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THE NSW doctor

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION (NSW)

AUSTRALIAN MEDICAL ASSOCIATION NEW SOUTH WALES

REAL DOCTORS

AMA (NSW) embarks on authentic photo campaign

NSW HOSPITALS UNDER PRESSURE • DIT AWARDS • **FUTURE PRACTICE**

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Regulars

Public hospital system **under strain**

The public hospital system is facing a number of challenges, which is impacting our ability to deliver high quality, safe care.

OUR PUBLIC hospitals are under pressure. Demand for emergency department treatment continues to grow at a rate that far outstrips population growth, and the main increase is in higher triage categories. The reasons for this are not clear to me. Is access to GPs increasingly difficult for patients, especially after hours? Or is access to specialists too expensive or too delayed for people to deal with serious illness at an earlier stage?

Both Governments are underestimating the impact of this ongoing growth, and the consequent implications for funding. The NSW Government has supported an ambitious hospital building program, which is welcome, but of course the biggest ongoing cost in health is the payment of the wages and entitlements of staff. This is devolved to the LHDs, who are under immense pressure to achieve a range of targets around elective surgery, emergency department performance, and budget. They are simply not in a position to be expansionary with staff hiring.

Our rural and regional colleagues are also doing it tough. There are too few GPs and inadequate access to specialists. In many places there are too few specialists on rosters providing acute care to patients. This is challenging and potentially unsafe for patients who risk being treated by doctors working unsafe hours, with insufficient support from larger referral centres which are always stretched for beds, especially in critical care areas.

When the system becomes overly focussed on the politically imperative performance indicators, like ED waiting times and elective surgery, there is a risk to its other key functions. Outpatient clinics are one example. For many patients across NSW, being seen in a public hospital outpatient clinic is the only affordable option to access specialist care. The coverage of specialties in outpatient departments across the system is patchy at best. The waiting times are usually unacceptably long. The quality of service provided is variable. The emergency department is the default.

We have seen two major incidents this year in the NSW public hospital system. One of these is now the subject of a parliamentary inquiry, that being the under-dosing of cancer patients with chemotherapy. One of the findings of Professor David Currow was that there had been inadequate use of multidisciplinary team care, and a lack of performance management of the senior clinician involved. This should raise awareness of the possibility that everyone, including administrators, are just so stressed providing clinical care and trying to reach unrealistic performance targets, that really important aspects of providing quality, safe care to patients are being overlooked.

The information management and technology systems available to us in public hospitals remain embarrassingly inadequate. In my private practice I am paperless. I prescribe electronically. I am switching to emailing patient letters to referring doctors. In my hospital practice, I still handwrite patient notes and prescriptions. If the paper file can't be made available to me, I have no way of knowing what assessment and treatment I performed on a patient the last time I saw them, let alone what my colleagues have written down. The most junior doctors in the system have the least access to the technological tools that can make their care of patients safer. Audit and research are significantly hampered.

We still don't have enough beds in the public hospital system. There is still a deliberate and sustained deception occurring that maintains there are enough beds because the occupancy data takes all beds, including cots, maternity beds, paediatric beds, etc into account. When the data looks at acute, overnight, adult beds available for medical and surgical patients, the figures are indeed much less reassuring. These, of course, are the patients that end up remaining in ED for unacceptably long periods of time, or being placed in inappropriate wards as outliers.

We should not be frightened to allow the government to explore new ways of doing things. An example of this is the proposal to allow private operators to redevelop some of our public hospitals. Now I have significant reservations about this, but I also accept that we can't rely only on existing paradigms if we are going to upgrade and modernise our system.

AMA (NSW) has made a decision to wait and see what the government is proposing, and campaign for any proposals to ensure that public patients are provided with the same (if not better) care in these facilities as they receive in current public hospitals; that staff are not disadvantaged in any way by contractual arrangements; that teaching, training and research are embedded in the business of these hospitals; and that safety and quality systems are robust and remain under the management of the LHDs.

We have a lot to do in the NSW public hospital system to make it better for our patients, and our colleagues. Goodwill holds the system together, but it is a finite resource that must not be taken for granted. dr.

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Prof Brad Frankum President, AMA (NSW)

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Real doctors

AMA (NSW) has embarked on a campaign of authenticity by photographing real doctors.

IF YOU'VE ever had the pleasure of looking through a stock image library, you'll know that a white coat and cheap stethoscope doesn't make a model look like a doctor. Many of these photos look manufactured, and very few capture the diversity of healthcare professionals we have working in Australia.

Frankly, at AMA (NSW) we got sick of American stock libraries and pledged to rid our pages of inauthentic-looking photos of doctors. In a campaign that we've named 'Real Doctors,' we've gone out and photographed as many different medical professionals as we could convince to take part.

Like all good ideas, it came from the Internet. The recent 'I Look Like A Surgeon' campaign (#ILookLikeASurgeon), which originally kicked off in the US, sparked a powerful response worldwide, with women tweeting photos of themselves in a bid to break down professional stereotypes.

Since the campaign started in August 2015, there have been more than 82,629 tweets with that hashtag and more than 308,677,079 impressions, which is the number of tweets by each participant multiplied by their number of followers.

The campaign is not only about challenging stereotypes (not all of which are gender-related), but about celebrating differences and achieving equality in the workplace.

AMA (NSW) wants to promote diversity in our profession and encourage medical students to pursue their goals in medicine by showing them what real doctors look like. For that reason, you'll see a lot more faces you know in our pages and on our website, particularly women and doctors of different ethnicities.

AMA (NSW) is also working to improve diversity within its ranks. To achieve this ambition, we recently added five new Councillor positions. The quality of the candidates was extremely high and we feel incredibly fortunate to add such esteemed members of the profession to the AMA (NSW) Council. To read more about our new Councillors, please see page 16.

It's been a tremendous year at AMA (NSW) and I'd like to take the opportunity to thank all of our members for your continued support. Happy holidays. dr.

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Fiona Davies CEO, AMA (NSW)

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Baby **fever**

Being a doctor shouldn't exclude you from having a family, but the pressure to juggle training and parenthood is increasingly difficult for DITs.

Dr James Nadel's daughter, Ildiko Hazel Nadel, was born 24 September 2016

RECENTLY, I ran into an old friend from medical school who, like me, was studying for her physician's exam. Upon seeing each other we immediately started discussing our future plans: "When will you have a baby? Two years? Three years? How about 2018, should we both do it in 2018? Then we can split one babysitter and have dinner. That's a good plan."

If baby fever is what people get when they want to conceive, pre-baby fever is what people get when they're trying to work out ***when*** to conceive. When to have children and, more specifically, how to fit a life in around training, is one of the inherent conflicts of the DIT experience. There's really not much time for starting a family during training. The move towards post-graduate medical programs means DITs are now older when they get started. Specialty programs may take years to complete, dominating one's time during the years they'd be likely to meet a partner and start a family. The modern expectation that a good candidate will add a doctorate or masters to their training further increases the time commitment. And it's not just the long hours and the overtime – training contracts usually only last one year, requiring DITs to move around a lot, either interstate or internationally. As such, forging a stable environment can be difficult.

I take my hat off to the DITS who got into training with a family. I've seen many registrars go home after a long day to look after their children, then study into the night and still do an excellent job caring for their patients. I don't know how they do it. After a long day of work and study I can't hardly feed and wash myself, let alone do the same for a small dependent human. Caring for a child during training is an amazing feat.

There may be time to buy houses and travel later in life, but unfortunately (and especially for women) starting a family is, to an extent, time critical. Applying to adopt is also a time consuming process that comes with a waiting list and an age limit. DITs may, of course, have different priorities that do not include having a family, but knowing that there is probably no time to do it regardless is going to have some bearing on the final decision.

We need to think about ways to make specialty training more family-friendly. I don't mean to exclude trainees who aren't interested in having a family with this sentiment, but unlike travel, volunteer work and further education, parenthood is not a time commitment that can be put on hold or deferred till later. It's also not something you can leave till a hypothetical stage in your life when you have more free time. Biology dictates there will be a deadline by which we will all have to make a decision, and this is more pressing for female DITS. It's only a little easier on male trainees. Two male colleagues of mine have just had new babies only four months prior to our exam. It's not lost on them that through the grace of their supportive partners they are still able to study and can return to work after a couple of weeks of parental leave (a situation that would be much more difficult to manage in reverse, especially for any female doctor who would like to breastfeed). Many networks don't seem to have really caught up with the concept of ***parental*** as opposed to maternal leave, offering limited or zero time off for new fathers and undermining the equally important need for fathers to bond with their babies. Being conscious that DITs need to build a life while we build our careers can only lead to happier trainees and more specialists to share the healthcare load in the future. dr.

@elizamilliken

Dr Eliza Milliken Junior Doctor

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DIT Awards Winners (L-R)
Dr Bethan Richards
Jessica Moore
Dr Hannah Kempton
Dr Supuni Kapurubandara

AWARDING EXCELLENCE IN HEALTHCARE

The 2016 Doctors-in-Training Awards brought together some of NSW's most inspiring young doctors, as well as the managers and teachers who support them.

THE ANNUAL DIT Awards is a highly anticipated event on the calendar – not only because it's a chance for junior doctors to socialise and a take a break from their busy careers, but it's a rare opportunity to recognise the achievements of some truly remarkable colleagues.

AMA (NSW), together with ASMOF (NSW), and sponsors NSW Health, HETI, Cutcher&Neale, MDA National and Lexus Sydney City, held the awards on 7 October in Sydney's The Ivy.

Special guests included DIT Committee Chair Dr Tessa Kennedy who hosted the event, as well as AMA (NSW) President Prof Brad Frankum, ASMOF (NSW) President Dr Tony Sara, and NSW Health's Deputy Secretary Karen Crawshaw.

We would also like to thank Dr Danielle McMullen who emceed this year's event, bringing her usual warmth and humour to the podium.

In his speech, AMA (NSW) President Prof Brad Frankum noted that the competition for this year's awards was particularly tough.

"Each of the finalists here tonight are worthy of note and we hope you realise what an elite group of doctors you are in."

He added, "The people being celebrated tonight are the 'total package'. Not only are they good clinicians, capable managers, and knowledgeable teachers – but they are the type of people that others seek out for advice, both professional and personal. They are the type of people that others consider not just good colleagues, but friends and mentors. They foster a much needed sense of collegiality that helps form the support networks all of us rely on to perform in a career, that quite frankly, can be as emotionally and physically exhausting as it is rewarding."

PHOTOGRAPHY BY MATT NORRIS

In her speech, AMSA President Elise Buisson said she was encouraged by the finalists and winners of the DIT awards.

"On nights like this, more than ever, I see the potential for us to be a generation of doctors who come to the table, who contribute to a collective vision and who persuade those around us to stand up for health at the highest levels. I think that can be our legacy. Seeing everyone here tonight, I know that legacy is in good hands."

JMO MANAGER OF THE YEAR

Sponsored by ASMOF (NSW) and HETI, the JMO Manager of the Year Award was presented by Dr Sara to Jessica Moore.

Described as sympathetic, fair, motivating, and endlessly supportive, Ms Moore is probably overdue to receive the JMO Manager of the Year award. In fact, it's been suggested that the award should not be for 'JMO Manager of the Year' but for 'JMO Manager of the decade.'

While she has recently moved to a senior administrative position, Ms Moore has been outstanding in her role as JMO Manager for Hunter New England Health Network. Under her excellent leadership, the JMO network has been able to tackle and develop issues of equity, transparency, support and education.

Being a JMO Manager is a complicated role that requires professionalism and communication – skills in which Ms Moore is extremely proficient. But the real reason she is so well liked and respected by the JMOs, RMOs, registrars and consultants of the Hunter New England Network is because she always makes time for people – no matter how big or how small their issue might be. As one of her former JMOs described her, "She is a ray of light, a presence of hope and positivity that is infective; she is a true motivator and an inspiration to us all."

When asked during the presentation what her best advice for junior doctors is, she said, "Listen at orientation. It will save your life."

Finalists for the JMO Manager of the Year Award included Dilani Bamford, Michelle McWhirter, Jean Melvin, and Julie Sillince.

TEACHER OF THE YEAR

The second award of the evening, which was sponsored by ASMOF (NSW), was presented to Dr Bethan Richards.

Dr Bethan Richards worked as the Director of Physician Training at Royal Prince Alfred Hospital for five years. Earlier this year, she stepped down from this role, but she remains heavily involved in Basic Physician Training and is involved in Advanced Training in rheumatology, as well as medical student teaching with the University of Sydney. While Director,

Dr Richards headed a team which provided written and clinical training for basic physician trainees within the Royal Prince Alfred Network – now regarded as one of the best and largest training networks Australia-wide. In three of her five years as Director, one of her trainees won the college medal for the best overall performance in the RACP combined examination – a testament to her well designed teaching program.

Her mentorship provided trainees with career advice and professional qualities that went well beyond examination preparation. She has the rare ability to encourage people to perform and learn to their maximum ability. Many describe her as having a commitment to high quality and safe patient care, a commitment to kindness and compassion, and a commitment to work life balance. She remains a role model for many junior doctors.

In describing the fundamentals of teaching, Dr Richards said, "If you have a general love of what you do, it comes across to the students."

An honourable mention in this category went to Alfred Massoud for demonstrating teaching excellence at a very early stage in his career. Dr Massoud's nomination was wholly supported by the Medical Students of Hawkesbury Clinical School of the University of Notre Dame.

According to his students, what separates Dr Massoud from others is his unbridled and infectious level of enthusiasm and passion for medicine and teaching. His humility, leadership and professionalism is of the highest standard. It is noted that Dr Massoud went out of his way to add to not only his students' learning, but his own learning, by regularly attending student medical curriculum lectures and tutorials.

Finalists in this category included Dr Robert Buckland, Dr Karen Greenlees, Dr Vincent Ho and A/Prof Joseph Suttie.

REGISTRAR OF THE YEAR

Sponsored by NSW Health, the Registrar of the Year Award was presented to Dr Supuni Kapurubandara by NSW Health's Deputy Secretary Karen Crawshaw.

Dr Supuni Kapurubandara is a senior registrar in Obstetrics and Gynaecology at Westmead Hospital. In her role as the OG Senior Registrar, Dr Kapurubandara coordinates and supports 28 OG trainees across Auburn, Blacktown, Dubbo, Coffs Harbour, and Westmead, in addition to 16 SRMOs and dozens of rotating JMOs. She was also elected as one of the national trainee representatives with the Australian Gynaecological Endoscopy Society, a role which promotes training in minimally invasive surgery and requires considerable out of hours commitment. Not only is she incredibly hardworking and dedicated, she is widely known for her surgical competence. Dr Kapurubandara is also noted for her compassion and kindness towards patients – she is good at explaining medical conditions and treatment options, giving patients time, and has often been found escorting patients to their destination. Her humility, thoughtfulness, and willingness to go the extra mile are but a few of the reasons she is this year's Registrar of the Year.

In accepting her award, Dr Kapurubandara said she felt it was a privilege to work at Westmead.

"It's very difficult to be uninspired there."

This year, the Awards also recognised Dr Fedil Metti and Dr Matthew Winter with an honourable mention.

Dr Metti was noted for overcoming adversity. To escape persecution in Iraq, Dr Metti walked with his family, including his elderly parents, across Turkey, eventually making his way to Greece before immigrating to Australia.

Dr Metti has made a valuable contribution to hospitals in the South West Sydney Area Health District. He is described as resourceful, clinically astute, and a great mentor/teacher to junior staff. Dr Metti has worked extensively to establish a systematic educational training programme for the basic physician trainees sitting the FRACP written examinations, organised Masterclasses for the clinical examination candidates, and organised both the trial and formal FRACP clinical examination at Campbelltown Hospital.

Dr Matthew Winter was recognised for his consistent excellence. Dr Winter, a finalist several years running, has been nominated by a number of hospitals for his dedication and commitment to patient care and education. Dr Winter was awarded the George Snitzler prize for urological surgery last year. He was also awarded the American Urological Association prize for best registrar at the International Olympiad. Dr Winter was the first registrar at Royal North Shore to successfully implement a digital media tool enabling patients to better understand their procedures.

Other finalists for the Registrar of the Year include Dr Ruchit Agrawal, Dr Katherine Francis, Dr Ludi Ge, Dr Jenny Lauschke, Dr Brooke Short, Dr Hao Tran.

JMO OF THE YEAR

Sponsored by NSW Health, HETI and Cutcher&Neale, the JMO of the Year Award was presented by Stuart Chan to Dr Hannah Kempton.

Widely recognised as a dedicated leader, a highly effective mentor and a passionate advocate for empowering others, Dr Hannah Kempton has proven she is an exceptional doctor, with a gift for nurturing students, peers and colleagues. Currently working as a junior doctor in Wagga Wagga Rural Referral Hospital, Dr Kempton also serves as the Chair of the NSW HETI JMO forum. In this role, she has

PHOTOGRAPHY BY MATT NORRIS

been an excellent advocate for workforce and training issues affecting JMOs in the Murrumbidgee Local Health District.

While she serves on numerous other committees and working groups, we'd like to highlight her work with the Eyes Wide Open Program, which she co-founded. This program is a series of seminars and mentoring programs run with the University of NSW to encourage high school students to consider rural healthcare careers.

In accepting her award, Dr Kempton said she was prompted to start the Eyes Wide Open Program by her own experience as a high school student.

"I was a rural high school student myself and I didn't really have a mentor when I decided to study medicine. So that really inspired me to start this program."

Her nominators indicated that Dr Kempton has performed exceedingly well as an intern from a clinical perspective and is highly respected by patients, fellow doctors, other hospital staff and the wider community.

Other finalists for the JMO of the year award include Dr Melissa Chin, Dr Rahul Gokarn, Dr Rose Haywood, Dr Eric Li, Dr Rashi Minocha, Dr Lauren Moses, Dr Sharwan Narayan and Dr Colby Stevenson. dr.

FUTURE PRACTICE RAMPS UP

AMA (NSW)'s campaign to help GPs build better, more financially sustainable practices is gathering momentum.

THE MEDICARE rebate freeze is slated to remain in place until 2020. No one has a crystal ball, but one thing GPs can be sure of is that it's already been in place since 2014.

For the last two years the Government has kept the rebate static, while operational costs have continued to rise and GPs have been expected to absorb the loss. GPs are working longer and harder for the same income. GPs are seeing patients for extended consultations; patients are coming in with more complex and chronic disease; and the number of problems per consultation is increasing.

Added to that is the increased pressure to regularly update systems and technology – all of which comes at a cost.

The GP is a patient's first port of call when accessing the health system and there is an incredible responsibility to provide high level care to ensure health needs are addressed early and appropriately.

For many, the current situation is no longer tenable. Even if the Government raised the rebate tomorrow, it would unlikely be enough to cover what so many doctors have lost over the preceding years.

This is why so many members are looking at solutions to improve their business model, and why AMA (NSW) has launched Future Practice.

Future Practice is a platform for GPs who want to deliver high quality patient care and have a sustainable business model.

The Future Practice website contains many resources for GPs looking to transform their practices, including a practice health check, support to move beyond bulk billing, technology support, communications to staff and patients, posters and more.

In addition, we've launched the AMA (NSW) Practice Management Consultancy Services. Our members receive a free one hour telephone consultation with our Practice Management consultant, AAPM Vice President, Cathy Baynie.

She can provide advice on training your staff, communicating with patients, modernising your appointment booking procedures, and more.

She is also available for full and half-day practice reviews, after which she will give you a detailed report showing your options and how you can improve your practice (fees apply).

Please visit our Future Practice website www.futurepractice.com.au to find out more. dr.

WHAT DOCTORS ARE SAYING ABOUT PRIVATE BILLING

1. Feelings of guilt

One of the main concerns GPs have about moving away from bulk billing relates to feelings of guilt at charging patients a fee. However, there are many different ways to incorporate private billing into your practice. The reality is many GPs continue to bulk bill a percentage of their patients, while private billing the rest. For example, children and OAPs may be bulk billed, while other patients pay a fee. Alternatively, some GPs choose to charge a fee on top of the rebate for appointments outside of certain working hours.

2. Fear of losing patients

The fear that your patients will visit another doctor down the road is another big barrier to GPs charging a fee. GPs who have made the transition often report that they experience about a 10% drop in patient numbers following a move to private billing. However, the loss in patients is offset by the increased income.

3. Time

One of the benefits of privately billing patients is that it takes the pressure off to get patients in and out the door as quickly as possible. The ability to spend more time with each patient often results in a more satisfactory experience for both the doctor and the patient.

4. What about the competition?

While other general practices in your area might solely rely on bulk billing, you can't base your business model on what they are doing. The last thing GPs want is a race to the bottom. If you decide to charge a fee, then look for other ways to differentiate your practice from the rest. The increased revenue from private billing can be reinvested into your business to give patients a high quality experience that separates you from the pack. The other thing to be aware of is that many GPs are in the same boat. A recent RACGP survey of more than 500 doctors found 29% were transitioning away from bulk billing.

5. Bulk billing indicator

While we often hear that bulk billing rates have continued to rise, some health commentators indicate the bulk billing indicator is being misinterpreted. The bulk billing rate is based on services rather than at a patient level, ie 84% of services are bulk billed, not 84% of patients are bulk billed. Rising GP bulk billing rates could be a reflection of the broadened access to the MBS and growth of health services (family planning clinics, not-for-profit rehabilitation centre, refugee health centres, etc).

WIN FOR **VACCINATION**

The Pharmaceutical Benefits Advisory Committee recently recommended the addition of an antenatal pertussis vaccine on the National Immunisation Program.

TONI AND DAVID MCCAFFERY know how cruel whooping cough can be. Their daughter Dana died in 2009 at 32 days old.

"We didn't get the chance to protect our daughter. No one warned us about whooping cough or that adults need regular boosters. It was so quick and ruthless. What our GP thought was 'just a cold' quickly escalated, and in just five days our tiny daughter died," Ms McCaffery said.

Since their tragic loss, the McCafferys have been tireless advocates for a nationally funded booster program.

"Over the past seven years we have seen booster programs start and stop, with fatal consequences," Ms McCaffery said. "Tragically, history keeps repeating and babies have kept dying. Dana is one of 12 precious Australian babies that has died from the disease since 2008. Between 1993-2006, a further 17 children under 12 months died from Pertussis."

The Pharmaceutical Benefits Advisory Committee's recent recommendation for the addition of an antenatal pertussis vaccine on the National Immunisation Program was welcome news for the McCafferys, and other families who have advocated for a nationally funded program.

"Dave and I were so relieved to hear that PBAC has recommended the addition of the maternal Boostrix® Diphtheria, Tetanus and Acellular Pertussis (dTpa) vaccine (0.5ml injection) for maternal vaccination on the National Immunisation Program (NIP). This booster is a breakthrough in saving lives, reducing the risk of babies catching whooping cough by 91%," Ms McCaffery said.

"While different states and territories have programs, we have seen programs start and stop over the years, and sadly babies have died as a result. The addition of this maternal booster to the NIP provides one consistent and sustained program that can't be taken away. This means that that all families across Australia will be given the same free access to this booster to protect their newborn babies."

If a pregnant woman has the booster in her third trimester, this booster will protect her from whooping cough and she will pass on antibodies via her placenta to her newborn. This means her baby will be born with some protection. Maternal vaccination effectively brings their babies' first booster forward.

Ms McCaffery cautions though that just as important as the booster is consistent communication.

"We can't stress enough how important it is for GPs, obstetricians and midwives to be proactive and inform every pregnant woman that this vaccine is available. Just like women are told they should take folic acid, check their rubella status and have a Swine Flu vaccination, we want every woman to know she needs to have a whooping cough booster in the third trimester of every pregnancy." dr.

Helping members

AMA (NSW) works in a number of ways to assist members with issues that impact their ability to provide top quality care to their patients.

AMA (NSW) was recently contacted by two GPs who were having difficulty obtaining parking permits to continue much needed home visits to patients in Redfern.

Dr Marie Healy and Dr Adrian Jones provide invaluable primary care to disadvantaged patients who otherwise would not have access to a doctor. This includes patients who have mobility issues, are elderly and frail, or simply too unwell to come to the surgery.

Dr Healy noted in her correspondence with the City of Sydney, "Home visits are not easy, which is why few doctors offer them. They are not profitable, even less so when bulk billed. They can be dangerous, and I have been threatened during home visits in Redfern. They are inconvenient, especially when it is raining, or the patient is very slow, and they are clinically challenging as you do not have an examination couch, good lighting, or nursing assistance."

Despite this, Dr Healy and Dr Jones feel compelled to continue home visits.

"Many people we see do not get routine medical care without our visits. Home visits are vital for keeping the most vulnerable patients out of hospital and coping in their homes, not to mention the times we have saved lives by providing urgent visits."

After a long campaign, which involved a significant amount of correspondence, and a petition signed by patients, Dr Healy and Dr Jones were granted residential parking permits. However, these parking permits were to expire 1 September 2016 and attempts to renew the permits had not been successful.

Dr Healy told the City of Sydney, "I have researched all the alternatives to using my own car but there are no viable options ... Home visits are costly as it is, and so expensive private parking is out of the question. Car sharing services are inappropriate given the unpredictable and sometimes urgent nature of home visits. Being driven around home visits by the local neighbourhood centre worker (a "solution" that was recommended by council in 2011) is too ridiculous to contemplate."

AMA (NSW) President Prof Brad Frankum contacted the City of Sydney directly in support of these doctors.

Shortly after, AMA (NSW) was pleased to hear that common sense prevailed, and the City of Sydney granted both Dr Healy and Dr Jones parking permits. AMA (NSW) would like to applaud the efforts of these doctors and their care for patients. dr.

Doctors' **cycling team**

AMA (NSW) would like to support the Amy Gillett Foundation in its bid to make bike riding safer.

The Amy Gillett Foundation is strongly focused on its safety campaigns 'A Metre Matters' and 'It's a two-way street'.

Research from the Amy Gillett Foundation indicates that the primary reason people don't cycle is because of safety fears. By promoting greater safety, we can in turn encourage people to use their bicycle more often.

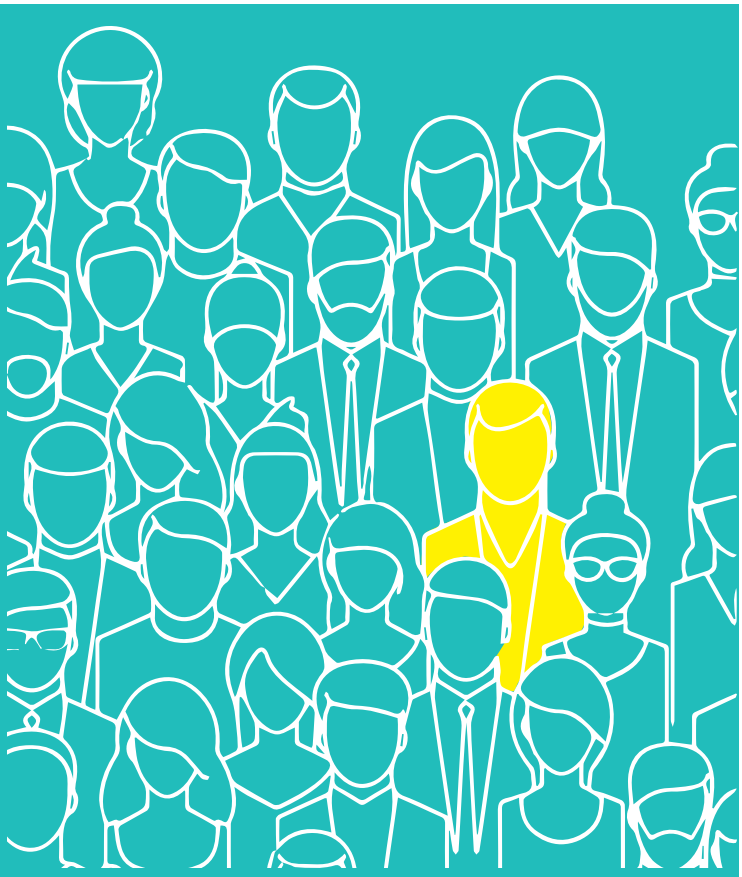
Greater physical activity aligns with the AMA (NSW)'s campaign on obesity. One of the key policy areas that the AMA (NSW) is calling on the NSW Government to address in relation to this health issue is enhanced infrastructure to support bicycling and enhanced traffic safety.

In a bid to provide further support to the Amy Gillett Foundation, AMA (NSW) would like to sponsor a team of doctors to participate in the Wiggle Amy's Gran Fondo cycling event, which takes place September 2017 on the Great Ocean Road.

If you're interested in joining the AMA (NSW) peloton, please contact Andrea Cornish on andrea.cornish@amansw.com.au or (02) 9902 8118.

STAND OUT from the crowd

Careers Service meets with medical students; specialty training guide now available.



SINCE LAST edition, the Careers Service has been taking part in a new AMA (NSW)/ASMOF (NSW) Alliance initiative – Clinical School Lunches at universities and hospitals across NSW. The objective of this three-month program is to engage with final year medical students as they step out of med school and into their internship placements. Each lunch gives this group of soon-to-be-doctors the opportunity to get advice from doctors who have recently completed their time as an intern. During the lunches, Anita Fletcher introduced the Careers Service, ASMOF representatives outlined particular industrial areas to be aware of as they enter the workforce, and our team provided information about the many benefits of membership.

While this is happening, we continue to deliver assistance to members as and when they need it. Remember you can make a booking online at http://www.amansw.com.au/member-benefits/careers-service. Tell us how we can assist you and select your best time for a phone or in-person meeting.

Last week, our Federal colleagues launched the Specialist Training Pathways Guide.

With over 64 different medical specialties to choose from in Australia, making the decision to specialise can seem daunting. AMA members now have access to a new resource – one designed to assist in making decisions about which specialty pathway to follow. We know that concerns about length of training, cost of training and work-life balance are important factors in making these decisions, and information on the new site will help here too.

The Federal AMA has developed a comprehensive guide to the specialties and sub-specialities which can be trained for in Australia.

The guide will be updated annually to reflect changes made by the Colleges and the 2017 update will be uploaded shortly.

The web-based guide allows AMA members to compare up to five specialty training options at one time. Information on the new website includes:

- College responsible for the training;
- An overview of the specialty;
- Entry, application requirements and key dates for applications;
- Cost and duration of training;
- Number of positions nationally and the number of Fellows;
- Gender breakdown of trainees and Fellows. dr.

AMA (NSW) CAREERS SERVICE HAS UPDATED OUR BRANDING AND ADDED MORE OFFERINGS IN ORDER TO ASSIST OUR DOCTOR MEMBERS AS THEY MOVE THROUGH THEIR CAREERS.
PLEASE SEE MEMBER SERVICES ON PAGE 36.

Careers Service

NEW AMA (NSW) COUNCILLORS

AMA (NSW) would like to welcome five new members to its Council. The positions were created following the Annual General Meeting held in May in an effort to improve diversity and representation of Council.

DR KATH BROWNING CARMO

DR KATHRYN BROWNING CARMO is a neonatologist at the Children's Hospital Westmead and has served as a senior staff specialist retrieval consultant with the Newborn and Paediatric Emergency Service NSW (NETS) since 2008.

Her role in caring for the most vulnerable of our society – critically ill and injured newborns, infants and children, has given Dr Browning Carmo an understanding of both the strengths and the difficulties of providing healthcare in Australia. She is a passionate advocate for improving health outcomes, particularly for children.

Born in rural Australia herself, Dr Browning Carmo is acutely aware of the inequity of rural healthcare, and her work with NETS has deepened this understanding.

Dr Browning Carmo joined the Council to give a voice to neonatal and paediatric patients throughout NSW but particularly to families living in rural Australia.

"Being from Coolamon, I understand the tyranny of distance when a child is unwell in the outback. When infants and children are sick, time is often critical and we need to establish better ways of delivering time efficient medical care to all Australians including those in country areas."

As Dr Browning Carmo noted, "We are one of the wealthiest countries on earth and yet we have rural Australians who are still living in third world conditions without expedient access to tertiary and quarternary healthcare."

DR ELIZABETH MARLES

DR ELIZABETH MARLES is currently working for Hornsby Hospital as a staff specialist in General Practice, where she is the Director of the Hornsby-Brooklyn GP Unit. In her work at the Unit, Dr Marles is a GP Supervisor with GP Synergy, and has established an Aboriginal health clinic as well as integrated care clinics with the hospital in diabetes and physical care of mental health patients.

She is currently partnering with the paediatrics department of Hornsby Hospital to deliver Hornsby Healthy Kids – a childhood obesity clinic.

A former RACGP President and NSW and ACT Faculty Chair, Dr Marles frequently worked alongside AMA (NSW), in what has been a positive, collaborative relationship.

"AMA (NSW) has been an incredibly effective organisation with the ear of politicians and the general public alike. Sustainability of our profession is essential to providing Australians with the top quality efficient healthcare they expect, but it is not something we can take for granted. With general practice at the crossroads, it is an important time for us to work together finding common ground wherever possible. I am really looking forward to contributing to the debate as a member of AMA (NSW) Council."

Dr Marles was awarded the RACGP NSW General Practice of the Year in 2015.

DR KATE PORGES

DR KATE PORGES is an emergency physician, working clinically in the emergency departments of the Central Coast LHD (Gosford and Wyong), as well as the Area Director of Emergency Services for Central Coast LHD.

She was an elected NSW representative on the Federal Council for the Australasian College for Emergency Medicine (ACEM) from 2009 to 2013.

Whilst on ACEM Council, Dr Porges chaired the ACEM Private Practice Committee, and sat on the ACEM Overseas Credentialing Committee, and the ACEM Public Health Committee. Her work on the Public Health Committee led to an increased role of the ACEM in the last drinks campaign, and studies of the prevalence of alcohol-related presentations to Australasian hospitals.

Dr Porges spent five years on the NSW Ministerial Emergency Care Taskforce, which was pivotal in setting up the current Emergency Care Institute (ECI), improving the quality and consistency of emergency care given to patients across NSW.

"I believe the AMA, at both a State and Federal level, plays a pivotal role in advocating for best quality patient care, and supporting those medical staff providing that care. Its ability to lobby in an array of political and community arenas gives it unique opportunities to create positive change in a way no other organisation can."

DR ASHISH JIWANE

DR ASHISH JIWANE has worked as a paediatric surgeon/urologist at Sydney Children's Hospital Network, Randwick since 2010.

He is presently the head of paediatric urology at SCHN and also works as a visiting medical officer at Campbelltown Hospital.

Dr Jiwane was prompted to join AMA (NSW) after witnessing the AMA's role in mediation during the crisis in paediatric surgery last year.

"I was very impressed by the AMA's support and involvement," he said.

After years of failed communications with health administration, the surgeons – supported by AMA (NSW) and ASMOF (NSW) – put forward their case to the NSW Government in an open letter just prior to the NSW election.

Health Minister Jillian Skinner responded promptly with a commitment to employ five new paediatric general surgeons.

Dr Jiwane said the AMA's contribution and input during this conflict encouraged him to "to reach out and contribute to the work the AMA is doing."

Dr Jiwane's experience as an IMG also gives him a unique perspective on issues overseas doctors face when working in Australia.

DR DANIELLE MCMULLEN

DR DANIELLE MCMULLEN is a GP practicing in Sydney's inner west. She graduated from UNSW in 2010, completed a Diploma of Child Health, a Certificate in Reproductive and Sexual Health, and is a graduate of the Australian Institute of Company Directors.

Since her prevocational training across a number of rural and metropolitan hospitals, she has undertaken GP training in clinics in NSW and the NT.

She advocates passionately on behalf of doctors in training and has been chair of the NSW DITC since 2014.

She is part of a number of GP and DIT committees both Federally and in NSW. Dr McMullen is currently serving as the Hon. Treasurer on the AMA (NSW) Board.

Dr McMullen's interest in advocacy for her fellow doctors' education and training as well as workforce planning are key motivators for her involvement in the AMA.

According to Dr McMullen, remaining relevant and valuable in the modern day is another challenge facing the profession.

"We will always need doctors, but it's a time of great change in medical practice, and we need to decide as a profession how we will adapt our models of care, use technology, and remain up to date to make sure we are delivering the best possible care to our patients while still enjoying the work we do and being adequately rewarded."

NSW HOSPITALS UNDER PRESSURE

2016 has been dominated by scandals, tragedies, and poor decision-making, which reveal a system under strain.

THE CRACKS are starting to show in the NSW health system.

The nitrous oxide mix up at Bankstown-Lidcombe Hospital combined with chemotherapy underdosing controversies are just two of the scandals that rocked the public's confidence in the state's health system.

A Fairfax poll shortly after those incidents revealed four in five people feared the health system wasn't safe.

At the time, AMA (NSW) President, Professor Brad Frankum told the media, "people are very concerned about the public health system, and they should be."

The systemic errors highlight the ongoing deficiencies that exist.

Despite a huge investment in hospital infrastructure and redevelopment, many hospitals across the State are struggling to meet increasing demand.

The latest figures from the Bureau of Health Information (BHI) indicate the system is under pressure. The report shows there have never been more patients admitted to hospital in a quarter, and emergency department presentations are at the highest level of any previous April to June quarter.

Year on year, these figures have increased. Since the BHI started recording data five years ago, NSW hospitals have seen a substantial increase – 130,000 extra patients in the first quarter of 2016, compared to the same time in 2011.

Despite the best efforts of staff, measures against performance targets like the four-hour rule in emergency departments continue to stagnate.

There are simply no more efficiencies to be found in the system, and hospital staff are just managing to hold the line.

Hospitals are not only seeing more patients, they are seeing sicker patients that require more complex treatment.

Approximately 81% of triage one patients and 59% of triage two patients needed admission to hospital in the first quarter of this year, and they are the two areas that had the biggest growth in numbers.

"We continue to see big jumps in the most urgent triage categories, while the proportion of lower urgency patients seen by NSW EDs continues to fall," Prof Frankum said.

"The more complex care required for these sicker and more gravely injured patients takes time and requires the resources of our biggest hospitals – and when you look at the performance of our largest hospitals, most of them trail the state average."

As a result, the average figures really hide the realities of much longer waits faced by thousands of our sickest patients who need the care that only larger hospitals can provide.

Given this perilous position, many health professionals are questioning how the system will cope once the State goes over the fiscal funding cliff come July 2017.

"Public hospital funding must remain a priority if hospitals are going to keep up with demand," Prof Frankum said. "We are at a critical juncture, and we need to focus on properly resourcing our health system.

"Patients will face longer waiting times and poorer health outcomes unless the Government commits to appropriately funding our public hospital systems now and into the future."

The Federal Government pushes the narrative that health spending is out of control. But the facts don't support this.

Research from the Australian Institute of Health and Welfare (AIHW) reveals that growth in Australia's spending on health remains slow.

The AIHW report, Health expenditure Australia 2014–15, (released in 2016) shows that $161.6 billion was spent on health goods and services in 2014–15. While this was $4.4 billion (2.8%) higher in real terms than in the previous year, it is the third consecutive year that growth was below the 10-year average of 4.6%.

AIHW figures also show that health inflation was less than general inflation by 0.77 from 2003/04 to 2013/14.

To put it in perspective – the 10-year average for health spending by the Federal Government is 9.12% of the GDP and Australia is below the OECD average on this benchmark.

Appropriate funding of hospitals is critical to performance of our health system, as is adequate resourcing and management. Without these components, tragic mistakes are inevitable as hospital staff are pushed to the limits of ability.

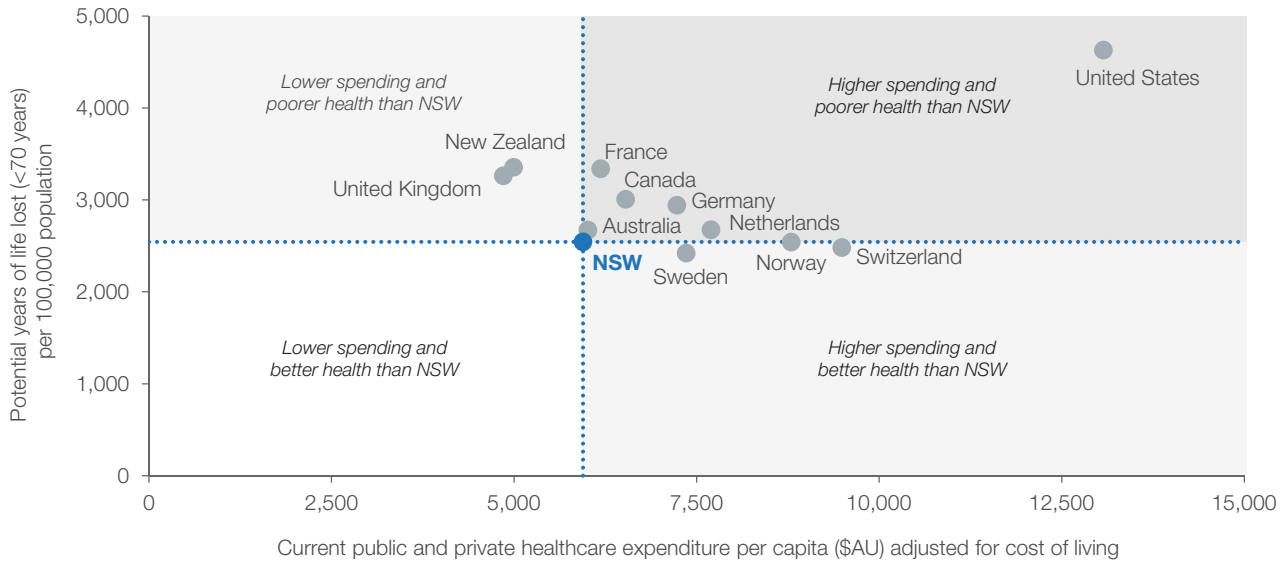
Comments from the field

"Working in general practice in South West Sydney the difficulties of getting serious but low acuity patients being seen through OPD is mind boggling.

"There is no clear pathway to get in to some of the more specialised clinics without the patient having been seen in that hospital already. Sometimes what ends up needing to happen is for the patient to be sent to ED so that the inpatient team will see them and then they can have appropriate follow up through OPD.

"For many of the families (where the patient is a child) and individuals this is a costly, time-wasting process. Some of the services need hospital clinic management rather than community specialists. And if the patient cannot wait for any reason (family, mental health, work) then they often return to general practice and we are left with the same issue."

Figure 4.1 Total current public and private health spending per person adjusted for cost of living, by potential years of life lost, NSW and comparator countries, 2013 (or nearest year)



Sources: OECD, Health Statistics 2015. ABS, Cause of Death 2013 (customised request). AIHW, Health expenditures 2013–14 (customised request).

ADEQUATE RESOURCING

Despite a huge investment in hospital infrastructure and redevelopment, many hospitals across the State are inadequately staffed and unable to meet increasing demands.

Wagga Wagga Rural Referral Hospital and Bega's South East Regional Hospital are two examples.

In February 2016, Wagga Wagga Base Hospital (WWBH) morphed into the new Wagga Wagga Rural Referral Hospital (WWRRH). The new hospital is a $280 million facility that the region has been eagerly anticipating for well over 50 years. The building itself is quite architecturally stunning, with its river mosaic tile exterior and eye-catching views from the upper floors of the surrounding countryside.

However, within a month of opening, the previous WWBH problems with bed block have recurred. Doctors report that the 'house full' sign was seen fairly early after the hospital's redevelopment and has occurred frequently in the first six months.

This has impacted significantly on the ability to transfer patients from outlying facilities in a timely manner and on elective surgery, with entire lists and many individual patients being cancelled at short notice.

This has exposed, somewhat earlier than expected, the warned about capacity issues of the new WWRRH. Surprisingly, this has not resulted in more than five of the eight operating theatres being regularly, fully staffed, nor the two, as yet unopened, interventional suites being commissioned. (The most recent advice from MLHD is that, with the change of radiology provider, the first angio suite will open in December 2016. However, staff report that in November there was still a lot of equipment uninstalled in boxes).

The innovative solution has been to pay local nearby private facilities for theatre time to accommodate cases that were not able to be done at WWRRH.

According to doctors, other mechanisms of surgical waiting list control have included:

- needing to transfer patients from the WWRRH to facilities in other towns, often under the care of different doctors
- returning patient's Recommendation For Admission (RFA) forms with letters indicating that the WWRRH Booking Office could no longer guarantee admitting them within the time recommended on the RFA, and suggesting the patient either make a new appointment with the same VMO to again plan their admission or make an appointment with their GP to get a referral to a new VMO for that procedure

According to doctors, WWRRH Administration have been keen to try and explain the above as merely "teething problems" while the facility has been "transitioning to new models of care" during a "busy winter".

The latter was regularly a cause of 'bed block in the old WWBH, so it is disconcerting that the new facility has not been able to overcome that impediment.

THE SOUTH EAST REGIONAL HOSPITAL in Bega is also an impressive piece of infrastructure. However, it lacks many critical services that a base hospital needs.

AMA (NSW) President, Prof Brad Frankum said, "when the hospital came online, it wasn't adequately resourced in terms of staff for a facility of its size."

Medical staff are being asked to do too much with too little.

"A base hospital workload cannot

be expected to be performed by a rural hospital-sized medical staff," Prof Frankum said. "Trying to run it as a base hospital with the staffing levels of a rural one will not provide the health services that Bega needs."

President of the Rural Doctors' Association, Dr Emma Cunningham, said, "Strangely, while the hospital has local doctors it can call on, management often ships in temporary locums from Canberra and Sydney.

"Meanwhile, when it does utilise local doctors, it does not provide them with the support they would receive at a base hospital-sized facility."

AMA (NSW) has been advocating for the hospital to employ the right number of doctors, with the right training and the right support to ensure a stable workforce.

"Just having a new, larger hospital is not enough," Prof Frankum said. "You need to staff it appropriately and you need to ensure that it has the facilities to provide the additional services of a base hospital.

"Without that, it's just a bigger building."

PPP – SIZE MATTERS

In September, the Baird Government announced it is inviting expressions of interest from private healthcare operators to run and redevelop five regional hospitals across NSW.

Using the same model that is currently in place for the Northern Beaches Hospital, the State Government is seeking to implement Public Private Partnerships (PPPs) for Bowral, Maitland, Shellharbour and Wyong. (The State also proposed a PPP hospital for Goulburn, however the plan has already been scrapped due to local opposition.) More than $1 billion was committed in the last State election to upgrade the regional facilities.

Health Minister Jillian Skinner stated that the government is pursuing PPPs as it allows for the creation of larger, more advanced hospitals, with extra services for these communities.

Current permanent staff would be offered two-year guaranteed contracts, if their equivalent position exists within the new structure. Those who leave will be offered a guarantee of two years' employment in the public system.

There are several concerns with the privatisation of public hospitals.

Two decades ago, NSW first trialled a private operation model with the Port Macquarie Base Hospital, which it ended up buying back.

At the Northern Beaches Hospital, which is scheduled to open in 2018, the State Government will pay Healthscope to treat public patients alongside private patients.

While Labor's Shadow Minister for Health, Walt Secord suggests that we could see the creation of a two-tier health system in NSW, Minister Skinner insists public patients would continue to receive free quality care.

The socio-economic demographic of Sydney's Northern Beaches, however, is quite different than the regional areas now under consideration for PPP hospitals.

Regardless of how Maitland Hospital is funded, there are additional concerns that current plans are not in line with the community's growth trajectory.

According to Prof Frankum, "Doctors at the hospital have been alarmed for some time about the way the Government has approached the redevelopment. They know they need a bigger facility than is currently planned to cope with the growing and ageing population."

Maitland hospital supports nine other hospitals, including Kurri Kurri, Scone, Muswellbrook, Cessnock, and Singleton.

Despite concerns with these models, and particular concerns for the Maitland Hospital, AMA (NSW) is realistic that these regions need better hospitals – and these funding arrangements may expedite the process of getting satisfactory healthcare facilities in place. dr.

Catastrophic error is a reminder to all

THE DEATH of a newborn baby and suspected brain damage of another as a result of the gas mix up at Bankstown-Lidcombe Hospital is a tragic reminder of what happens when corners are cut.

No parent should lose a child under such preventable circumstances, and the NSW Health Report, which was released late August following the incidents at the hospital, made recommendations to safeguard against this error happening again.

The report found that there were failings in the installation of the piping by BOC Ltd, and that the commissioning and testing process was flawed. The combination of the two errors led to the death of one newborn and brain impairment of the other.

The report recommended the South Western Sydney Local Health District, to which the hospital belongs, be put on performance watch.

Dr Fred Betros, Chair of the AMA's Hospital Practice Committee said the tragic error served as a reminder to all who work in hospitals to speak up if they have concerns or are not sure if a process has been followed. He said the case also highlights the importance of having resources to invest in back of hospital services, such as engineering, maintenance and safety services. Dr Betros said that in difficult financial circumstances, hospitals were often forced to prioritise clinical staff over back of hospital staff. However, Dr Betros said that back of hospital staff are vital to ensure doctors, nurses and allied health staff can perform their roles. dr.

Putting **newborns** and **children** at risk

A recent recommendation by NSW Ambulance to move to a single pilot operation is an unacceptable risk to safety for NETS staff and patients.

NSW Ambulance is replacing NETS current two-pilot system with a single pilot operation – a move which experts say will endanger staff and critically ill patients.

NETS transports babies and children who are critically ill and injured with a specialist neonatal and paediatric team who safely transport these sick or injured infants/children between hospitals using road, fixed and rotary wing vehicles. NETS is not a dedicated helicopter service – NETS chooses the vehicle based on the child's needs first and foremost.

Pre-hospital specialists move children from the home or roadside to the nearest hospital. Should the infant or child's needs overwhelm the rural, regional or metropolitan hospitals, NETS Specialists provide intensive care stabilisation and expert escort to the tertiary or quaternary specialist neonatal or paediatric facility.

The Neonatal Paediatric Emergency Transport Service NSW (NETS) has used a dual pilot operation, without incident, since NETS began flying infants and children in 1989.

According to NETS State Director Andrew Berry, the dual pilot mode offers 'airline' standard pilot redundancy and Crew Resource Management.

"It was particularly important to NETS because of the typically long distance and long duration nature of NETS' missions. Such missions, which test the boundaries of what a helicopter can do, require careful and complete planning – something much safer and more efficient with two pilots working together than one alone."

NETS currently uses helicopters provided by CareFlight, however from 2017 this mode of transport will be contracted to Toll Logistics.

At present, Careflight offers two dedicated NETS helicopters manned by two pilots, however the Toll contract will drop this to one helicopter available to NETS manned by one pilot and a winching paramedic. A winching paramedic is not required during the inter-facility transport of critically ill and injured infants and children.

According to AMA (NSW)'s Hospital Practice Committee member, Dr Kath Browning Carmo, there are proven safety advantages to having two pilots – a system that is used by most services around the world.

"This disregards NETS' needs as an Interfacility service that often flies longer distances that require more planning and pilot input to the flight," she said.

"Health is funding this helicopter which is an advanced machine – an AW139 that is recommended as a two pilot operation and this is largely adhered to in the USA and in Europe. The manufacturers recommend the AW139 is operated by two pilots. When you compare flying hours, NETS does over half the helicopter work in NSW however it is being reduced to a third of the resources. We will have access to a helicopter following consultation with adult ambulance approval and if the helicopter is deemed available."

To manage this loss of pilot, NETS' highly skilled neonatal and paediatric staff will not only be responsible for the critically ill infant/child, they will also be expected to function as crew and manage aviation responsibilities. All staff on a helicopter are responsible for safety, however previously NETS staff focused on the infant/child and were deemed "medical passengers". Now they are expected to train further to be able to function as "medical crew".

"This puts at risk the safety of NETS staff and also the critically sick and injured infants and children that are moved around the state on up to 500 flights per year," Dr Kath Browning Carmo said.

The AMA (NSW)'s Hospital Practice Committee will be writing a letter to NSW Ambulance in support of retaining the two pilot system. dr.

This year's Charitable Foundation Gala Dinner raised funds in support of Soldier On, an organisation whose aim is to assist Australians who have served in the Australian Defence Force and their families.

CHARITABLE FOUNDATION

Gala Dinner 2016

THE AMA (NSW) Charitable Foundation has a long tradition of supporting worthy organisations – a tradition that was enhanced at the 2016 Gala Dinner event.

The AMA established the Foundation back in 1995 with an aim to harness the goodwill and charitable spirit of the medical profession, in order to provide funding for projects that promote health and well-being.

The Foundation has a commitment to addressing the physical, social and emotional needs of all Australians, particularly those disadvantaged in our community.

The response of AMA members and our supporters has been so generous that we have raised over a million dollars for deserving charities.

This year, the Foundation raised $25,000 in support of Soldier On.

Soldier On was founded by John Bale following the death of his friend, Lieutenant Michael Fussell, who was killed in an IED blast in Afghanistan.

After hearing the news, Mr Bale looked for a way to support the other soldiers who survived the blast.

He quickly realised that there was no easy or accessible way for members of the Defence forces, or the public, to show their support for those wounded in battle.

Sensing great need, Mr Bale started Soldier On in 2012 to connect men and women from the Defence forces to the wider public. The aim was to assist these brave sailors, soldiers, airmen and airwomen to reintegrate in Australian society and lead fulfilling and successful lives. To achieve this, Soldier On supports those who have served by focusing on their physical and mental health, their family, their community and their future.

72,000 Australians have served in the Australian Defence Force since 1990, and thousands will be affected by their service, be it physically or psychologically.

PHOTOGRAPHY BY MATT NORRIS

Soldier On provides a suite of services and access to partner organisations to meet the needs of our wounded so that they can start their journey on their road to recovery.

Soldier On supports anyone who has served Australia and their families. This includes those who have served as part of the Army, Navy, Air Force, the Department of Foreign Affairs and Trade, the Australian Federal Police, and the Department of Immigration and Border Protection, which includes Australian Border Force.

In its first year, Soldier On assisted 200 veterans in three states, with one centre established in Adelaide. Last year, the organisation assisted 500 veterans a month and established two new centres in Canberra and Sydney. They have helped thousands more in 2016 and are establishing centres in Melbourne, Perth, Currumbin and many more locations across Australia.

The AMA (NSW) Charitable Foundation was proud to welcome to the Gala Dinner, clinical psychologist Shane Greentree, who represented the organisation.

The Foundation was also excited to welcome The Honourable Dr Brendan Nelson, Patron of Soldier On, to this year's event.

Dr Nelson is one of the AMA's most distinguished members – having served as the Tasmanian State AMA President in 1990 and then rising to the post of Federal AMA President in 1993. At age 35, he was the youngest person ever to hold this position. During his time as Federal President he campaigned on a wide range of social policy issues. He was a strong voice for Aboriginal health, immunisation, unemployed health, the environment, tobacco sponsorship, and so much more.

In 1995, Dr Nelson received AMA's highest honour, the Gold Medal for "Distinguished Service to Medicine and Humanity".

That accolade, of course, is one of many he achieved in his career – most recently, he was appointed an Officer of the Order of Australian in January 2016 for his services to the community, the parliament of Australia, diplomacy and cultural leadership.

The appointment reflects his years that followed on from AMA leadership. Dr Nelson, was elected to the Federal Parliament of Australia in 1996, and after the 2001 election, he was promoted from parliamentary secretary to the Minister for Defence to Cabinet in the senior portfolio of Minister for Education, Science and Training.

In 2007, he was elected leader of the Liberal Party of Australia, serving as Leader of the Opposition until September 2008. The following year he retired from Federal politics before taking up his ambassadorial appointment.

His most recent post as Director of the Australian War Memorial commenced in 2012.

PHOTOGRAPHY BY MATT NORRIS

PRESIDENT'S AWARD

Another highlight of the Gala Dinner is the presentation of the President's Award.

This year, the award was presented to Professor Brian Owler, in recognition of his tireless and dedicated service to the medical profession.

Prof Owler has been an active member of the AMA for over two decades. His interest in medical politics started early, having been elected to the AMA (NSW) Council as a medical student representative in 1994.

Since then, Prof Owler has held many positions within the organisation, rising to position of President of AMA (NSW) in 2012 and then moving on to the top of the organisation – most recently serving as President of Federal AMA from 2014 to 2016.

Prof Owler's Federal Presidency coincided with one of the most turbulent periods in health policy that the profession has faced to date. Less than two weeks before Prof Owler's election, the Federal Government delivered its 2014 Budget and its ill-fated co-payment strategy. The course for the next two years was set. Under Prof Owler's excellent leadership, the AMA stood down not one, but two co-payment plans. Prof Owler also devoted his time to challenging the Government on the Medicare freeze and the shortfall in public hospital funding. The last two years have been marked by short-sighted health policy, but Prof Owler's perseverance in the face of these threats has been nothing short of inspirational.

"Prof Owler's Federal Presidency coincided with one of the most turbulent periods in health policy that the profession has faced to date."

In addition to his tireless efforts to thwart poor political decision-making, Prof Owler has been a courageous voice on numerous public health advocacy issues. Prof Owler made Indigenous health a priority in his term as President, advocating for better health outcomes for Australia's Indigenous people.

He has also been an outspoken leader on the humane and fair health treatment of asylum seekers. He called for independent oversight of that care, and argued that doctors, nurses, psychologists and all others should be free to speak out about poor care without fear of legal threat.

These achievements really just represent the very tip of the iceberg. For some, Prof Owler is most memorable for the impact he made as President of AMA (NSW). In addition to being the face of the road safety campaign 'Don't Rush', Prof Owler played an instrumental role in creating legislative change around pool safety, preventing children from falling from windows, and alcohol-related violence. He also advanced regional workforce issues through the AMA (NSW) Regional Specialist Workforce Forum and together with Federal AMA, successfully lobbied to 'Scrap the Cap'.

And in between the endless meetings, roundtable discussions, forums, interviews with broadcast and print media, and door-stop announcements, Prof Owler has remained one of the leading neurosurgeons in the country, running his own private practice, as well as working as a consultant neurosurgeon at the Children's Hospital at Westmead, the Sydney Adventist Hospital, Norwest Private Hospital, Macquarie University Private Hospital and Westmead Private Hospital.

He is a leader in his field and a leader of our generation. dr.

WE WOULD LIKE TO THANK THE FOLLOWING PEOPLE AND ORGANISATIONS WHO GENEROUSLY DONATED TO THE AMA (NSW) CHARITABLE FOUNDATION GALA DINNER 2016

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- Crowne Plaza Terrigal
- Australian Museum
- Sydney Living Museums
- Penrith Whitewater Rafting
- PGA Australia
- Lexus, Sydney City
- Strathfield Golf Club
- Taronga Zoo
- Featherdale Wildlife Park
- AuscellarDoor
- Reidel
- Pandora
- Lindt & Sprungli

Special thanks

AMA (NSW) would especially like to thank auctioneer Michael Melani, for his services as auctioneer. Mr Melani is a hands-on leader with more than 30 years' experience in the real estate industry.

We would also like to thank Lost Bear Gallery, 98 Lurline Street, Katoomba, 02 4782 1220 www.lostbeargallery.com.au

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PROFESSIONAL SERVICES

AMA (NSW) has enhanced its Medico-Legal assistance to improve services and better reflect the needs of our members. Our team provides advice and assistance on the medico-legal issues that matter most to you.

CAN YOU TELL US ABOUT YOUR BACKGROUND?

Originally from Adelaide, I moved to Sydney about 20 years ago to start uni and paid my way by working in aged and community care, before transitioning to workplace relations. Professionally, I'm a workplace relations lawyer, but I am passionate about the more practical aspects of people management – including communicating, using and improving how the legal framework interacts with "softer" and more practical work and management practices. Most recently, I spent the last 10 years in a specialist workplace relations firm, where my client base was predominantly in the health and aged care sectors.

WHAT ARE YOU HOPING TO ACCOMPLISH AT THE AMA?

My focus will be on streamlining the way we deliver professional services to doctors throughout the State and making sure the services we provide are practical and proactive. My initial feeling is that there's a lot we can do to make it easier for members to seek professional assistance from us, including information, tools and professional development training. Of course, with my background, a high priority will be on finding ways to take the angst out of people management, industrial relations and workplace disputes. But my initial priority will be reviewing what members actually need and want from us most, so we can help by removing stressors from their professional lives.

WHAT HAS BEEN THE MOST SIGNIFICANT CASE YOU HAVE WORKED ON?

That's a very tricky question because every case is important in its own way, and sometimes the human impact on one or two individuals is immeasurable, even if the financial impact or legal significance is low. For example, some of the things I'm most proud of include helping a very senior executive in a high pressure, masculine industry to work through a period of serious mental illness in a way which limited his exposure to immediate performance management or long term professional/reputational consequences. I'm also very proud of the work I have done in enterprise bargaining in the aged care sector, helping educate and encourage providers away from a "bargaining for the sake of bargaining" mindset, towards a greater focus on interest-based negotiations and outcomes.

WHAT ISSUES DO YOU SEE GAINING IMPORTANCE IN 2017?

Over the last few years, there's been a huge legislative and policy focus on healthy and productive workplaces, including issues such as mental health, ageing workforce, bullying, domestic violence, diversity, flexibility and workplace rights. In 2017, these issues will continue to present significant challenges and opportunities for doctors, both clinically and in their own workplaces. Most of the legal reforms in the space have already happened (although there's always room for more tinkering around the edges!). However, as awareness and expectations grow across the healthcare workforce, I expect the recent reforms will really start to "settle in", triggering significant practical flow on impacts for everyone. dr.

PS. HELP US HELP YOU!

The new AMA (NSW) Professional Services team is looking for your input about how we can improve member services relating to professional development, practice management and workplace relations.

In particular, we value your thoughts about:

- **the types of professional support you need and value most from the AMA (NSW)**
- **how you like to access the support and resources offered by AMA (NSW) (eg, phone, email, online, etc)**
- **any services offered or available from other providers or organisations that you or other members currently access (or would like to access)**
- **opportunities for local or regional collaboration aimed at helping you with your workplace relations and professional development needs.**

Our aim is to develop a strategic plan for 2017, which focusses on providing high quality service in core areas of need for members, and makes it easier for members to access our services more efficiently.

HOW YOU CAN PROVIDE INPUT

- **During November and December, our team will be visiting a number of metro and regional locations to meet, greet and consult with members - watch out for further information about an event near you, then come along and vent your spleen!**
- **At the same time, we'll be conducting free member workshops on private practice contracts – these will be a great opportunity not only to learn more about using contracts and our current templates, but also to provide feedback about how we can improve our templates and contract services.**
- **An online member survey will be deployed towards the end of the year, so you can mull over your thoughts and provide extra feedback over the reflective Christmas/New Year period.**
- **Send us an email at any time, whether with a specific enquiry or suggestions about our services!**

KEY CHANGES SO FAR

- **Team renamed 'professional services team' reflecting a shift in focus in favour of practical professional support and practice management, including improved workplace relations support**
- **A greater focus on providing non-legal solutions in the first instance, and referring medico-legal risk matters to more specialised expert advisors who are better positioned to provide the services members need (including MDOs and external legal providers).**

WHAT HASN'T CHANGED

You can still call us for professional help during business hours – and we'll aim to respond to all calls within 24 hours. If your inquiry is particularly urgent, tell us why, so we can prioritise it appropriately. If a different provider may be better placed to assist you, we'll also discuss that with you.

We still provide templates, fee guides and a range of other information/ support tools to members free of charge, as well as offering a range of more specialised support packages for sale at subsidised rates.

Subject to conflict checks and team capacity, we still offer case management and consulting to help you work through sticky situations. In appropriate cases, free legal services can be approved by the Director. dr.

New agreement for GP registrars

THE NEW agreement for GP registrars has been reached – just in time for registrars and practices to negotiate their employment arrangements for 2017.

General Practice Registrars Australia (GPRA) and General Practice Supervisors Australia (GPSA) reached agreement on the 2017 National Terms and Conditions for the Employment of Registrars in October – three months earlier than the previous agreement.

The new agreement continues to cover GP registrars undertaking Australian GP Training in all general practice terms of training, and has been brokered with the assistance of the AMA. dr.

Emblem misuse

NOTHING says 'medical help' quite like the internationally recognised Red Cross emblem. But don't be tempted to use it for your medical practice's signage or advertising.

While commonly misused in the healthcare industry to signify first aid, emergency departments, or medical practices, the emblem is protected in Federal legislation under the Geneva Conventions Act 1957.

In times of armed conflict, the emblem affords protection to Red Cross workers, military medics and military religious personnel who are not participating in hostilities. Therefore it is important to protect the emblem, even in peace time, so that its special significance and meaning is not diluted. dr.

END OF YEAR PARTIES?

tips & tricks

EVERY YEAR we're warned about the risks of Christmas Parties, but there's always someone who throws caution to the wind, dances drunk on the tables, harasses a colleague or ends up with mysterious injuries they can't explain! While it can be entertaining to read stories about silly antics and drunken shenanigans after the event, we'd rather our members stayed safe, enjoyed the festive season (and its aftermath!) and didn't end up embroiled in legal claims at the end of it all. So here are our top 3 tips and tricks for this year.

If you're the boss, behave!

The end of year party isn't about you – it's about acknowledging your staff, their hard work and how they support you in a safe and relaxing environment. Don't make the mistake of going out harder than the rest: of course, you may need to let down your guard a little so everyone else can relax, but if something goes wrong you'll need to step up, so keep your wits about you.

Know yourself, and find a wingman

You're self-aware, right? You know when you're tired and emotional at the end of a busy year, and you know if you're a messy/affectionate/sleepy drunk… so plan for the things you'll regret and set up a back-up plan. If you're a drunken texter, turn off your phone (or better still, don't take it!). If you're not going to be able to get home, book somewhere to stay. And if you know you aren't quite so good at filtering your communications after a few shandies, word up a wingman (or wingwoman) who will be able to step in before you do or say something you regret.

Don't fish in your own pond

We're realists - workplace romance is a reality, and we all know end of year party hook ups that have ended well. But even if you really like that colleague of yours, Christmas Party night probably isn't the time to tell them for the first time – least of all if there's any chance your advances won't be welcome. If you think it's meant to be, ask them on a date: a non-work related setting is probably more appropriate if you want to test those waters. dr.

FRIDAY AFTERNOON SOLUTIONS

In this new column, we'll tackle those tricky problems that always seem to surface at the end of a busy week.

THE PROBLEM - A potentially 'at risk' pregnant teen with Chlamydia.

EVERY GP at some stage of his or her career will have one of those 'Friday afternoon before a long weekend' consultations. If it hasn't happened to you already, it will. It's a GP's rite of passage. You will know it when you see it, because the consultation will manifest as a tangled web of clinical and medico-legal issues, often concerning a minor and usually triggering concerns about mandatory reporting obligations. Sometimes there is the added bonus of a public health concern. This consultation had it all.

On this particular Friday afternoon, the GP was fully booked and seeing walk-in's. His next patient was a young woman of 15 who was around 15 weeks pregnant and positive for Chlamydia. She was accompanied by a male who looked to be in his 30s. To complicate matters further, on this day, the IT system was down. So even though this wasn't her first visit, it was difficult to establish a reliable patient history. The man who accompanied the patient claimed to be the father of the baby, and insisted on remaining with her throughout the consultation. It was unclear whether the mother wanted him to be there. She was vulnerable and scared, and habitually turned to him to validate her responses to the doctor.

This was tricky. It was a concerning consultation; this was potentially an 'at risk' mother and unborn child. In light of the positive Chlamydia test, also at risk were the previous sexual partners of the patient. The alleged father refused to be tested.

This is the exactly the type of scenario to happen on a busy Friday afternoon. So where do you start when a situation like this presents itself?

The NSW Child Wellbeing Unit

Changes in the legislation have thrown GPs a lifeline. The NSW Child Wellbeing Unit is a telephone support service staffed by child protection professionals who are proficient in the assessment and management of risk to children and young people.

The service can:

- Assist you to identify appropriate actions and referrals in response to your concerns;
- Give you relevant information held about past child protection related concerns;
- Provide guidance around how to raise your health safety and wellbeing concerns with parents.

What has changed?

The *Children and Young Persons (Care and Protection) Act 1988* (the Care Act) has been amended to allow all registered medical practitioners and general practice nurses access to the NSW Child Wellbeing Unit. The objective of this amendment is to bring certain private health professionals into the Care Act's information sharing and alternative reporting schemes. As a result of the amendment affecting 27A of the Care Act, all registered medical practitioners and general practice nurses can now consult with and report to the NSW Health Child Wellbeing Unit if they have concerns regarding the safety welfare or wellbeing of a child young person or unborn child. In doing so, they can meet their mandatory reporting obligations under the Care Act.

Can you disclose confidential information to the Unit?

You can call the NSW Health Child Wellbeing Unit when you need advice about the safety, wellbeing or welfare of a child, young person or unborn child and their family or when the outcome of completing the NSW Online Mandatory Reporter Guide directs you to do so.

All contacts with the NSW Health Child Wellbeing Unit are documented in a state-wide interagency database. Where required, the NSW Health Child Wellbeing Unit can report high risk matters to the Child Protection helpline on your behalf. Notwithstanding this, section 29 of the Care Act 29 provides protection to persons who make reports or provide cetain information. dr.

THE SOLUTION - Contact the NSW Health Child Wellbeing Unit on 1 300 480 420.

Close **competition**

Left: Spring Cup Winner Mr Gary North with Dr Robyn Napier. Above: Dr Ivan Cottom, Dr Dennis Sundin, Dr Michael Burke and Dr Rajiv Shah. Below: Ric Dent and Chris Fairbairn. wBottom: Professor Brian McCaughan and Dr Robyn Napier. Opposite page: Gary North, Reuben Jackson, Steve Neilsen and Stephen Haldane.

Challenging conditions made for some close scores at this year's annual Spring Cup competition, held at the popular Terrey Hills Golf Club.

THE AMA Golf Society Spring Cup was held at the very popular Terrey Hills Golf Club this year. A magnificent Spring day welcomed 32 golfers and the course was in immaculate condition, with the greens presenting a real challenge for the best of us.

The winner on a 'last six holes' count back with 37 points was Mr Gary North and runner-up Mr Hutch Ranck. To show how close the results were the next five players were on 36 points and again on an extended count back, Prof Brian McCaughan took out third place.

NTPs went to Mr Paul Betar and Dr Rajiv Shah. The entire field commented on the difficulty of the greens with some of the worst reading our members have experienced for a long while. The 2BBB was won by Dr Greg Crosland and Mr David Cocks. Runners-up were Mr Chris Fairbairn and Mr Ric Dent.

The Society's final event for the year will be the highly anticipated BMA Cup at

NSW Golf Club on Friday 2 December. The winner of the Albert and Mary Shepherd Trophy will be announced on the day. The winner of this trophy is the AMA member who has recorded the highest aggregate of scores at the previous year's BMA Cup and one of the other Cup events held during 2016.

The Committee is looking forward to welcoming all Society members to future events. Good golfing everyone.

SPECIAL NOTE: At the time of writing, the news has just come through that one of the all-time great golfers Mr Arnold Palmer had passed away aged 87. A quote from Jack Nicklaus sums it up for all of us, "I think he brought a lot more to the game than his game." Vale Mr Palmer.

For further information regarding AMA (NSW) Golf Society please email amagolf@amansw.com.au or Claudia Gillis 9439 8822.

A warm welcome to all of our **new members** this month

Get more from your membership today and utilise our medico-legal and industrial relations team for advice, our preferred partner advantages, member services and events throughout the year. To find out more phone our membership team on 02 9439 8822.

Dr Akshat Sehgal
Dr Alaa Said
Dr Amanda Thomas
Dr Amy Palmer
Dr Andrew Ung
Dr Andrew Xia
Dr Anil Nair
Dr Anna Symonds
Dr Asvini Nagarajah
Dr Ayisha Zaman
Dr Bernard Cook
Dr Bernd Schmid
Dr Catherine Sy
Dr Cathy McGuckin
Dr Charlotte Lawrence
Dr Charlotte Wyatt
Dr Cindy Garcia
Dr Con Retsas
Dr Damien Limberger
Dr Darko Pozder
Dr David Healey
Dr David Stewart
Dr Derek Chan
Dr Diane Xiao
Dr Dilara Begum
Dr Dimuthu Samaranayake
Dr Eleni Mayson
Dr Elizabeth Farrell
Dr Emma Wills
Dr Francis Reed
Dr Gabrielle Caswell
Dr Geekiyanage Yasarathna
Dr Grant Cave
Dr Guy Stanley
Dr Harvey Lee
Dr Iain Perkes
Dr Iain Rodger
Dr Jacman Yu
Dr Jacqueline Harbig
Dr James Marshall
Dr James Mau
Dr James Wheeler
Dr James Win Mya Maung
Dr Jarrad Lenegan
Dr Jennifer Ko
Dr John Hamilton
Dr John Smith
Dr Joshua Rajaratnam
Dr Kah Khiang Heah
Dr Kailanathan Ayngkaran
Dr Kanav Malhotra
Dr Kannan Bakthavatsalam
Dr Kate Howson
Dr Kiraati Patel
Dr Kirsten Patterson
Dr Linh Trinh
Dr Lisa Blackwell
Dr Mahesha Weerakoon
Dr Manuel Argueta
Dr Mark Horowitz
Dr Maryam Jay
Dr Melissa Renzenbrink
Dr Michael Hogden
Dr Michael Murphy
Dr Michel Genon
Dr Muhammad Mohsin
Dr Nadia Trustum
Dr Narthani Rasendran
Dr Natalie Snyman
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Dr Ralph Xiu-Gee Man
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Dr Riaz Pathai
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Dr Sally Quill
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Dr Sanjeev Baweja
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Dr Tarun Yadav
Dr Vineet Gorolay
Dr Wijeyasiri Liyana Aruna Wijewardena
Dr Yasser Diab
Dr Yinyin Leow
Dr Yufan Gu
Dr Zorik Avakian
Mr Daniel Dotta
Prof Geraldine Mac Carrick
Prof Leslie Burnett

CLASSIFIEDS

The AMA (NSW) offers condolences to family and friends of those AMA members who have recently passed away.

Prof Geoffrey Driscoll
Dr Jan Farrell
Dr Peter Lewin
Dr Con Reed
Dr Mary Blumer
Dr Romuald Starzecki
Dr Elizabeth Torrance

Put that in your **stocking**

It's time to renew your AMA membership for 2017. Renew and convert your subscription payment to monthly by **31 December 2016** and go into the draw to win a $500 Coles/Myer gift voucher!*

AMA NEW SOUTH WALES

To learn more about our member benefits call our friendly member services team on 02 9439 8822

ama.com.au/join-renew

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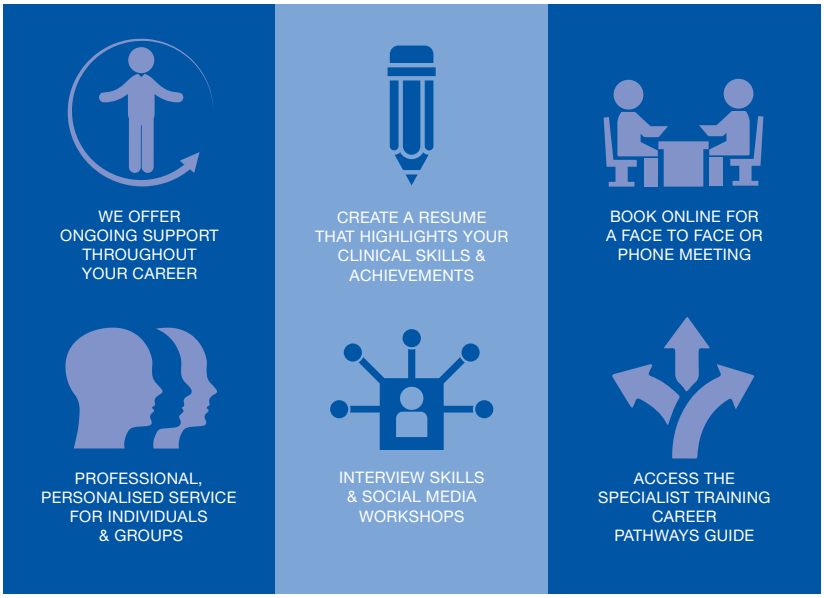

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Sydney City Lexus | Members can enjoy the benefits of the Lexus Corporate Programme, including Encore Privileges. An exclusive offer in conjunction with Qantas is available to AMA members - earn one Qantas Point for every dollar spent on a new vehicle purchase, only at Sydney City Lexus.

AVIS Budget

Avis Budget | Avis Budget is the official car rental partner for AMA (NSW) offering discounted rates. Contact AMA member services for the details.

BMW

BMW Corporate Programme | Members can enjoy the benefits of this Programme which includes complimentary scheduled servicing for 5 years/80,000 km, preferential pricing on selected vehicles and reduced dealer delivery charges.

Emirates

Emirates | Emirates offers AMA members great discounts on airfare around the world: 8% off Flex Plus fares or flex fares on Business and Economy. 5% off Saver fares on Business and Economy class. The partnership agreement between Emirates and Qantas allows codeshare. Travel with Emirates to experience world-class service and take advantage of their great offers to AMA members.

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Mercedes-Benz Corporate Programme | Members can enjoy the benefits of this Programme which includes complimentary scheduled servicing for up to 3 years/75,000 km, preferential pricing on selected vehicles and reduced dealer delivery charges. Also included is access to complimentary pick-up and drop-off, access to a loan vehicle during car servicing and up to 4 years of Mercedes-Benz Road Care nationwide. mercedes-benz.com.au/corporate

Virgin australia lounge

Virgin Australia – The Lounge | Significantly reduced rates with no joining fee and savings of $100 per year.

make it cheaper

Make It Cheaper | As the official energy partner of AMA (NSW), Make It Cheaper would like to run a free bill comparison for you. Their energy health-check compares your bill against the competitive rates they have negotiated with their panel of retailers. Call 02 8077 0196 or email amansw@makeitcheaper.com.au for a free quote.

AMA NEW SOUTH WALES

Call AMA (NSW) member services on 02 9439 8822 or email services@amansw.com.au. **Visit our websites** www.amansw.com.au or www.ama.com.au

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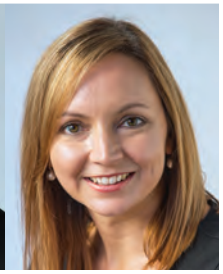

Catherine Parker
Client Service Manager

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