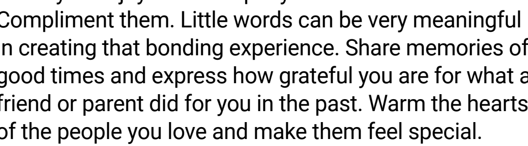


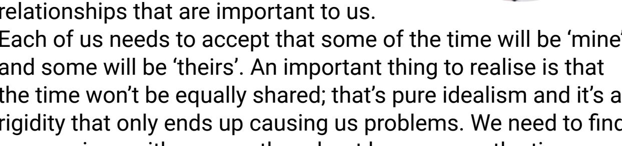
Let your speech be intentional

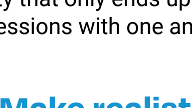
On holidays you have the time to spend with the people you love. Make the most of it by telling them they're important to you, and how much you enjoy their company. Compliment them. Little words can be very meaningful in creating that bonding experience. Share memories of good times and express how grateful you are for what a friend or parent did for you in the past. Warm the hearts of the people you love and make them feel special.

Be flexible and make concessions

Holidays are a limited period, which raises issues of 'scarcity'. Conflict often emerges within a family over how the holiday time is shared. We want to recharge, but we don't want to fracture relationships that are important to us. Each of us needs to accept that some of the time will be 'mine' and some will be 'theirs'. An important thing to realise is that the time won't be equally shared; that's pure idealism and it's a rigidity that only ends up causing us problems. We need to find concessions with one another about how we use the time.

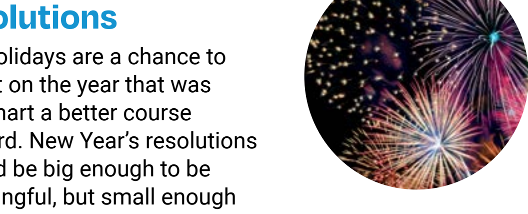


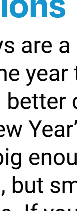




See comedy where there is chaos

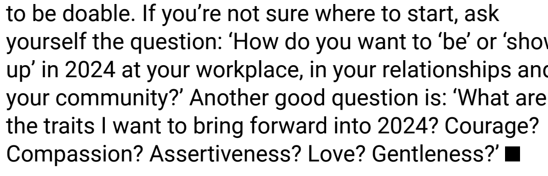
If I expect family gatherings to be chaotic, I can engage with people in a gentle way rather than trying to control them. For instance, if I head into Christmas expecting Uncle John to say some inappropriate things, and Jennifer to make comments when she shouldn't, and Patrick to have too many drinks, and the kids to run through the house and knock something over and break it, I will be better able to play my part in connecting with each of my loved ones and I won't be consumed by stress.





Make realistic resolutions

The holidays are a chance to reflect on the year that was and chart a better course forward. New Year's resolutions should be big enough to be meaningful, but small enough to be doable. If you're not sure where to start, ask yourself the question: 'How do you want to 'be' or 'show up' in 2024 at your workplace, in your relationships and your community?' Another good question is: 'What are the traits I want to bring forward into 2024? Courage? Compassion? Assertiveness? Love? Gentleness?' ■



Paediatric gastroenterology, hepatology now in Canberra

Canberra has a new paediatric gastroenterologist and hepatologist, Dr Joe Meredith, meaning families no longer need to travel to Sydney or Melbourne to access these specialist services for their children.

Dr Meredith joined the team at Calvary Paediatrics in February 2023 after working as a consultant in the UK. He is an accredited endoscopist for both diagnostic and procedural gastroscopies/endoscopies and is an accredited trainer for paediatric endoscopy.

Dr Meredith has a special interest in managing paediatric inflammatory bowel and liver diseases, but also manages conditions including; coeliac disease, eosinophilic oesophagitis, short gut syndrome, gastroesophageal reflux disease and helicobacter pylori disease.

Dr Meredith said early diagnosis and treatment were key to better outcomes for children and adolescents with many of these conditions.

"Hopefully my presence here can reduce waiting times for diagnosis, and families need not travel interstate for care that should be available locally," Dr Meredith said.

"I must thank Dr Michael Rosier and all the team at Calvary Paediatrics for supporting a new paediatric gastroenterology service and for the team at Calvary John James Hospital Deakin for quickly responding to the need for paediatric endoscopy services." ■

The best relationship advice I ever received...

"Caring for our relationships is good medicine. Having someone to love and nurture is an integral part of being human."

That was the conclusion of American Psychiatrist, Dr Michael F Myers, in an article in the *MJA* almost two decades ago. Dr Myers described the ubiquitous challenges affecting doctors' marriages and other intimate relationships and offered practical tips to create and maintain intimacy.

Have you got a story to tell about a precious relationship that has weathered the challenges of a life in medicine? Have you received some good relationship advice to take on the journey? Please consider sharing your stories and ideas by emailing editorial@ama-act.com.au ■

Christmas Gift Guide

The *Canberra Doctor* team have put together a selection of gift ideas, from local Canberra stores. From the classic to the quirky, there's something for everyone.

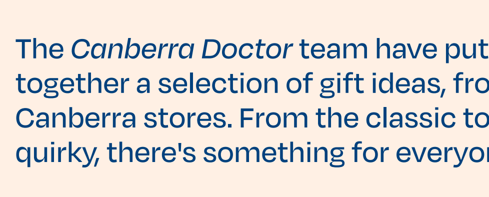
Jasmine & Honeysuckle Reed Diffuser
$35 | Lucian

***My Dream Time* by Ash Barty**
$34.99
The Book Cow

Kayannie Denigan 'My Country' Pink + Orange Table Runner
$96 | Craft and Design Canberra

Epipremnum Snow Queen in Oscar Dachshund Pot
$79.95
The Green Vine

Missy Minzy Canberra Tea Towel
$32
Splatter



Latta Panettone Classico
$59.50 | The Essential Ingredient

Fellow Stagg EKG Kettle
$259
ONA Coffee

La La Land Tree Topper Angel Koala
$24.95
The Curatoreum

It's A Vibe Bath Soak by Thirsty
$18 | Meet Gather Collect

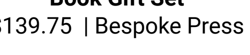
Roogenic Christmas Tea
$29.95 | Hive Braddon

Canberra Bus Shelter Landscape
$20
Capital Socks

Funk & Soul Covers
$125
Sancho's Dirty Laundry

Kip&Co X Ken Done Tropical Fish Terry Beach Bag | $74.95
Lilly Cooper Homewares & Gifts

Decorative Quoll Cushion
$35 | Trove Canberra



Heirloom Recipe Book Gift Set
$139.75 | Bespoke Press

Flower Subscription
From $69 per month
Juniper Blooms

Altina Sparkling Rose 750ml (non alcoholic)
$22 | The Markets Wanniassa

African Savannah Safari Experience
From $130 per adult (see website for details) National Zoo & Aquarium

CANBERRA
Doctor

A News Magazine for all Doctors in the Canberra Region

ISSN 13118X25

Published by the Australian Medical Association (ACT) Limited
Level 1, 39 Brisbane Ave, Barton ACT 2600
(PO Box 560, Curtin ACT 2605)

Editorial
Sarah Colyer
sarah-colyer@ama-act.com.au

Design
Juliette Dudley
jdudley@ama-act.com.au

Advertising
Ph 6270 5410,
Fax 6273 0455
reception@ama-act.com.au

Contributions

Canberra Doctor welcomes reader contributions. Submit your stories to editorial@ama-act.com.au

For more news

Visit **ama.com.au/act**

Follow us:

@AMA_ACT

/amaactbranch

bit.ly/amaactlinkedin

@amaact

Spread the word about your event, practice or organisation

Contact us to receive a copy of our Advertising Kit: reception@ama-act.com.au

Disclaimer

The Australian Medical Association (ACT) Limited shall not be responsible in any manner whatsoever to any person who relies, in whole or in part, on the contents of this publication unless authorised in writing by it.

The comments or conclusion set out in this publication are not necessarily approved or endorsed by the Australian Medical Association (ACT) Limited.

Summer entertaining

Bhaji burgers with raita

Recipe

Not sure what to cook? Our friends at The Essential Ingredient Canberra recommend this delicious and nutritious vegetarian recipe. AMA members receive a 15% discount in store at 25 Jardine St, Kingston.

50m prep | 10m cook

With their combination of onion, spices and rich chickpea flour (also known as besan flour or gram flour), the onion bhaji is a crunchy, satisfying savoury explosion. This simple recipe takes the traditional South Indian snack and reinvents it as a burger, slathered in a mint-spiked yoghurt raita, and sweet Spicy Mango Chutney, Tomato Kasundi, or whichever Indian condiment you prefer.

Leave out the raita to make the burger vegan.

Ingredients (Serves 4)

FOR THE BHAJI

- 2 medium onions, finely sliced
- 100g chickpea flour
- 100mL cold water
- Stems of a bunch of coriander, finely chopped
- 1 tsp salt
- 1/2 tsp baking powder
- 1/2 tsp ground cumin
- 1/2 tsp turmeric
- Grapeseed or vegetable oil for deep frying

FOR THE RAITA

- 200g Greek-style yoghurt
- 1 Lebanese cucumber, grated
- 1 tbsp finely chopped mint leaves
- 1 tsp salt

FOR THE BURGERS

- 4 burger buns
- Tomato kasundi
- Spicy mango chutney
- Lettuce leaves
- Reserved coriander leaves

To make the raita, mix the grated cucumber with the salt, then leave in a colander over a bowl to drain the liquid from it. After 30 minutes, squeeze out any excess liquid using the back of a spoon and discard the juice. Combine the salted cucumber with the yoghurt and mint, and set aside.

To make the bhaji, mix all the ingredients (onion, chickpea flour, coriander stems, baking powder, turmeric, cumin and salt), then add water gradually until the batter is well hydrated, but still holds together in a loose patty in your hand.

Heat 5cm of oil in a deep, heavy-bottomed saucepan until it reaches 180°C (the dough will foam when it hits the hot oil, so using a saucepan is essential).

Use a soup spoon to scoop a small heap of onion batter, flatten slightly with the back of another spoon, and transfer carefully into the oil. Cook in batches, for 2 minutes per batch, or until golden brown all over and crispy at the edges. Lift carefully from the oil and transfer to paper towel. Sprinkle a little more salt over the finished bhaji.

Toast the inside of your bun tops and bottoms, then spread a little raita over the top of the bottom half of the bun. Add one or two bhaji to each bun, top with lettuce and coriander leaves, then spread Spicy Mango Chutney, Tomato Kasundi or your relish of choice inside the top of the bun, and close the burger. Serve immediately with cold beer or lassi. ■

Kris Kringle Zingers

It's time for a bit of fun this holiday season. These crafty Kris Kringle gift ideas might spark a few laughs around the office. Then again, your colleagues may look at you as if you're weird and inappropriate and you may never get a promotion because of your Kris Kringle Katastrophe.

Turn your colleagues into t-shirts

Wearing people's faces on t-shirts is nothing new – think Che Guevara, Bob Marley or Tupac. But who could be more deserving of having their face on a t-shirt than your long-suffering colleagues? Grab a plain t-shirt in any colour. Print a monochrome photo of your workmate onto t-shirt transfer paper, iron on and give to another member of your staff team.

Buzzword Bingo

The perfect gift for those who have to attend endless meetings. Simply complete the template below with crimes against the English language, then cut out and laminate. To play, circle a word or phrase each time you hear it and shout 'bingo' or another choice word beginning with 'B' when you get five in a row.

BUZZWORD BINGO

Values-based		Pedagogy	Core competencies
	Deep dive		Deliverables
Learnings		Results-driven	
	Stakeholders		Actioning

PAGE 7 QUIZ ANSWERS: 1) E 2) D 3) E 4) A 5) A 6) D 7) B 8) A- Ciliated epithelial cell, B- plasma cell, C- eosinophil, D-mast cell/basophil, E-neutrophil

Your Future. Beyond Numbers.

We specialise in tax planning and effective business structuring for healthcare professionals.

- Tax return preparation
- Financial reporting
- BAS preparation
- Self-managed superfunds
- Practice establishment
- Lending services

bonsella
Tax, accounting & business services

t: (02) 6257 4144   w: bonsella.com.au

Dr Igor Policinski

MD FRACS(Ortho)

HAND, WRIST, ELBOW, SHOULDER & TRAUMA

Dr Policinski has trained and attained subspecialty Fellowships in Australia, USA and France. Dr Policinski offers management of all upper limb orthopaedic injuries and conditions, with special interests in:

- Shoulder Arthroscopy
- Shoulder Replacements
- Wrist Arthroscopy and Replacements
- Distal Radioulnar
- Joint Replacements
- Dupuytren's Disease
- Carpal and Cubital
- Tunnel Syndrome
- Sports Injuries
- Patient Focus Rehabilitation using Digital Medium

Website: brindabellaorthopaedics.com.au
1/7 Napier Close, DEAKIN, ACT, 2600
Phone: 02 6210 8777
E-mail: admin@bortho.com.au

PRACTICE CLOSURE NOTICE

Dr Raymond Mullins (Allergy/Immunology)

John James Medical Centre, Deakin ACT

This practice will **close** on Friday 16 February 2024. We are not accepting new referrals. *Thanking you for your support over the last 29 years.*

Medical records

All referring doctors **and** individual patients with complex medical conditions, food allergy/anaphylaxis **already** have copies of their letters following consultation, which is their **medical record**.

Contact/Medical records

Before 16 Feb 2024: tel 02-62822689

After 16 Feb 2024: PO Box 4206, Kingston ACT 2604

More information coming soon

www.allergycapital.com.au

Our last GP "Allergy Update" also coming soon

www.allergycapital.com.au/allergycapital/AllergyUpdate.html

Referral options: The Canberra Hospital; Dr Sara Kashef (paediatrics only, none > 17 years); ASCIA website: www.allergy.org.au/patients/locate-a-specialist

Orthopaedic Surgeon

PRACTICE LOCATION

Dr Wisam Ihsheish

MBBS (Adel) FRACS (orth) FAOrthoA

Knee arthroscopic surgery, hip and knee replacements and general orthopaedics

Accepting new referrals in Canberra and Goulburn

CANBERRA
60/35 Torrens St, Braddon ACT 2612
Ph 6109 0002
Fax 6109 0003

GOULBURN
ELLESMERE
SPECIALIST CENTRE
56-58 Clifford St,
Goulburn NSW 2580
Ph 4823 0223
Fax 4822 5417

GP Hypnotherapist

Dr Julie Kidd M.B., B.S. Dip. RACOG | V.R. GP

Weight, sleep, addictions, alcohol, smoking, stress, depression, insomnia, anxiety, cancer support.

Canberra Complementary Health Practice, Suite 5, 108 Hawker Pl, Hawker, 2614
0425 300 233 | www.canberrahypnosis.com.au

Assoc/Professor Hodo Haxhimolla

Suite 14, Level 5
National Capital Private Hospital
Corner Gilmore Crescent & Hospital Road
Garran ACT 2605
Ph: (02) 6281 7900 Fx: (02) 6281 7955

CANBERRA LAPAROSCOPIC ROBOTIC and LASER UROLOGY CENTRE PTY LTD

- *Prostate cancer treatment*
- *Robotic radical prostatectomy*
- *Robotic partial nephrectomy*
- *Robotic pyeloplasty*
- *Erectile dysfunction*
- *Penile Implant surgery*
- *Peyronies disease*
- *Male incontinence*
- *Laparoscopic radical nephrectomy*
- *Laser Treatment for BPH*
- *Laser stone treatment*
- *MRI guided prostate fusion biopsy*

Dr Sabari Saha

MBBS (Hons), FRACP

Geriatric Medicine Physician

- Comprehensive Geriatric assessments
- Falls assessments
- Cognitive assessments
- Medication reviews
- Home visits & Residential Aged Care Facility visits
- Telehealth Consultations available

Suite 11/12 Napier Close,
Deakin ACT 2600
Phone: 02 6154 5031
Fax: 02 6169 4437

NEED A JP?

Certification of documents, witnessing of signatures, statutory declarations and affidavits

Call CHRISTINE BRILL

Justice of the Peace (ACT)

0407 123 670

Conveniently located in Garran and close to south side hospitals.

Be noticed – advertise.

***Canberra Doctor* combines quality reporting and insightful analysis on the healthcare issues that matter most to members and patients.**

- Distributed free (approx 2000) to all doctors in the ACT and surrounds.
- Niche audience – medical practitioners and students in the Greater Canberra region, Territory politicians and key players in government, media, universities and corporate healthcare.
- Only publication of its kind in the ACT and surrounding regions.

To advertise in Canberra Doctor email **reception@ama-act.com.au**

GET UP TO $2K CASHBACK ON HOME LOANS

AMA members are eligible to receive up to

$2K CASHBACK ON TOP OF THE CASHBACK OFFER

from the bank or lender (if eligible) on home loans successfully settled between 1 January 2023 and 31 December 2024.^

Australian Credit Licence 389087

Net loan value $400,000 - $750,000, receive	Net loan value $750,001 - $1,500,000, receive	Net loan value above $1,500,000, receive
$500 cashback	**$1000 cashback**	**$2,000 cashback**

If you're not an AMA member, join and you will receive the AMA cashback offer and the other benefits of membership.

AMA | FINANCE BROKERS

P: **1800 262 346**
E: **info@amafinance.com.au**
www.amafinance.com.au

^Terms & conditions.

1. AMA members are eligible for a cashback successfully settled during the promotional period.
2. Maximum cashback per member is $2000 calculated on the aggregate (total) lend, during the promotional period, irrespective of the number of loan applications. The cashback will be calculated as per points 7 and 8.
3. Promotional period – The loan is lodged and settled between 1 January 2023 and 31 Dec 2024.
4. AMA members are entitled to receive the cashback in addition to any bank/lender cashback offers (if eligible).
5. AMA members will be eligible to a cashback on home loans successfully settled during the promotional period as per the below schedule under the following conditions:
   i. Net loan value $400,000 - $750,000 receive $500 cashback.
   ii. Net loan value $750,001 – $1,500,000 receive $1,000 cashback.
   iii. Net loan value above $1,500,000 receive $2,000 cashback.
6. AMA Finance Brokers reserves the right to amend or withdraw this offer at any time.
7. The net loan value used to calculate the cashback is calculated after considering any offset balances or redraw facilities, as AMA Finance Brokers receives their share of commission after the aggregator/licensee split on the net loan amount.
8. The eligible cashback is calculated on total consolidated loan value per loan settled.
9. The eligible cashback will be paid within 12 weeks from the date of successful settlement by AMA Finance Brokers directly to the member's nominated bank account only. Cashback form will be provided at time of commission received by AMA Finance Brokers and sent to member for completion. Upon receipt of completed form, will be sent to accounts for processing.
10. Refer to the bank/lender cashback terms & conditions.