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BUILDING A BETTER SYSTEM

AMA (NSW) welcomes President, Dr Kean-Seng Lim, who argues an engaged and satisfied workforce is necessary to the success of any system change.

IT IS AN HONOUR to be given the opportunity to serve as the President of AMA (NSW), following the inspiring leadership of Prof Brad Frankum over the last two years. I congratulate Dr Tony Bartone as our Federal President. As the body representing all doctors, the AMA is in a unique position to influence and lead healthcare in Australia.

Complex systems have complex solutions and perhaps nowhere is this more evident than in health. When we consider the broader WHO definition of health being more than just the absence of disease but a state of biopsychosocial wellbeing, it is clear that solutions lie beyond the walls of the hospital or medical office. Issues such as obesity present a clear example of the need to consider the broader factors influencing health, such as urban design, regulation, fresh food availability, health literacy and postcode. Health problems are not just medical problems.

As a general practitioner, I am confronted by the gaps in the health system on a daily basis. We don't have a 'health system' so much as we have as a system of health silos, which leads to an inequitable distribution of resources and health outcomes. Gaps and disintegration make the job of providing quality healthcare more difficult. We need to better integrate care across the different sectors of health, improving meaningful communication, plugging gaps, and reducing fragmentation.

To improve care, I believe these three aspects of healthcare must be prioritised:

- General practices and practitioners need to be better supported to provide quality care to their patient population
- Hospitals and Local Health Districts need to be adequately resourced to look after the health of their population, rather than just hospitals
- Management of chronic illness needs to go beyond the provision of health services, and extend into the community, addressing the upstream factors leading to ill health

Through all the talk of systems, there remains one thing which must remain paramount – looking after the providers. The Triple Aim of Improved Patient Experience, Improved Population Outcomes and Sustainable Cost, is widely accepted as a framework to measure the success of a health system, however as Bodenheimer and Sinsky pointed out in 2014, in their article "From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider" this cannot be successfully achieved without an engaged and satisfied workforce. This fourth aim, which makes up the Quadruple Aim, cannot be forgotten in any system change. The AMA Council of General Practice has adopted this as the overarching goal for primary care, but the principles apply across the whole system.

In NSW, I am grateful to have the support of a Council which brings together doctors with experience from many different facets of medicine, whether through their professional specialties, their location or

work, gender or personal background. I am particularly pleased to be supported by Dr Danielle McMullen, as our Vice President.

As an association, we have a responsibility to build a better health system, leading to better health outcomes, according to the principles of the Quadruple Aim – better patient experience, improved population outcomes, at a sustainable cost and improved provider satisfaction. As an association we are able to directly support our medical practitioners and their practices, however we can also support their capacity to do their job better by advocating for a better system and the support needed for our patients to achieve a healthier life in its broader definition. Individually and collectively, we can work to create a culture and system to support the health of providers at all levels.

As an overarching goal we need to ensure our patients have access to quality care and our providers, from the most junior to the most senior levels, are given the opportunity, support and tools to provide the best care possible. **dr.**



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ON THE SHOULDERS OF GIANTS

Our organisation was advanced by motivated, intelligent, forward-thinking medical professionals, who maintained their passion and commitment to medicine throughout their lives.

IT'S BEEN A TIME for reflection as our organisation recently farewelled two former AMA (NSW) Presidents, Dr Hugh Patterson and Dr Bruce Shepherd.

Dr Patterson served as AMA (NSW) President from 1985-1986 and then became the AMA (NSW) Medical Secretary in the early 2000s. He was a well loved and respected obstetrician and gynaecologist from Royal North Shore. Dr Patterson was also instrumental in establishing the Experienced Clinicians Group in response to the changes to registration for retired doctors more than a decade ago. Dr Patterson never lost his interest in the AMA nor his commitment to the profession. When the profession was recently forced to confront the issue of doctors' health and wellbeing, he called me deeply distressed for our junior doctor members and offering advice and support.

The profession will also be aware of the loss of a towering figure in AMA life,

Dr Bruce Shepherd. Dr Shepherd passed away on the Friday of AMA National Conference as the AMA gathered in Canberra. Dr Shepherd was the key reason for the AMA being established as a national presence in the nation's capital, showing a foresight for the future of medico-politics. Many others have written and spoken much more eloquently about Dr Shepherd than I can, and we have featured some of those words in this edition. However, he was unfailingly gracious to me when I first started as a young, female CEO some years ago. Dr Shepherd's legacy of fierce independence lives on within the AMA and the profession today, and we have much to be thankful to him for.

The legacy of this fighting spirit has been shown recently as AMA (NSW) was instrumental in getting significant changes to the BUPA policy on private patients in public hospitals. This outcome reflected a significant amount of hard

work from the doctors involved in AMA (NSW) Council, many of whom have devoted hours of their own time to meetings and speaking on the issue. We are grateful for their support and expertise and for the outcomes they have reached.

Finally, I am proud to acknowledge all of the recipients of the Queen's Birthday Honours this year, particularly past Federal AMA and AMA (NSW) President, Prof Brian Owler. **dr.**



fiona.davies@amansw.com.au

Fiona Davies CEO, AMA (NSW)

CASUAL VACANCIES ON AMA (NSW) COUNCIL

There are two unfilled vacancies in the Unrestricted General Member Class and Salaried Doctor Class. In accordance with Clause 40.1 of the Constitution, any casual vacancy in the Council may be filled by the Council by appointment. If there is more than one candidate for the position, the Council shall elect, by simple majority, one of the candidates

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INCOMPETENCE IN COMMUNICATION

As Dr Eliza Milliken notes in her final column, bullying behaviour is no longer acceptable and will one day be as unthinkable as smoking in hospitals.

THIS IS MY last DIT diary – after three years I don't think I can claim to be in-touch with issues affecting pre-vocational JMOs any longer. But oh, the many issues I have had. It's been an amazing journey reflecting on these years and it was very hard to choose an exit message. Fortunately (or perhaps unfortunately), as I struggled for a topic, I was once again subjected to casual workplace bullying. This made my message an easy choice. We're all tired of being bullied and it can (and must) stop.

On this particular day, I walked into intensive care to hand-over a patient to the on-call registrar. Dr X, Intensive Care Consultant Extraordinaire and Total Aussie Hero boomed at me, "I am the consultant, you tell me about the patients!" The tone was not helpful, nor supported by the ancient protocol of registrar-to-registrar referral. In case there was any confusion about his hostility he employed some eye-rolling and a mocking voice. I had never met this man before. Several doctors and nurses witnessed this exchange. I nodded politely, responded, "of course, if you think so" and restrained myself from asking if he had some kind of axis-two personality disorder or his parents never hugged him. Lest anyone think I'm criticising a specific institution, I'm locuming this year and have worked everywhere from Western Australia, to rural Tasmania, Alice Springs, then back to Sydney again. I can say with confidence this issue remains endemic throughout the country and bullying is still commonplace.

This consultant's attitude was hardly the worst example of hospital bullying imaginable, nor even the worst I'd seen

that week. It did not undermine my relief at the patient getting the treatment she needed, which – as always – is the most important thing. Although we talk a lot about the negative mental health impacts of bullying, we talk less about how it can become so routine it just gets boring and makes otherwise enjoyable jobs tedious. This interaction was in the 'nauseatingly boring/counter-productive' category. I didn't cry or feel depressed, though perhaps if I'd had a worse day I might have. He just made me feel beyond exhausted from dealing with the constant background radiation of low-grade hostility whilst trying to care for patients.

Just because difficult interactions are common doesn't mean they should be considered normal. Bullying is an egregious form of incompetence in communication – a technique that we have decided is somehow cancelled out by clinical competence, even though an angry handover is just as confusing as a poor one. I don't care if you're the cleverest intensivist this side of the MacDonnell Ranges, if you can't communicate without belittling subordinates you're unqualified in a key professional domain. With each passing year when people condescend, block, yell, snap, gossip, intimidate I become increasingly frustrated with this unnecessary workplace burden. I've started to see it for what it is, doctors manifesting stress and over-work with anachronistic behaviour that is counter-productive.

We can change. I am not perfect – two or three years ago I was well known as "a bit cranky" – but I've evolved through my training to realise the cranky persona came out at times when I wasn't really coping with the job. I think very carefully now about how I speak to juniors and I remember that shaming people is not a recognised form of performance-management. There will always be tough moments in which we snap or speak sharply because medicine is a high-pressure job, but that is not the same as systematically blocking or demeaning people. If you are an intern, what I want to pass on is that it doesn't matter if the bully is the head of surgery or an irate medical registrar; you have every right to respond to aggression or abuse with, "it is not appropriate for you to speak to me like that". One day, when we're old, we'll tell the new generation of medicos that we used to get bullied. It will seem just as bizarre to them as doctors smoking in hospitals seems to us now. People who persist in intimidating and belittling behaviours are being unprofessional and, in an increasingly competitive job market, will find it harder and harder to hold onto their positions. **dr.**



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COMPASSION AND COMPARTMENTALISATION

Second-year medical student Jumaana Abdu weighs in on the balance doctors must make between empathy for patients and the protection of their own mental health.



Jumaana Abdu
**SECOND YEAR
MEDICAL STUDENT
AT UNSW**

I REMEMBER the first time I saw a cadaver, I was more disturbed by how undisturbed I was than by the cadaver itself. I'd expected to feel faint or sick. But it just looked like a leg. And an arm. I had those. A thought intruded: What if I get used to death?

Sometimes I worry that, when it comes to medicine, I might be too empathetic for my own good. I cried just listening to our obstetrics lecturer tell a moving story about a seriously ill woman whose greatest wish was to have a child, despite the risk it posed to her life (she had two beautiful girls but died as a result of the second birth).

Compartmentalisation. The word sounds like a challenge to me. If I'm so easily affected by relationships between

women and children, am I risking my own wellbeing by pursuing obstetrics as a specialty? Could I potentially watch a patient die and then just put it aside and keep working? Could I bear unbearable news to their loved ones, then go home to my own family untouched? Could I work with children, see mothers devastated, and then have kids of my own without that playing on my mind?

It comes down to a battle between compassion and compartmentalisation. Without the former, we cannot and should not practice medicine. But how can we have a life outside of medicine without the latter? As a second-year medical student, I can only hope the two are not mutually exclusive, that there is a way to balance mental health and workload with the emotional toll of caring about difficult things. Medical students like myself come up short of an answer and receive mixed messages from those who have been through the wringer themselves.

Studying medicine has been a blessing for me, endlessly interesting and full of amazing opportunities to get involved in global health and humanitarian work that I had never anticipated. I worry though – and I am not alone in this concern – that in the exhaustion of my medical training that once I graduate I will lose touch with the passion and compassion that drove me towards medicine in the first place. The prospect of balancing work and a future family life is daunting in itself, let

alone having time to pursue humanitarian work on the side. Forget passion outside of the hospital, will I even have time for it with my day-to-day patients?

I will never forget the words of an emergency neonatal specialist who told my friends and I that the death of a baby under her care still keeps her up at night, even after decades of work – and if it wasn't keeping her up at night, then she would have to quit. Perhaps the only solution is to face the burden of caring head-on, to accept suffering as a necessary condition of empathy. It's a struggle against apathy that we face even in the smallest of ways, along with the rest of the population, scrolling past troubling news of airstrikes in Syria. I believe we can allow the pain of compassion to touch our hearts without breaking them. I hope I don't look at patients and see a form to be filled, or another hour of sleep lost. I pray that the loves and losses of my patients mean something to me, bring a tear to my eye if not a full stream.

It's a problem with the system, but it is also a matter of keeping ourselves in check as medical professionals, remembering what our values are. I hope that, in the midst of the chaos of training and late-night shifts and hours of paperwork, I never forget that I am dealing with whole, thinking, feeling people who have loved ones and ambitions and fears just like me. **dr.**



TOP GP TAKES TOP JOB

One of the nation's most recognised general practitioners, Dr Kean-Seng Lim, has taken over as President of AMA (NSW).

WHEN YOU are the President of AMA (NSW), the phone starts ringing about 7am most weekends with requests to respond to morning radio. Journalists tend to ring the AMA looking for comment on anything deemed 'health-related'. And while that may include hospital funding, private health insurance, or mandatory reporting, it is just as likely to be a request for comment on NRL players overdosing on prescription medication, or a response to Kendall Jenner smoking a cigarette in the nude and posting the photo on Instagram. In short, you have to be ready for anything.

Which is why, Dr Kean-Seng Lim, who was elected President of AMA (NSW) on 15 May is unfazed by the new job requirements.

"In general practice you could be faced with literally anything," he says, adding that the variety of the discipline was quite daunting when he first started practicing.

But now – after more than two decades of welcoming new patients to his practice in Mt Druitt – he is a master at being prepared for

the unexpected.

His ability to quickly understand an issue and respond to the situation at hand will be an asset as he focuses on leading AMA (NSW) over the next two years.

Dr Lim warmed up for the role by serving as Vice President from 2016 to 2018. He is taking over the top job from Prof Brad Frankum and plans to continue to focus on some of the same public health issues that AMA (NSW) campaigned on under Prof Frankum's leadership. Topping his list of priorities is overweight and obesity, with a special focus on childhood obesity.

Dr Lim says his interest in this issue goes back more than 20 years.

"Back in 1995, a few of the local GPs got together to talk about how we were going to manage our overweight and obese patients. At the time, we reflected on how difficult it was to achieve any sort of sustainable change. The frustration around the table was evident. It became clear that applying the standard medical model of educating patients one-on-one was not really getting us anywhere, and we needed to do something different. That's when we started to look at the whole social ecological environment in western Sydney. We started to talk about how to reach out into the community, partnering with schools.

We talked to Dr Smita Shah, and that's when SALSA (Students as Lifestyle Activists) was born."

Western Sydney has some of the highest rates of overweight and obesity in Australia, with more than half the population of Auburn, Blacktown, Holroyd, Parramatta and the Hills District overweight. Dr Lim's patient base reflects these statistics and over the last 20 years he's had to purchase equipment at his practice to accommodate heavier patients – upgrading the scales from 130kg, to 160kg, and then to 200kg. They now use scales weighing up to 250kg.

The prevalence of patients with chronic conditions has increased in direct correlation to the number of patients who are overweight and obese. In Sydney's western suburbs, about 300,000 of the one million people living in that region are conservatively estimated to have diabetes or be at high risk.

Wollongong University public health researcher Thomas Astell-Burt, who mapped the odds ratio of developing diabetes in different parts of Sydney, found people living in western Sydney are one-and-a-half times more likely to develop diabetes than other parts of Sydney.

People living in Blacktown are three times as likely to develop diabetes as

those living in Mosman.

Certain groups are at higher risk of developing type 2 diabetes. These groups include Indigenous people, people from Asia and Pacific Islands heritage, people with mental health problems and women in their childbearing years. Many of these groups are strongly represented in western Sydney. The area is also considered to be a diabetogenic environment – which is one where the population, community, local economy and built environment make it difficult to have a healthy lifestyle.

The threat of diabetes and other chronic conditions associated with overweight and obesity was a catalyst for Dr Lim to transform his practice in 2012 to meet the needs of these patients.

An infrastructure grant, made available under the Rudd Government, helped facilitate this transformation.

“At the time the grant was made available, our practice was at a crossroads and we had to decide whether we wanted to continue being a small three or four doctor practice in outer western Sydney, or whether we were going to do something different. So this led to a bit of a journey of discovery. We decided to change,” he explains.

Dr Lim examined various models of care from around the world. He was also heavily influenced and supported by his Primary Health Network – WentWest, which has been working for health system reform with a focus on delivering high quality, integrated primary healthcare, with general practice at the centre.

Dr Lim restructured his practice and created an integrated, multidisciplinary team comprised of a dietician, exercise physiologist, psychologist and clinical pharmacist. The team sometimes sits down with patients at the same time or consecutively and works together to establish a unified approach to treatment.

The real game-changer for Dr Lim, however, was when his practice started looking at the aggregated data of his



AMA (NSW)'s leadership team –
Dr Kean-Seng Lim and Dr Danielle McMullen

practice. WentWest gave Dr Lim's practice licence to use a clinical audit tool, which suddenly lifted the veil on their patients. They were able to see who their patients were, what conditions they were suffering from, and how well or how poorly managed they were.

“This was actually our lightbulb moment, in that it allowed us to take a helicopter view of how our practice was really doing and look at areas where we could improve.”

He adds, “Since we've started using the clinical audit tool, we have become more sophisticated in our use of the tool, which allows us to view our performance at various levels, from process levels to clinical outcomes, that allows us to implement programs to try and improve things where they need to be improved.”

The data has driven improvement – not only by highlighting areas where the practice needs to focus, but by giving the practice team positive feedback on their efforts when they do see patient progress over time.

The results speak volumes – 85% of

Dr Lim's diabetic patient population are now experiencing good or reasonable control of their condition, which is a greater than 30% improvement since 2012. His patients are recording similar results with blood pressure and cholesterol control and the optimal use of medication.

“Part of our success has been developing that partnership between patients and our practice team. One of the great things is when patients report to us that they feel part of the family when they come in, calling the practice their ‘second home’. This engagement of patients is what helps to achieve better outcomes. This is what the Medical Home is all about.”

Dr Lim's innovative work, along with his involvement in a schools-based obesity prevention and lifestyle education program in western Sydney, helped earn him the RACGP's top honour in 2015 as ‘GP of the Year’.

Aside from tackling overweight and obesity, Dr Lim would like to focus on integrated care during his presidency.

“I think the most complicated issue

facing healthcare at the moment is the siloed nature of healthcare," he says. "We see too many patients who fall through the gaps between different services and that continuity of care is not managed across the whole spectrum of illness."

Dr Lim suggests a "top-down, bottom up approach" to changing the system.

"One of my disappointments with the system is that there has been a lack of strategic direction in healthcare. And from the bottom up perspective, there does need to be a process of change and transformation at a small practice level."

Dr Lim considers general practice to be somewhat of a bellwether in terms of the impact of health policy. This vulnerability is one of the reasons he

"It's easy to think of medicine as a series of isolated encounters, whereas the reality of general practice is it's all about the continuity and it's all about treating a person throughout their lifetime and in the context of their community and their family."

was motivated to not only get involved in medico-politics – but lead the debate.

"One of the worst things about general practice is that it is greatly influenced by the way everything else works around us. It is harder to provide a good service in a dysfunctional system. In order to be able to provide a good service and make a difference,

we actually have to modify the system around us and that's where the medical policy comes into it. It is not good enough to be a good doctor in your own practice. You actually have to be able to create a good system around you, to be able to do the best that you can to make the best use of all our own personal resources." **dr.**

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AMA (NSW) BOARD OF DIRECTORS

On 15 May 2018, AMA (NSW) elected a new board of directors to lead the organisation as it continues its fight for a better health system to the benefit of doctors and patients. In this article, board members share what they think are the most critical issues facing the profession.



DR DANIELLE MCMULLEN
Vice President

DR DANIELLE MCMULLEN is a GP practicing in Sydney's inner west. She graduated from UNSW in 2010, and has 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 was chair of the NSW DITC from 2014 to 2016, where she was a passionate advocate for doctors-in-training, focusing on training pipeline issues, as well as protected teaching time, changes to GP Training, a review of the industrial Award, and junior doctors' mental health and wellbeing.

She has also served as AMA (NSW)'s Honorary Treasurer from 2016 to 2018, and she recently joined the Federal AMA Board.

According to Dr McMullen, the biggest issues facing the profession include mental health, aged care, the introduction of the NDIS, and rising out of pocket costs.

"To address the increasing complexity of our healthcare needs and systems we really need to focus on coordination of primary/secondary and tertiary care, as well as allied community supports.



DR SANDY JUSUF
Chair, Council

DR SANDY JUSUF is a dual-trainee in emergency medicine and psychiatry, having worked in various metropolitan and rural hospitals in Australia and overseas, including the United Kingdom and the Solomon Islands.

She currently works as a psychiatry registrar in the Northern Sector and an emergency registrar at Canterbury hospital.

Dr Jusuf is a graduate of the Australian Institute of Company Directors and on the Board of the Doctors' Health Advisory Service NSW.

She is passionate about doctors' health and set up the Health and Wellbeing website for junior doctors.

In the coming years, Dr Jusuf would like the AMA to focus on improving the culture of medicine "to further decrease bullying and harassment to achieve a healthy workplace culture."

She adds, "Another priority for the organisation is to continue to pressure the State and Federal Governments to increase public hospital funding – particularly as the need for beds increases in lockstep with our ageing population."

Dr Jusuf would also like the AMA to focus on public health and social issues such as the environment, and continue to provide a voice for minority groups.



DR ANDREW ZUSCHMANN
Hon. Treasurer

DR ANDREW ZUSCHMANN is a Specialist Obstetrician and Gynaecologist and Fertility Specialist. He graduated from the University of NSW in 1996 and completed specialist training in 2005.

In addition to his role at AMA (NSW), Dr Zuschmann is Chair, Training and Accreditation Committee for RANZCOG.

Dr Zuschmann also has a commitment to teaching and the development of a sustainable workforce. He is a staff specialist and head of department at Sutherland Hospital, with a private practice in Miranda.

Dr Zuschmann says one of the biggest issues facing doctors at the moment is health and wellbeing.

"Doctors' health, particularly mental health, needs to be a primary workforce consideration, and should factor highly in career choices for young doctors, and how they structure their professional goals and work/life balance."

For patients, Dr Zuschmann says there needs to be greater clarity around how health is funded.

"There has been a lot of noise about Medicare, private health insurance, and private health insurance rebates in the media. This has left confusion about how healthcare is funded, and whether people are actually getting value from their health insurance."



DR BRENDAN STEINFORT
Chair, Hospital Practice Committee

DR BRENDAN STEINFORT is a Radiologist with specialist skills in Interventional Neuro Radiology. He graduated in medicine from the University of Queensland in 1997 and completed training as a Specialist Radiologist in 2002. In 2005, he went on to be the inaugural Interventional Neuroradiology Fellow and then undertook a second Fellowship at The National Hospital of Neurology & Neurosurgery, Queens Square London in diagnostic Neuro Radiology and Interventional Neuro Radiology.

At various times he has been a staff specialist, a partner in a private radiology practice, a VMO in neurosurgery departments and a private clinical specialist.

He currently practices across several public and private campuses, in northern and western Sydney. He also manages a small group private specialist practice, Specialist Endovascular Services.

Dr Steinfort has had various educational roles including university appointments, Director of Training, and still currently Advanced Fellowship Supervisor.

According to Dr Steinfort, the recent push towards managed care from private health insurers is one of the biggest threats the profession currently faces.



DR COSTA BOYAGES
Chair, Professional Issues Committee

DR COSTA BOYAGES joined the AMA Board as a Director in 2017 after coming to NSW Council as the Illawarra Shoalhaven representative on the AMA (NSW) Council in 2016.

He is a former international lawyer and Australian diplomat turned rural GP and VMO living and working in the NSW South Coast/Berry area. He holds down a clinical teaching appointment with the University of Wollongong and is also a Reservist Medical Officer with the Australian Army.

He was awarded the Nossal Global Health Prize in 2015 for his essay, "Malnutrition: a global health perspective from a Timorese mountain."

Dr Boyages maintains a strong interest in rural health equity, doctor welfare and the potential of the doctor-advocate to effect social change.

"As doctors, we are squaring up against many insidious challenges: encroachment on our autonomy and authority as a profession, parlous funding models, and training choke-points that are demoralising our younger members.

"However, these are also historic opportunities for us to reimagine healthcare that is more efficient, equitable and engaged with the broader currents in our society. The AMA can help us get there together," he says.



DR FRED BETROS
Board Member

DR FRED BETROS is a general surgeon who holds positions as a VMO at Hawkesbury Hospital, Norwest Private Hospital and the Hospital for Specialist Surgery. He is also the Head of Department of General Surgery at Blacktown and Mt Druitt Hospitals. He is in his 12th year of consultant practice, with equal workloads between the private and public sectors.

"I am enthusiastic in my belief that in identifying problems, you have to also be willing to be part of the solution. More recently, issues such as changes to the private health insurance landscape have dominated much of the dialogue in both the private and public sectors, and I have committed to being visibly active in this space. I acknowledge that it is a complex issue with multiple influencing factors at play. Despite that, I feel that the AMA needs to be strong on this issue, protecting the rights of patients to make informed choices and allowing doctors to provide quality healthcare to the best of their ability, without having to allow the financial constraints of where a patient may or may not be treated, to impact on an already complex part of our decision making.

"If there are any surgical specialty issues you wish to raise with the AMA (NSW) Council, please feel free to contact me through the AMA (NSW) offices."



DR MICHAEL BONNING
Board Member

DR MICHAEL BONNING is a GP and a passionate advocate for healthcare equity. He has worked in practices in western Sydney, at the Tharawal Aboriginal Medical Service and as a serving medical officer in the Royal Australian Navy.

He brings experience from the boards of GP Synergy, Doctors' Health Service, beyondblue and the Federal AMA to identify solutions to challenges facing healthcare in NSW.

He believes in the ability of technology to support doctors in making better decisions for their patients. Dr Bonning was formerly President of the Australian Medical Students' Association (2008) and Chair of the AMA Council of Doctors-in-Training (2010-2012).

He stresses the need for AMA (NSW) to work with general practice, private specialists and hospital based doctors to deliver better quality care for patients.

"Other top priorities for the organisation are ensuring we understand our members and can deliver services they need while also developing enduring, supportive relationships."

He adds, "we also need to understand the expanding potential role for artificial intelligence in healthcare and leading a discussion on it with doctors, industry, government and the public."



DR KATE KEARNEY
DIT Representative

DR KATE KEARNEY is a medical registrar, completing physician training at St Vincent's Hospital in Sydney. She graduated from the University of Sydney in 2012 and completed a Masters of Medicine in Clinical Epidemiology in 2014 from the same institution.

She is currently one of the deputy chairs of the AMA Federal Council of Doctors-in-Training and is a member of the Adult Medicine Division Education Committee of the Royal Australasian College of Physicians. She participates in many other committees and working groups across the AMA and RACP.

She says the changing dynamics in the Australian healthcare system is a challenge.

"Private health insurers are actively campaigning to have greater control over the private sector, and represent a powerful, well-financed lobby that advocates for their own financial advantage, regardless of the effect on the access to healthcare for patients. The public hospital system is not prepared to cope with a rapid downturn in private insurance. Many years of reduced funding and State versus Federal Government cost shifting, as well as financial disincentives to public outpatient specialist care, have led to difficulties to access now, let alone with even more patients needing care."

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The DHAS acknowledges the Medical Board of Australia's funding contribution



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HOME FREE

A powerful book featuring women's first-hand accounts of living with domestic violence and their escape to safety is now available as a resource for general practitioners.

I FIRST ran away from home when I was 16. I was a lone wolf, out to discover the world. I hitchhiked down to Sydney and got straight into a relationship with a man 10 years older than me.

I walked into this wild pub called the Empress Hotel and there he was.

He just seen me coming. Within a month, I had been assaulted by him twice. Stitches in the lip: Saint Vincent's Hospital. He knocks me down but I get up and I just keep moving.

The Aboriginal Medical Service paid my plane fare home to Brissy. I get off the plane and my parents are there. My dad's crying. Three months out of home and there I was, back with a busted mouth. How could it have been any other way?

Mum and Dad were deadset crazy. Dad was a habitual criminal, so he was in and out of jail. There was nothing that I didn't hear as a child. I knew about Mum's affairs, I knew how it felt when she got rejected by a man, I knew how it felt when Dad was the worst bastard on the earth. I had to ring the police on him more than once but I was always spoon-fed, 'Dad loves ya'. That was one thing every one of us agreed. Through rain and storm, Dad loved me. How he loved me is another thing.

Deena's Story, titled 'Be loved' opens the heartbreakingly beautiful book *Home Free: Women's journeys to safety from domestic violence*.

Home Free was created by Bonnie Support Services (also known as Bonnie's), a specialist domestic/family violence and homelessness service that assists women and children to escape domestic and family violence, and to secure long term housing so that they can establish a stable and safe future for themselves and their children.

The book features several different women's stories of domestic/family violence and the turning points that led each of these women to a safe place. It also includes a list of resources for women experiencing domestic/family violence.

Bonnie's Executive Officer, Tracy Phillips, said the book was created to present strength-based stories that women could relate to.

"We wanted stories that women could see themselves in – stories that would help them recognise, 'this could be me'.

Ms Phillips added that they hope women will not only recognise the violence, but also see new possibilities, and in turn the stories will spark action towards stronger, violence-free lives.

The stories come from women representing different walks of life –

“Our family doctor, who I had known since I was a child, came to the house and she said, ‘I want you to go and see the psychiatrist. You need some help.’ In the two sessions of two hours with this man, my life changed.”

- Excerpt from Home Free

they vary in age, socioeconomic backgrounds, and cultures.

"We wanted a diversity of experience to reflect the reality of domestic violence, because it can happen to anybody," Ms Phillips said.

Writer Moya Sayer-Jones was tasked to put the collection together – a process that took close to two years. According to Ms Sayer-Jones the stories were written from transcripts of conversations with the women 'in lounge rooms, on verandas and at kitchen tables' to draw out these raw accounts of courage.

She describes the process of putting these stories together "like a knitting

organisation is to distribute the resource to general practitioners across NSW, who they are hoping will use it as a resource and keep it available in their waiting rooms.

"Doctors are very often the first point of contact for a woman experiencing domestic violence," Ms Phillips said.

"Sometimes a woman will share her experience with her doctor, or sometimes the doctor might recognise associated symptoms of domestic violence, which could be depression, anxiety, physical signs, and/or bruising. Also, doctors' offices are often a safe place for a woman who is sitting in a waiting area, waiting to see her doctor and might just pick up

this up book and say, 'I can really relate to this story, this could be me', or 'this is me'."

dr.



HOW TO ORDER

For more information about *Home Free*, you can access an online version

here: <http://www.bonnie.org.au/how-we-help/home-free-book/>
If you would like to order a book for your waiting room, please contact Bonnie Support Services on 02 9729 0939 or via email adminofficer@bssl.org.au. The book is available for free, with a postage fee.

exercise. You have to find the thread and pull it all together."

In addition to providing stories of hope, the book also serves as a learning tool. Researchers from Western Sydney University are currently examining the book to find themes that will better inform domestic violence support workers of patterns of violence. The next step for the



VALE DR BRUCE SHEPHERD AM **VISIONARY**

AMA mourns the loss of one of its most well-known leaders, Dr Bruce Shepherd AM – a pioneer for services to support hearing impaired children and firebrand in medico-politics.

DR BRUCE SHEPHERD AM, who passed away in late May at the age of 85, was described as a visionary, a passionate advocate for the medical profession, and a pioneer on behalf of services for deaf children.

Friends, family and colleagues gathered at a memorial held in June to remember the highly respected Orthopaedic surgeon.

In a personal tribute, former colleague Dr Jim Wilkinson recalled Dr Shepherd's skill as a doctor.

"Bruce was superb at taking down old arthrodesed hips. Faced with a mass of bone, making the first cut in the bone at the right level and angle was critical. Seeing the master at work must surely have been a great experience for the



become AMA Federal President. He was also the founder of the Australian Society of Orthopaedic Surgeons (ASOS) and the Council of Procedural Specialists (COPS), and a President of the Australian Orthopaedic Association.

Former AMA President, Dr Michael Gannon said, "Dr Bruce Shepherd put the AMA and medical politics on the map."

He added, "Bruce played politics tough and without fear."

Dr Shepherd was well known for leading the NSW Doctors' Dispute against the Wran Government, which threatened doctors' autonomy.

On 26 May 1984, nearly 70 frustrated orthopaedic surgeons resigned their public hospital appointments – other specialists soon followed.

At the time, Dr Shepherd said, "I've discovered politicians only respond to force, and that's very sad. That's why we've had to do what we have."

Later he remarked, "I argued that we

We never had a formal contract between us but had a relationship of trust and personal understanding. I will miss him greatly. Together, and with his colleagues' support, we dealt with many serious issues confronting the medical profession, but Dr Shepherd never lost his sense of humour and good cheer. He was an exceptional leader who believed that freedom meant taking responsibility and taking action. He was a builder and a visionary who devoted the best years of his life to the welfare of others. Goodbye Bruce, we will miss you, but we will never forget you."

In addition to being a highly respected leader in medico-politics, Dr Shepherd is well-known for founding the world-leading children's charity, The Shepherd Centre, which he established with his late wife, Annette.

Dr Shepherd was motivated to find alternative methods of intervention for children with hearing loss after both of his children, Penny and Danny, were born profoundly deaf.

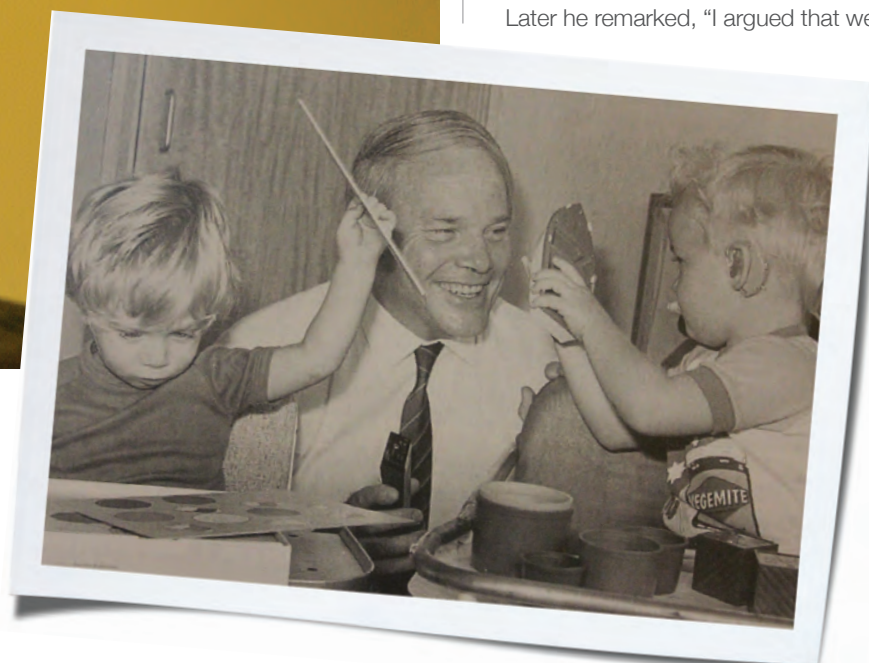
At the time, children with hearing loss were often sent as boarders to special schools for the deaf where they were taught sign language and were isolated from their families and the hearing world.

Keen to find alternative methods, Dr Shepherd travelled to the US to attend a summer program at the John Tracy Clinic in LA. Enthused by the methods being used overseas, Dr Shepherd returned to Australia to establish 'The Council for Integrated Deaf Education' at Sydney University, which later became known as the Shepherd Centre.

It was the first agency to teach 'Auditory-Oral Therapy'. Dr Shepherd also lobbied the Government to introduce the NSW State-wide Infant Screening Hearing (SWISH) program, which was established in 2000 and expanded nationally.

His tireless advocacy on behalf of children with hearing loss and their families has helped make Australia one of the best places in the world to be born deaf.

Dr Shepherd was awarded an Order of Australia (AM) for his efforts in deaf education, teaching deaf children to speak and enabling them to attend mainstream schools with full integration. **dr.**



orthopaedic registrars whom Bruce trained."

His exceptional talent as a clinician saw him work at many prominent hospitals including Auburn, Mona Vale and the Royal Prince Alfred in Sydney. He later established his practice in Bowral.

Beyond his clinical practice, he was a tireless advocate for the profession, serving as AMA (NSW) President from 1988 to 1990 before moving on to

must be the patient's doctor; not the government's doctor; nor the doctor of big business."

ASOS National Coordinator, Mr Stephen Milgate, described Dr Shepherd as an exceptional friend and boss.

"I worked with him for over 30 years. We had few disagreements and none that weren't quickly resolved. He was a constant source of support, encouragement and inspiration.

A **BALANCED** RESOLUTION

AMA (NSW) successfully resolved potential billing headaches for VMOs, following recent changes to the CTP insurance scheme.

HISTORICALLY in NSW, the driver or rider at fault in a motor vehicle accident was not covered by Compulsory Third Party (CTP) insurance. What this meant for VMOs in an emergency setting was that the injured motorist was admitted as a public patient and the VMO was paid usual sessional or fee-for-service rates.

From 1 Dec 2017 the NSW State Insurance Regulatory Authority (SIRA) introduced a number of new reforms with the stated aim of:

- providing early access to income support and treatment expenses to all injured road users
- increasing the proportion of benefits provided to the most seriously injured road users
- reducing the cost of Green Slip premiums, and
- reducing opportunities for claims fraud and exaggeration

One of the consequences of the reforms is that the at-fault motorist in an accident is now covered under the CTP insurance scheme. This change requires the on-call VMO to treat an injured at-fault motorist as a private patient. The CTP scheme will cover the reasonable costs of treatment up to a maximum of AMA rates. However, the issue arises that if the at-fault driver declines to make a CTP claim, then the VMO must pursue the patient directly for payment. There would be no scope for payment by the hospital because the at-fault motorist is now a compensable patient under the CTP scheme.

VMOs were divided in terms of the advocacy that AMA (NSW) should be providing on this matter. Some were comfortable with the changes as they

offered the potential for remuneration beyond ordinary sessional and fee-for-service rates. Others were concerned that a potentially large number of at-fault motorist patients would not submit a claim, and that the costs of the care would be difficult to recover, to the point that simply claiming ordinary VMO rates was more attractive.

With this in mind, AMA (NSW) entered into discussions with the Ministry of Health to find a practical solution to the issue. The Ministry has now agreed to create a new financial classification to cover at-fault motorist patients who decline to submit a CTP insurance claim. The new financial classification will have the same practical effect as the prior at-fault motorist classification in that the patient may elect to be treated either publicly or privately. If the patient claims on their CTP insurance then the VMO will be paid reasonable

costs for treatment by the insurer (up to AMA rates). If the patient doesn't claim on their insurance then the usual sessional or fee-for-service rates will be paid to the attending VMO by the hospital. The new classification will be rolled out shortly.

In the interim, we remind VMOs to continue to keep thorough patient records so that future VMoney claims may be easily facilitated.

For further information regarding at-fault motorist billing changes please contact Andrew Campbell at (02) 9439 8822 or andrew.campbell@amansw.com.au

dr.



REMUNERATION ON THE RISE

AMA (NSW) has successfully negotiated 2.5% year-on-year increases for fee-for-service VMOs from 1 January 2017 to 30 June 2021.

THE 2013 MEDICARE FREEZE has been a cause of concern across the medical profession. The issue flows into the NSW public hospital system with respect to remuneration for VMOs engaged on fee-for-service contracts. Fee-for-service Visiting Medical Officers are paid in accordance with the CMBS. As a result of the freeze, these VMOs have been denied any increase in remuneration over the past five years. This is in contrast with the indexation of 2.5% p.a. consistently provided to Sessional Visiting Medical Officers (noting that 2.5% p.a. is the maximum increase achievable since 2011 under NSW public sector wages policy).

Following a lengthy advocacy period by AMA (NSW), NSW Health has agreed* to provide fee-for-service Visiting Medical Officers with year-on-year increases in line with their sessional colleagues**. Since the negotiations began in 2016, the increase will include a back payment to 1 January 2017. In practical terms, fee-for-service VMOs will shortly receive:

1. A first lump sum payment calculated at 2.5% of total claims paid between 1 January 2017 and 30 June 2017;
2. A second lump sum payment calculated at 5.06% of total claims paid between 1 July 2017 and 30 June 2018; and
3. Another 2.5% increase from 1 July 2018, which will bring VMO remuneration up to 107.69% of the scheduled MBS fee.

Going forward, the maximum increase under NSW wages policy will be applied again in July 2019 and July 2020. Any additional allowances under the fee-for-service determination will be calculated on top of this amount (e.g. emergency afterhours services from 1 July 2018 will be paid at 119.46% of the MBS fee, or

129.23% for regional VMOs residing within 50km of the applicable hospital).

The agreement will expire on 30 June 2021 and it is anticipated that negotiations for a 2021-22 increase and beyond will commence well prior to the expiry date. Any changes to NSW wages policy will need to be taken into account.

It is important to note that the increase is being provided in lieu of, rather than in conjunction with, CMBS fee indexation scheduled to be introduced on 1 July 2018 (for GPs) and 1 July 2019 (for Specialists).

To mitigate any potential losses, we have secured the option to exit the agreement in any particular year if the scheduled indexation proves more beneficial than the 2.5% increase. Increases from previous years would not be forfeited by exiting the agreement.

Back payment will also be available for VMOs who left the VMoney system prior to 1 July 2018 provided they held a Fee-for-Service contract on or after 1 January 2017.

Healthshare will contact former VMOs at their last known email address and provide a Retrospective VMO Payment Form for completion. The lump sum payments will be transferred into the bank account of your choosing. NSW Health have agreed to a 1 November 2018 window for receipt of these claims. Please ensure you check your email regularly and are in contact with AMA (NSW) should you not have received the form by 15 August.


For those who continue to provide VMO services from 1 July 2018, the lump sum payments and increases will be calculated and applied automatically following the processing of your next VMoney claim from July 2018. You do not need to do



Dr Fred Betros

anything beyond submitting your next monthly claim as normal, although you will not receive the retrospective payments until you submit your next claim.

We acknowledge the work of the AMA (NSW) VMO Working Party in achieving this result. The VMO Working Party was led by Councillor Dr Fred Betros and includes a number of other VMOs from metropolitan and regional hospitals.

For further information regarding VMO payments, as well as suggestions for other projects for the VMO Working Party, please contact Andrew Campbell at (02) 9439 8822 or andrew.campbell@amansw.com.au. Should you require accounting advice regarding the payments, we can arrange an obligation-free consultation with our commercial partners Cutchner&Neale. 

*The contract was yet to be signed at time of writing. **Please note that this agreement is not applicable to VMOs working under the Rural Doctor Settlement Package, nor to VMOs appointed as pathologists or radiologists.

3.5% PAY RISE

ON JUNE 1, The Fair Work Commission (FWC) announced a 3.5% increase to employee pay rates under all Modern Awards. This includes the two awards that apply to most employees in private medical practices, the Health Professionals and Support Services Award 2010 and the Nurses Award 2010. The increases take effect from the first full pay period commencing on or after 1 July 2018.

AMA (NSW) has prepared Quick Reference Rates Guides to help members quickly identify the new rates payable to practice staff. These are now available for download on the Employer Quick Links page of our website. Once the Fair Work Ombudsman (FWO) publishes its full pay guides for each award, we'll also provide links to these.

If it's been a while since you've read the awards, now is probably a good time to review them again. In the meantime, we've set out some further information about the FWC's annual increase below:

WHO DOES THE 3.5% INCREASE AFFECT? All private sector employees whose minimum pay rates are set by a Modern Award. This includes most practice nurses, health professionals and support/ administration staff in private practices.

Some doctors who are employed in the private sector (eg, private hospitals) may also receive an increase. However, the increase won't affect independent contractors or public sector employees.

WHAT DO I HAVE TO DO? If you employ award covered staff, you need to check that their pay rates will meet the new minimum award rates from the first pay period on or after 1 July 2018. If you're not already paying enough to cover the increase, you'll have to increase your employee pay rates.

IS IT JUST THE BASE RATE THAT CHANGES? No. Some allowances payable under the awards will also

change as a consequence of this decision. Other allowances will increase by CPI. We will publish further information about changes to allowances once it becomes available from FWO.


WHAT IF I ALREADY PAY ABOVE AWARD? The awards provide 'safety net' conditions that underpin your individual contractual agreements with particular employees; so if you already pay staff above award rates, you may not need to increase anyone's pay at this time.

However, you should still check that the other terms and conditions you apply still remain compliant with the awards and with the National Employment Standards.

If you use Individual Flexibility Arrangements (IFAs) in your practice, you'll also need to check to ensure affected employees remain "better off overall" under the IFA, when compared to the new award rates.

Likewise, the high income threshold will also change in July 2018, so if you have issued anyone with a formal Guarantee of Annual Earnings under s.330 of the Fair Work Act, you will need to check that the guaranteed amount still exceeds the new high income threshold.

HOW ARE OTHER AGREEMENTS AFFECTED? If you use any other form of statutory agreements in your practice (eg, Enterprise Agreements, AWAs or other forms of registered workplace agreement), then you should seek specific legal advice. Depending on the type and age of the agreement, those instruments may also be affected by this change.

NEED MORE HELP? If you would like further information about employing staff or workplace relations, please don't hesitate to contact our professional services team for further assistance by emailing: professionalservices@amansw.com.au. You can read more about the services offered to members by our professional services team here. 

RECORDED NUMBERS

2.0%

Increase in all ED presentations in Jan-Mar QT to same quarter in 2018 in NSW hospitals

688,837

Total number of emergency presentations in NSW hospitals between Jan-Mar 2018

6.9%

Increase in triage 2 emergency attendances in Jan-Mar QT from last year

*Bureau of Health Information quarterly report, released 6 June 2018

CHANGE IN PARTNERS

AMA (NSW) would like to inform members that Experien Insurance Services and BOQ Specialists are no longer corporate partners. If you would like to find out about other commercial member benefits, please contact our membership team on 02 9439 8822.

QUEEN'S BIRTHDAY HONOURS

MEMBER (AM) IN GENERAL DIVISION

Professor Rodney John BABER

Surry Hills NSW 2010

For significant service to medicine in the field of obstetrics and gynaecology as a clinician and researcher.

Professor Mark Ashley BROWN

Bangor NSW 2234

For significant service to medicine in the field of nephrology, and to medical research, particularly hypertension in pregnancy.

Associate Professor

Geoffrey David CHAMPION

Mosman NSW 2088

For significant service to medicine in the field of paediatric rheumatology, and to medical research and treatment of musculoskeletal pain.

Dr Michael Gerard COOPER

Castlecrag NSW 2068

For significant service to medicine in the field of anaesthesia as a clinician, teacher, mentor and historian.

Dr Terence William O'CONNOR

Greenwich NSW 2065

For significant service to medicine, particularly as a colorectal surgeon, and as an educator, clinician and administrator of medical organisations.

Emeritus Professor

David Harry SONNABEND

Rose Bay NSW 2029

For significant service to medicine in the field of orthopaedics, as a clinician and administrator, and to medical education.

Dr Philip Geoffrey THOMPSON

Kenthurst NSW 2156

For significant service to medicine as a plastic and reconstructive surgeon, to health initiatives in South East Asia, and to professional organisations.

MEDAL (OAM) IN THE GENERAL DIVISION

Dr Peter Chester ARNOLD

Edgecliff NSW 2027

For service to medicine through a range of roles with professional organisations, and as a general practitioner.

The late Dr Keith Francis BECK

Late of Wauchope NSW 2446

For service to medicine through a range of roles.

Associate Professor

Terry Dorcen BOLIN

*Bellevue Hill
NSW
2023*

For service to medicine in the field of gastroenterology.

Dr Alan Edward BRAY

*Woodville NSW
2321*

For service to medicine, particularly to vascular surgery.

Clinical Associate Professor

Michael James COOPER

Sydney NSW 2000

For service to medicine in the field of gynaecology.

Anyone can nominate any Australian for an award in the Order of Australia. If you know someone worthy, nominate them now at www.gg.gov.au **dr.**

MEMBER (AM) IN GENERAL DIVISION



Professor Brian Kenneth OWLER AM Wahroonga NSW 2076

For significant service to medicine through the leadership and administration of professional medical organisations, and to education.

INSURER SLASHES FEES

AMA (NSW) has joined the Australian Diagnostic Imaging Association (ADIA) and the Royal Australian and New Zealand College of Radiologists (RANZCR) to campaign against changes which will leave injured workers needing x-rays and scans out of pocket.

iCare, the government insurance agency, announced it would no longer pay the suggested AMA fee for diagnostic imaging, starting from 1 June.

Doctors' groups expressed concerns that the changes were made without appropriate consultation with the sector.

The changes mean patients will no longer be prioritised based on their need or desire to return to work because the Government will no longer pay above Medicare rates for private services.

"Patients may not be able to go to their provider of choice because the new iCare fees are less than private fees in many cases," the medical groups said in a joint statement. "Alternatively, patients may be forced to pay out of their own pocket to get the care they need for workplace injuries."

The government is encouraging providers to prioritise patients based on their medical needs.

In its joint statement, the medical groups urged iCare to reverse this decision, review its data and engage with medical groups over this matter. **dr.**

AMA NATIONAL CONFERENCE

AMA (NSW) was recognised for its outstanding advocacy efforts at the AMA National Conference.

AMA (NSW) picked up two State Media Awards at the 2018 National Conference held in Canberra in May this year.

Our organisation was presented with the Most Innovative Use of Website or New Media Award for its Hospital Health Check (HHC) website.

The website was created to display the results from the HHC survey, which asked participants to answer questions based on one hospital in which they had worked the most in the previous 12 months.

More than 1100 doctors-in-training participated in the survey. They rated hospitals on five different performance areas, including overtime & rostering, access to leave, wellbeing, education & training, and morale & culture.

Hospitals were given a grade based on the results from 'A' to 'F'. The results provided a clear picture of how individual hospitals were performing in key areas.

The survey results provided a positive advocacy platform for DITs to advocate for changes to their terms and conditions with NSW Health.

The award judges commended the Hospital Health Check website for its simplicity and clarity.

"(The use of) large, colour-coded letter grade graphics, tabulated alongside hospital names in rows, is clear, concise, and communicates directly and comparatively the results of the survey," the judges, led by film producer, writer, and online content maker, Dan Sanguinetti, said.

"Too often the delivery of key information becomes overwhelming in graphics, animations, and transitions, and a basic statement of results as displayed on the Hospital Health Check website is a



Dr Tessa Kennedy accepts award from former AMA President Michael Gannon



welcome approach, that pitches perfectly to the desired successful outcome.

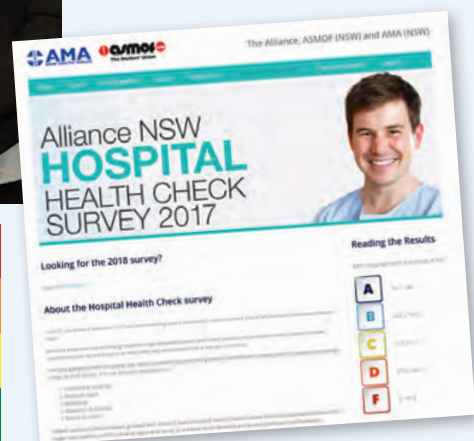
"Through media engagement, the survey results on the site allowed the policy debate discussions to shift and benefit the membership represented.

"This was shown by the NSW Government announcement on rule changes in line to address the information presented."

The second award presented to AMA (NSW) was the National Advocacy Award, which is given to the State or Territory AMA that has worked best with the Federal AMA on an advocacy campaign.

AMA (NSW) was recognised for its

campaign in favour of marriage equality, which included the Federal AMA Position Statement on Marriage Equality, a video produced by Federal AMA and AMA (NSW) featuring past Federal AMA Presidents speaking in favour of marriage equality, and a doctors' rally at Martin Place in Sydney, organised by AMA (NSW) and supported by the Federal AMA.



The judges, led by Canberra lobbyist Simon Banks, said marriage equality was a significant issue for the profession, and one that divided views within the wider profession and community.

"NSW's submission involved public interest advocacy both directly, and through the prominent use of both traditional and social media, to highlight the health implications of the legal recognition of same sex marriage," the judges said.

"It also compelled members of the wider profession to step up and take a stance on this public health – not merely legal – issue.

"The campaign exhibited the selfless quality that any true profession can rightly take pride in. For these reasons, the NSW submission is this year's winner." **dr.**

WHAT MAKES A 'GOOD DOCTOR'?

The NSW Junior Doctors' Conference, held in June, challenged doctors-in-training to examine what it takes to succeed in medicine.

DOCTORS-IN-TRAINING gathered June long weekend for the NSW Junior Doctors' Conference, hosted by the AMA (NSW) / ASMOF (NSW) Alliance.

The three-day conference combined presentations from leaders in medicine, with panel discussions, Q&As, workshops, an innovation forum, research presentations and a medical challenge. The conference also featured social events, held throughout the weekend, to give junior doctors a chance to network and relax.

The NSW JDC 2018 was an opportunity for DITs to be inspired by leaders in medicine and debate the issues that impact on their working lives. It was also a chance to learn new techniques, develop new ideas and take home some valuable lessons to help further their careers in medicine.

Congratulations to the winner of the Innovation Forum – Dr Marjy Grealish, as well as to Dr Gabriela Kelly for winning the Research Competition, Dr Lucy Haggstrom for winning the Poster Competition, Dr Vanessa Hang Lam Wan for Best Oral Presentation, and Liverpool Hospital team for winning the Medical Challenge. Special mention goes to Dr Dr Praneel Kumar who was the People's Choice winner of the Poster Competition. We would also like to thank the sponsors of the event. **dr.**



Income Protection, Life Insurance.... another increase?



By Russell Price
Director at Specialist Wealth Group

Many of us would have received notices from our insurance providers over the past few years, warning that “prices are going up.” Some would have received this notice more than once. What’s behind these increases?

The price increases resulted from a number of different factors and vary for each provider, but some of the key factors impacting on industry and what we can do about them are listed below.

The products today are more advanced than ever before. A simple comparison for a Critical Illness contract offered today versus one offered 10 years ago shows more conditions covered than ever before. Once upon a time these policies covered five to 10 severe or dreaded illnesses. Nowadays, a leading product will cover around 50 conditions, plus a number of others as partial payments. These illnesses are also being covered at an earlier stage than ever before. These strong and positive definitional improvements have a lot to do with the general increase in competition across the industry.

Every year, an estimated 4 million Australians live with mental illness and almost half of all Australian adults will experience a mental health condition in their lifetime. This illness disrupts wellbeing, personal relationships, careers and productivity. There is much greater acceptance in talking about mental health, seeking help and developing intervention strategies. This means income protection benefits are being put to work at a greater rate than ever before and for longer periods than anticipated which is helping to drive up costs across the industry. During the 16/17 financial year, a record number of \$9 billion was paid in claims, the daily amount paid was more than \$26 million and the number of claimants at 108,000 was also a record.

At the same time, medical advancements, particularly in diagnosis, have improved significantly. Take, for example, bowel cancer screening. The improvement in this diagnostic

tool means we are now detecting cancer in phase 1, compared to phase 4, which means more Australians are living with cancer. With regards to a heart attack, definitions in the leading policies offered today allow for heart attack claims to be admitted upon the detection of a rise and/or fall of the relevant cardiac biomarkers together with at least one of the following: symptoms consistent with a heart attack; ECG changes associated with myocardial infarction; or imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. This means claims are being paid earlier than ever before and insurance benefits are coming into play earlier in the cycle.

Both of these trends show how the claims profile is increasing and changing. This is impacting industry pricing and sustainability. The balance for the industry is to make the benefits sustainable.

Another factor on insurance premiums is the interest rate environment and the income earned to pay claims is a significant part of premium construction. Product providers build reserves and pools of funds to account for and pay for any future claims. As interest rates fall from previous levels, providers now earn less interest on those reserves and therefore, more is needed to be put aside for them.

Insurance is necessary, for ensuring your wealth, lifestyle and retirement goals for yourself and your family are not derailed along the way by an unforeseen accident, illness, mental health condition or premature death. It provides us with the most critical benefit of all, peace of mind, but it shouldn’t send you broke along the way.

As with most things, reviewing your personal protection regularly is a necessity. A market leading insurer from years back may no longer be competitive or be overly expensive today, high levels of cover you once needed may be unnecessary now if debts have been paid down or too low if your income has gone up. For peace of mind, an insurance check-up could be the best thing you do, for you, your family and your budget’s sake.

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2018 AUTUMN CUP

AMA (NSW)'s Golf Society ventured north to the Central Coast's Magenta Shores for their annual Autumn Cup. Voted among the top 30 best courses in Australia, it was a day to remember.



*Autumn Cup
Winner*

DR ANDREW PENNINGTON



*2BBB Runner Up
Winner*
**MR LAURIE PINCOTT WITH
DR ROBYN NAPIER**

PERFECT AUTUMN weather welcomed 30 players at the magnificent Magenta Shores Golf Club for the 2018 Autumn Cup.

The event was unfortunately postponed from the previous week due to extreme rain and wind along the Central Coast.

The beauty of the course masks a very challenging layout and, as all players soon discovered, punishing bunkers and rough. The testing nature of the course was clearly demonstrated, as the overall scores reflected.

It is always pleasing to welcome first-timers to our events, but it is even more

pleasing when they perform well. On this occasion our first-timer, Dr Andrew Pennington, took out the Autumn Cup with 34 stableford points. He also won the 2BBB with 41 points, ably assisted by our AMA Medical Secretary, Dr Robyn Napier. All golfers appreciate the contribution made by Robyn in that score, so well done Robyn! The 2BBB Runners Up were AMA former CEO, Mr Laurie Pincott and Andrew as the swinger with 40 points. Well done Andrew on your outstanding results. We look forward to welcoming you to all future events to give us mere mortal golfers a chance to challenge you again.

The Individual Runner Up was one of our very regular supporters, Dr John McGill on 31 points.

Nearest the Pins were taken out by Mr Chris Fairbairn and Dr Barry Duffy.

Any inquiries concerning upcoming events or any other aspect of the Golf Society may be directed to Claudia Gillis at AMA (NSW) on 9902 8128 or email claudia.gillis@amansw.com.au.

New members and their partners are always welcome at our golfing events. If you wish to enjoy a game with your professional colleagues don't hesitate to come along. Good golfing to all members. **dr.**

AMA (NSW) Golf Society Calendar of Events 2018

Spring Cup – Friday 14th Sept
Stonecutters Ridge Golf Club

BMA Cup – Thursday 11th Dec
(revised date)
Terrey Hills Golf Club

AMA (NSW) Golf Society
Claudia Gillis
Phone: 9439 8822
Email:
amagolf@amansw.com.au

A warm welcome to all of our NEW MEMBERS THIS MONTH

Get more from your membership today. AMA (NSW) provides services tailored for doctors' needs, to help you concentrate on your clinical work. AMA (NSW) and its partners can help you with workplace issues, finance, insurance and more.

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Dr Ahmed Kalamchi
Dr Aiman Al Sayed Ibrahim
Dr Alexander Hoediono
Dr Alexander Lobanov
Dr Andrea Prouse
Dr Anil Kumar Lakkundi
Dr Anne Rasmussen
Dr Anthony Bloomfield
Dr Antony Bolton
Dr Balveena Dhaliwal
Dr Benjamin Scott
Dr Betty Chen
Dr Bijender Gautam
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Dr Caitlin Szemenyei
Dr Caroline Stewart
Dr Cedar Raw
Dr Chaminda Thanappa
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Dr Ulla-Margret Jonsson
Dr Verjeen Alqus-Hanna
Dr Vijay Maniam
Dr Warnakulasuriya Lowe
Prof Craig Pennell
Prof John Orchard
Prof Ross Kalucy

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

Dr Bruce Shepherd
Dr Caleb Firkin
Dr Eric Marshman
Dr Garrard Pearce
Dr John Hassall
Dr John O'Loan
Dr Mark Goyen
Dr Max Ellis
Dr William Patterson
Prof Derek Hart
Prof James Lawrence

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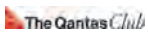


Health insurance | Doctors' Health Fund aligns to the values of the medical profession and supports quality health care. The Fund was created by and is ultimately owned by doctors. Contact the Fund on 1800 226 126 for a quote or visit the website: www.doctorshealthfund.com.au.

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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.



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