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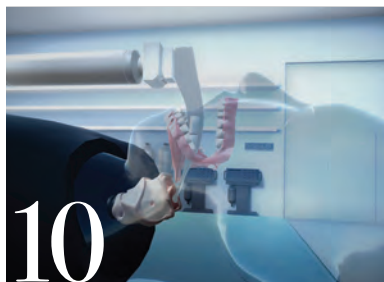
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# TURF WAR

Yet again, the medical profession faces attempts by pharmacists to extend their scope of practice well beyond their training.

**THE PHARMACY GUILD** of Australia released its policy paper *Community Pharmacies: Part of the Solution* in mid-August, which argued pharmacists could play a greater role in the healthcare system.

The Guild's vice-president Anthony Tassone has indicated pharmacists should be allowed to give travel vaccinations, prescribe the contraceptive pill and treat conditions such as erectile dysfunction and urinary tract infections.

Opposition has been swift, with AMA President, Dr Tony Bartone pointedly telling chemists that if they want to be doctors they should "go to medical school".

The media love a doctors versus pharmacists story. However, when doctors publicly reject pharmacists' attempts to extend their scope of practice, we're often accused of 'protecting our turf'. But it's really about protecting patients.

Ideally, vaccinations should be provided by a doctor, because it's about more than just administering a needle injection. It's an opportunity for patients to have a vital consultation with their GP.

GPs are best placed to manage patients. Doctors are trained to take a

comprehensive patient history, conduct an examination, make a diagnosis, start an investigation, manage the patient's condition(s), and provide treatment.

Medical practitioners have a depth of knowledge that includes the most clinically appropriate treatments for a condition – we also know when not to prescribe and the impact of treatments on other co-existing, yet unrelated conditions.

Pharmacists have not completed years of medical school and do not have the subsequent specialist training and clinical experience required to support pharmacist prescribing.

We also strongly believe there should be a separation between prescribing and dispensing. There is a conflict of interest where a pharmacist stands to commercially benefit from prescribing medicines.

Pharmacists have an important role to play in supporting patients and are trained to advise and dispense medicines.

Despite the us vs them turf war rhetoric, there is ample opportunity to have a more cohesive, integrated relationship.

We need to look for new solutions to improve patient care and there could be

real benefit in providing team-based care through inclusion of clinical pharmacists in general practice. A non-dispensing pharmacist who delivers clinical and education services to patients within the general practice setting could ensure compliance, improve patient awareness, support the coordination of care, and emphasise a team-based approach.

This approach would see pharmacists and doctors working to the full extent of their scope of practice in an integrated team environment, for the ultimate benefit of patients.

Fragmented care or integrated care – it's clear to me what the best choice for the Australian health system would be. **dr.**



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Dr Kean-Seng Lim President, AMA (NSW)

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# LISTENING TO DOCTORS

Integral to the success of any hospital is its engagement with both senior and junior doctors.

**AS I WRITE** this column, AMA (NSW)'s third annual survey of doctors-in-training has finally closed and results for each of the hospitals are being tallied and collated for the AMA (NSW) / ASMOF (NSW) Alliance website.

The number of respondents this year speaks to the success of this advocacy tool. A total of 1958 people completed responses for the 2019 Hospital Health Check (HHC), compared with 1351 completed responses for the 2018 HHC.

Doctors-in-training clearly recognise the value of the HHC. Last year's results effected real change by convincing NSW Health to limit rostered shifts to a maximum of 14 hours, provide minimum 10-hour breaks between rostered shifts, review unsafe working hours and barriers to claiming overtime, as well as parental leave policies, among other improvements.

Early number crunching also indicates hospitals are lifting their performance. Each year, on the back of the survey, we go to hospitals and sit down with chief executives to talk about their results. It's not always a comfortable conversation – particularly when their junior doctors have awarded their hospitals an 'F' in wellbeing or rostering & overtime, but these are the discussions we need to have. Improved results in this year's survey mean your hospitals are listening.

Listening to doctors' concerns is important and something which has been highlighted by current review of the Northern Beaches Hospital.

From the beginning, AMA (NSW) cautiously accepted the decision to build the hospital using a public private partnership arrangement, with the acknowledgement that partnering with a private or not-for-profit hospital operator

would allow the State Government to build much-needed health infrastructure in the area faster and at less expense to taxpayers.

AMA (NSW) entered initial discussions regarding the Northern Beaches Hospital with the Ministry of Health and Healthscope in 2015. Despite regular meetings and emails, information regarding work arrangements and employment conditions was, at times, not forthcoming. Requests to review Healthscope's policy and plans regarding teaching, training, education and research, safety, quality and risk management, public patient bed numbers, and electronic information security policy were all denied. AMA (NSW) repeatedly had difficulty obtaining information from Healthscope on how it intended to manage and operate the PPP hospital. The Ministry of Health appeared effectively excluded from the contracting and planning process.

In the months leading up to the hospital's opening, AMA (NSW) had serious concerns with Healthscope's approach to contractual negotiations with doctors.

The mishandling of doctors' contracts played a significant role in the early failings of the hospital to meet patient needs. Had contract negotiations been handled with greater respect to clinicians, and doctors' concerns regarding potential problems were acknowledged, then early operation of the hospital would have been much smoother.

Changes in senior management at Healthscope made a significant difference to the engagement with senior medical staff. They recognised the issues and the impact of those issues for doctors. They expressed sincere regret,

and they opened up an immediate and direct channel of communication with AMA (NSW).

In our submission to the Inquiry into the operation and management of the Northern Beaches Hospital, AMA (NSW) recommended that there be clear recognition across government and the public and private health system that disengaging doctors, nurses and other healthcare staff will have a significant impact on the delivery of quality healthcare.

We also suggested that should further PPPs be considered, private hospital groups and the State Government engage with stakeholders early and often during planning and development stages of building a new hospital.

Finally, we stressed that information regarding hospital operations and management be provided to doctors and their representatives in an open and transparent manner to ensure patients receive the highest possible quality care.

**dr.**



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Fiona Davies CEO, AMA (NSW)



# UNDERSTANDING THE SERVICE CHECK REGISTER

Unsure how the SCR works? Meridian Lawyers Principal, Dominique Egan explains when records are created and how to request for a removal.



*Dominique Egan*  
**PRINCIPAL,**  
**MERIDIAN LAWYERS**

**THE SERVICE** Check Register (SCR) is a NSW Health state-wide database intended to assist with the screening process in recruitment and the management of misconduct matters. Whilst many understand the SCR to be a barrier to ongoing or future employment in the NSW Health system, this is not its purpose.

The NSW Health Policy Directive, Service Check Register for NSW Health (PD2013\_036) sets out the process for the creation, maintenance and removal of entries on the SCR. The Policy Directive is currently being reviewed.

## WHEN IS A SCR RECORD CREATED?

Commencement of a disciplinary process or an adverse finding will not automatically result in the creation of a record.

A SCR record must be related specifically to decisions concerning administrative, disciplinary or remedial action to mitigate risks in response to alleged misconduct or a finding of misconduct.

The creation of the SCR record must be directly related to decisions taken

and documented in response to alleged misconduct or misconduct and must be directly related to the risks identified.

## WHAT IS MISCONDUCT?

Misconduct includes the following:

- Behaviour or conduct which seriously breaches the expected standards of behaviour or conduct as set out in relevant legislation, registration standards and codes / guidelines approved by the Medical Board of Australia and NSW Health policies.
- A refusal to carry out a lawful and reasonable instruction provided to a supervisor or person in the line management of the staff member.
- Serious wrongdoing that is a matter of public interest, eg corrupt conduct.
- Criminal charges or convictions that have an adverse impact on the workplace and/or role or performance of the staff member.
- Making vexatious allegations or knowingly making false or misleading public interest disclosures.

## HOW WILL I KNOW?

Staff must be informed of a decision to place his or her name on the SCR.

## DISCLOSURE PROCESS

The NSW Health organisation that created the record must provide a requesting NSW Health organisation with sufficient information from the SCR to assist in:

- a decision about recruitment,
- finalising a decision about appropriate disciplinary action following a finding of misconduct against a staff member; or
- a risk management decision in the case of secondary employment.

The information provided must be factual, relevant and objective. There is a standard form annexed to the Policy Directive.

## REVIEW PROCESS

NSW Health organisations must have procedures in place to initiate and manage requests for review.

The NSW Health organisation that created the SCR record must review the record when information is received that may affect the ongoing requirement for the record to remain on the SCR including:

- an individual believes a SCR record has been created incorrectly, or believes the decision to maintain a record is incorrect;
- If the individual believes the risks that resulted in the creation of the SCR record have changed or no longer exist because of action they have taken to address those risks, including the completion of remedial action; or
- If a registration board has removed conditions originally imposed as a result of the misconduct or makes any other decision in relation to the misconduct.

When considering a request for removal, the organisation will consider the seriousness of the misconduct and identified risks that resulted in the creation of the record, the length of time that has passed, submissions made by the staff member regarding the action they have taken or changes in circumstances, references, changes in or the removal of conditions, education and training undertaken, and any other relevant evidence.

If a staff member is dissatisfied with a decision, they can seek a review of the decision by the Workplace Relations Branch at the Ministry of Health. **dr.**

# PRIVATELY REFERRED NON-INPATIENT AGREEMENTS

Are you providing private services to outpatients in public hospital clinics?  
Take care to ensure the proper contracts are in place.



*Andrew Campbell*  
**MANAGER**  
**INDUSTRIAL RELATIONS**

**AMA (NSW)** recently received several queries from VMOs and HMOs regarding Privately Referred Non-Inpatient (PRNI) licence agreements to provide private services to outpatients in public hospital clinics. It is important that proper contracts are in place to protect the VMO from any issues regarding improper Medicare billing.

The National Healthcare Agreement between the Commonwealth and State Governments does not prohibit the establishment of private patient clinics at public hospitals, provided that the following conditions are met:

- Public patients must be provided with the same access to services as private patients
- Where care is directly related to an episode of admitted patient care, it should be provided free of charge, even if the consultation takes place in private rooms
- Emergency department patients referred to an outpatient clinic must not generate charges against the MBS
- Referral pathways must not be

controlled to deny access to free public hospital services, nor controlled so that a referral to a named specialist is a prerequisite for access to outpatient services.

When a patient presents to an outpatient clinic at a public hospital, and provided that they have not been referred directly from the Emergency Department, the patient has the choice as to whether they wish to be treated as a public patient or a private patient. If a patient opts to be treated privately, they must produce a private referral naming the doctor by whom they wish to be treated.

When agreeing to participate under a PRNI model, a VMO should note the following:

- Participation is purely voluntary, and the VMO may terminate the agreement by giving the requisite notice, eg 30 days' notice
- The VMO has the responsibility of ensuring all privately referred non-inpatients are referred to him or her by name. A referral to the clinic is insufficient
- The VMO must 'bulk bill' the patient and the patient must not incur any out-of-pocket expenses
- Consistent with commercial arrangements, the VMO is expected to pay a facility fee for the infrastructure and resources used
- The VMO may use their own professional indemnity insurance or opt for coverage by the Treasury Managed Fund (TMF)

AMA (NSW) encourages NSW public hospitals to engage VMOs using the Standard Licence Agreement in NSW Health document GL2009\_008. **dr.**

## NORTHERN BEACHES HOSPITAL INQUIRY

The NSW Upper House has established an inquiry into the operation and management of the Northern Beaches Hospital. Areas of review include (but are not limited to):

- The contract establishing the hospital
- Ongoing arrangements for operation and maintenance
- Standards of service provision and care
- Staff arrangements and staffing changes
- The impact of the hospital on the surrounding communities and health facilities
- The merit of public private partnership arrangements for the provision of health care

The inquiry will not be conducting investigations or reviews of individual cases. AMA (NSW)'s submission will be publicly available on the Parliament of NSW website. Hearings were scheduled to commence on 26 August 2019.

After consideration of the evidence, the Committee will prepare a report including findings and recommendations. The report will be tabled in the Upper House for debate. The Government is not required to implement recommendations but must explain what action, if any, it will take in relation to each recommendation.

Further information is available at [www.parliament.nsw.gov.au/committees](http://www.parliament.nsw.gov.au/committees). Should you be invited to attend the hearing, you may wish to contact AMA (NSW) and your Medical Defence Organisation for an understanding of the process and your obligations to attend and to answer the questions put to you.



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# GAME OF MUSICAL CHAIRS

With more medical school graduates than internships and limited specialty training positions, the road ahead for medical students is daunting.



*Yun Megan Foo*  
**FINAL YEAR MEDICAL  
STUDENT  
WESTERN SYDNEY  
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**ONE JULY** morning, final year students around the state woke up with a start. From 8am, we were hyper-attentive to any sound from our devices – waiting, waiting, waiting for an email. Internship offers were coming out.

Why were we so stressed? In NSW, only domestic graduates of NSW-based universities are guaranteed their internship. The remaining jobs are distributed down the priority list, and all our international full-fee paying peers can do is wait nervously. When this job is the only way to get your medical registration, it means everything. Last year's internship recruitment process left 17 graduates unplaced, five from NSW. With two new NSW medical schools announced in the past few years, the discrepancy in available internships will only get bigger.

Even the students with guaranteed places were nervous. Between the news stories of training centre deaccreditations and the harrowing experiences of unaccredited registrars, we were worried about where we could end up. Last year, the highest overall grade achieved in the AMA (NSW) Hospital Health Check was a "B". Three hospitals failed in the domains of Wellbeing and Overtime. The time to act is now.

If you are fortunate enough get a job, even in a well-rated network, the road ahead is still uncertain. A week after internship offers were released, the Surgical Education & Training results came out. On a neurosurgical placement at an esteemed hospital, one of my unaccredited registrars made it onto the program – the other one didn't. My heart sank with him – PGY6, multiple attempts and no certainty for another year. He was a fantastic teacher, a good well-rounded clinician and undoubtedly skilled. This is the reality for the majority: in 2017, there were 889 applications for only 255 SET spots. This issue is not limited to surgery – modelling from 2014 data predicts that this gap will increase to 1000 doctors without a specialty training position by 2030. The increasing numbers of junior doctors are not matched by an increase in training positions, or consultant positions, despite obvious workforce needs reflected in extensive overtime expectations. The day after the SET results, my registrar was back in theatres, meticulously guiding me as I did my first ever vertical mattress suture on a real human being. Kind and encouraging

despite circumstances – these are the doctors who are trying their best in a flawed system.

After I received my offer, a friend asked me how I was going to celebrate. I told her I was already off to attempt a rehab referral for one of our patients. "I'm so excited," I wrote. "I'm working!" Next year, on the 20th of January, over 1000 of us will begin work as junior doctors in hospitals across the State. However, not all of my peers will be able to join us. Of the ones that do, getting to the end of our training looks to be a long, challenging road. I'm not willing to accept the status quo – a system that allows more students than ever to obtain a medical degree yet constructs barriers to their ability to substantially contribute to Australian healthcare as specialists; a system where doctors are burning out over the workload, yet not enough jobs are created for qualified people to share the burden.

This is my voice – let us hear yours. Lead by example: call out bullying and harassment, fill out the Hospital Health Check survey next year, and protect our trainees. Join AMA (NSW) as we rally for change. Let's make this journey better for all of us. **dr.**



# READY DOCTOR ONE?

Extended reality is expected to revolutionise the way we practise medicine and how we interact with our patients. Dr Mark Hohenberg explains...

LOVE OR HATE IT, technology is an established and growing part of our personal and professional lives. It wasn't just the machine that went ping<sup>1</sup>, technology has revolutionised the way we practise medicine. New technologies have improved our working efficiencies and enhanced patient care, but there are downsides. US research, for example, indicates primary care physicians spend nearly two hours on electronic health record (EHR) tasks per hour of direct patient care<sup>2</sup>. It is therefore essential we understand the uses of digital health to be able to deploy them appropriately in the future.

So, what happens when a potentially ground-breaking technology emerges with applications in medicine, especially for patients?

Extended reality (XR) is an umbrella term for a set of technologies given

to human interaction with computer generated environments. It includes Augmented Reality (AR), Mixed Reality (MR) and Virtual Reality (VR). You may have come across some of the headsets including those from Oculus<sup>3</sup>, HTC<sup>4</sup>, Microsoft<sup>5</sup> and may have heard about the next big technology from Magic Leap<sup>6</sup>, touted as a possible replacement to mobile phones. Since 2014, engineering of headsets finally allowed indiscernable latency (the lag time on turning your head before the picture caught up), enabling experiences that minimised 'cyber sickness'. As a result, XR technologies have been increasingly used in commercial, enterprise and now healthcare applications and is projected to be worth USD \$209b over the next four years. Compare this to the wearable technology market projected to be worth USD \$60b by 2020.

VR is a particularly exciting medium for us to consider in medicine. In 2015, American entrepreneur and filmmaker Chris Milk gave a powerful TED talk<sup>7</sup> on the value of the medium as an 'empathy machine'. Teaching and enhancing empathic skills are essential parts of the 'Hidden Curriculum' for medical and health professionals and are challenging to teach. VR gives us a potentially new powerful way to achieve this through the power of 'presence': being transported to an alternative environment and experiencing a vantage point that is not your own. Imagine experiencing being a patient in a hospital bed on a ward round where none of the team speak or engage with you. How would this make you feel?









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Would an experience like this change your behaviour? Research evidence suggests it does<sup>8</sup>. VR achieves this in a way that simulation rooms and environments cannot: by completely immersing you in a realistic and captivating environment. The experience of becoming someone else (a man becoming a woman and experiencing unconscious gender bias for example) can drive a shift in your thinking, situational awareness and approach to common or uncommon scenarios. This is one of the reasons why police forces are using VR to train officers with empathy and situational awareness skills to reduce shooting incidents by police in Chicago<sup>9</sup>.

Amongst the other uses of VR include developing patients' health literacy. This is often a challenging facet of the work we do, especially so for chronic conditions such as type two diabetes mellitus where physical manifestations may not present early in the disease course. Using AR, we can show people what it would be like to have diabetic retinopathy. Indeed, products<sup>10</sup> exist to help individuals with ARMD 'see again' by enlarging the foveal area of vision to a size that their brain can interpret, allowing the registered blind to see again. Sensory overload from auditory stimulation for people living with dementia can lead to escalating challenging behaviours; VR experiences can show family members and care workers what it may be like to experience life with sensory changes leading to improved recognition of triggers and minimisation of the harmful drugs frequently used for 'BPSD'. As a geriatrician, I have seen these eureka moments when families understand what their loved ones are going through; the impact on all involved in the patient's care cannot be understated.

There are some impediments to using XR technologies. These include being able to scale the use of devices (only one person can use it at a time), onboarding (process of learners familiarising themselves with the headset), teachers not being able to see what the learners are doing, cyber-sickness in some individuals (up to 5%) and cost of both headsets

and the interactable XR experiences. The first three have finally been solved using a world-first platform developed here in Sydney called the IQ system<sup>11</sup>, allowing up to 50 people to enter VR or AR together and have a synchronised group experience, all controlled by a facilitator with a tablet. Cyber sickness can be mitigated by changing interpupillary distance and retinal focus length, features readily available on new headsets. The cost of making XR content remains high, however; and is frequently the biggest stumbling block, due to hours of backroom picture 'stitching' and expert software design and debugging.

The challenge now is how can we adopt XR for use in healthcare and medical education, traditionally notoriously slow and resistant industries for change integration. The headsets are available now and products can be readily downloaded, or bespoke training developed. The large corporate health services in the United States, as well as American tertiary institutions, are already quite advanced in developing and deploying XR technologies in various guises. Kaiser Permanente now has a medical division devoted to VR therapies<sup>12</sup>. In 2017, The University of Nebraska Medical Centre built a USD\$118.9m Virtual and Augmented Reality training centre, to train both undergraduate and postgraduates using XR technologies. This will be dwarfed by Kaiser Permanente's vision of a fully integrated medical school opening in 2020, continually using the latest VR and AR technologies. At home, University of Adelaide's Adelaide Health Simulation<sup>13</sup>, one of the most sophisticated XR healthcare facilities in Australia, will deliver a world-first anatomy training program in VR for first-year medical students.

But how do we utilise this potentially ground-breaking technology in our own practice? If XR is to become part of our clinical reality, it needs to be both cost effective and time neutral. Research will demonstrate these attributes though we need local projects to improve awareness

and show how these technologies can make a difference to patients and healthcare systems. State digital health departments may incentivise projects and are a good place to contact.

Overall, XR technologies represent a major technological change in medicine. We may not immediately see the technology being used in clinical practice though in time, it is expected to revolutionise how we learn at medical school and how we interact with our patients. So much for the machine that went 'Ping'!

*Dr Mark Hohenberg (mark.h@curious.com) is a geriatrician working at The Salus Clinic (www.salusclinic.com.au) and Chief Medical Officer for the technology company Curious (www.curious.com). He is a Conjoint Senior Lecturer at Western Sydney University and a Conjoint Lecturer at UNSW Australia. **dr.***

## LINKS & REFERENCES

1. [www.youtube.com/watch?v=wshyX6Hw52I](https://www.youtube.com/watch?v=wshyX6Hw52I)
2. <http://www.annfamned.org/content/15/5/419.full>
3. [www.oculus.com](http://www.oculus.com)
4. [www.vive.com/au/](http://www.vive.com/au/)
5. [www.microsoft.com/en-us/hololens](http://www.microsoft.com/en-us/hololens)
6. [www.magicleap.com](http://www.magicleap.com)
7. [www.ted.com/talks/chris\\_milk\\_how\\_virtual\\_reality\\_can\\_create\\_the\\_ultimate\\_empathy\\_machine](https://www.ted.com/talks/chris_milk_how_virtual_reality_can_create_the_ultimate_empathy_machine)
8. [www.sciencedirect.com/science/article/pii/S0747563214003999](https://www.sciencedirect.com/science/article/pii/S0747563214003999)
9. [www.focustechnica.com/how-technology-helps-police-force-training/](http://www.focustechnica.com/how-technology-helps-police-force-training/)
10. [irisvision.com](http://irisvision.com)
11. <https://curious.com/iq/>
12. <https://healthy.kaiserpermanente.org/>
13. [health.adelaide.edu.au/engage/facilities-and-services/adelaide-health-simulation](http://health.adelaide.edu.au/engage/facilities-and-services/adelaide-health-simulation)





Each year, AMA (NSW) hosts a special celebration to acknowledge doctors who have been AMA members for 50 years to thank them for their continuous support of our organisation and the medical profession. *The NSW Doctor* is featuring some of our 50-year members in this edition and the upcoming November/December issue. These doctors are remarkable not only for their contribution to medicine, but for their commitment to patients and involvement in medico-politics.

# Insight

## DR MICHAEL STEINER

Former AMA (NSW) President, Dr Michael Steiner celebrates a half century as an AMA member and decades working in medico-politics.

**DR MICHAEL STEINER** recalls one particularly memorable patient – a deaf, elderly woman with dense white cataracts who had been living in a nursing home for close to a decade. She hadn't spoken or communicated with anyone in a very long time and spent her days expressionless, sitting in a corner on her own. Her family and care workers thought she had dementia.

Dr Steiner was concerned she had no sensory input and that might have been contributing to her isolation. He operated on one eye to see if it would make a difference.

"The family brought her in the next day and she had a pad over the eye. They led her into my consulting room, and we took off the pad and suddenly this woman who'd had no expression for 10 years broke into the hugest smile.

"She started picking at her clothes and looking at the colours, picking at things on the desk, her family burst into tears, my staff burst into tears. It was the most wonderful experience – this lady's life was changed completely."

Medicine has changed phenomenally since he graduated from Sydney University in 1970, and perhaps most remarkably in the specialty of ophthalmology.

"It has changed immensely," Dr Steiner says. "Particularly in one of the most common surgeries, known as cataract surgery. In the old days you took out the cataract lens and the patient was given a thick pair of glasses and their vision was quite difficult. Now we take out the lens through a tiny little incision about two millimetres, no stitches, we put in an artificial implant, correct their vision and they often see better than they've ever seen before without glasses."

When faced with the prospect of losing their vision and, subsequently their independence, Dr Steiner says it was not uncommon to hear people say they'd rather be dead than blind. However, the advances in ophthalmology have vastly improved health outcomes for patients.

"The quality of life changes that we can offer with modern ophthalmology are just so vast," he adds.

### EARLY DAYS

Dr Steiner was born in Prague in 1946. At age two, he immigrated to Sydney with his parents, who were both Holocaust survivors.

"My parents were very strong believers in a good education and booked me into a good school when we'd been here for about six weeks," he says, adding "like



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most migrants, one did one's best at school." Dr Steiner was no exception.

A good student, he was interested in medicine – drawn by the respect and esteem afforded to doctors and ability to help people and the community.

"I'd always been impressed by the family GP – in those days one grew up respecting one's doctor."

After graduating medical school as an RMO at Sydney Hospital he did a five-week term at the Sydney Eye Hospital, which proved to be life-changing.

"I was fascinated with the equipment, with the people, with the eye itself and the things we could do. The eye is just such a wonderful organ, so complex and really quite beautiful and I just fell in love with the specialty in that five weeks. By the time that five weeks was up, I talked to the boss at the eye hospital to ask how to get into ophthalmology."

After becoming a Fellow of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) in 1974 he was appointed an Honorary Ophthalmic Surgeon to Bankstown & Lewisham Hospitals, where he served until 1984.

During this time, Dr Steiner pioneered intraocular lens implantations for cataract in both of these institutions.

Following this, he served as Chair of the surgical staff at the (Private) Metropolitan Eye Hospital for many years, as well as co-chair of the Ophthalmology Medical Advisory Committee of the NSW Eye Centre at Sydney Private.

He has been performing laser vision correction since it was first introduced to Australia in 1991 and is a Foundation Member of the Australasian Society of Cataract and Refractive Surgeons.

Dr Steiner's foray into medico-politics started when he was registrar at the Sydney Eye Hospital. At the time, he says the pay was horrendous. Consequently, the union organised for RMOs and registrars to rally together and they held a

two-hour stop work meeting at Town Hall to get an increase to a time and a quarter for hours worked between 8pm and 8am.

"There I was in my whites down at the Town Hall...but we managed to get time and a quarter, and we felt we'd made a difference."

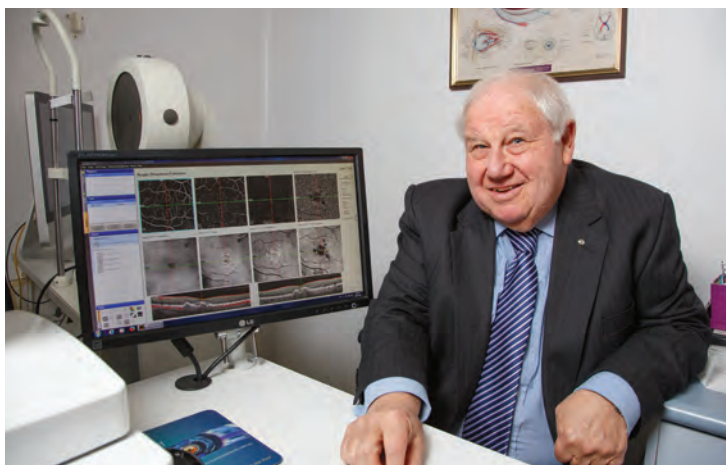
He adds, "and when we got our pay for that fortnight, we had been docked two hours because of that meeting!"

In 1976, Dr Steiner was appointed to the position of Honorary Secretary of RANZCO. Since then, he has held many positions in the College, including President, Chair of the NSW Branch, Chair of the Therapeutics Committee, Chair of the College Anomalies Committee and Chair of the Ethics Committee.

Dr Steiner has also been a prominent figure in the AMA – both at the State and Federal level. He served as AMA (NSW) President from 2010-2012. He also served recently as President of the Australian Society of Ophthalmologists and he's currently the Immediate Past President of that organisation.

In his years working in medico-politics, Dr Steiner has been involved in many battles with Government, including the 1984 Doctors' Dispute. And while threats to medicine come and go, he says one of the biggest challenges now is corporatisation.

"It's more difficult to set up a practice now – there's so much more red tape and expensive equipment – for a lot of doctors, it's just too difficult," he says.



"And I'm not sure that it's good for patients."

As for himself, Dr Steiner has no intention of retiring. "I've built up a practice that I enjoy working in, I enjoy going to work. I have excellent staff, I like my patients I've taught myself a few words in about 10 languages to help me examine them – an important thing in one of Sydney's most multicultural areas."

For those just starting out, Dr Steiner's advice is to never lose sight of what's really important.

"Make sure you spend time with your children because they grow up so quickly. All of the rest is of relative insignificance to the relationship with your kids. What we do shouldn't be in any way minimised, but my advice to the young doctors is please don't neglect your families because nothing is as important as that."

**dr.**



# No ordinary LIFE



**A/Prof E.P. Kremer OAM** is a man of many pursuits – letting professional curiosity and world adventure guide him through medicine and life.

**IT'S TAKEN** nearly 50 years, but the Government has finally recognised the sacrifice and bravery of Australian doctors and nurses who served as members of the Southeast Asia Treaty Organisation (SEATO) surgical civilian medical teams in Vietnam.

From 1 July 2020, doctors and nurses who provided medical aid, training and treatment to local Vietnamese people during the Vietnam War are eligible for the Department of Veterans' Affairs (DVA) Gold Card.

"It was a long battle to get the Government to finally recognise us," says A/Prof E.P. Kremer, who flagged the Government's acknowledgment as one of the highlights of his career.

A junior doctor at the time, A/Prof Kremer was persuaded by his mentor, Prof Vernon Barling, a senior surgeon at Royal Prince Alfred Hospital, to join a surgical team to Vietnam.

"He said, 'Ted, you've got to go because you'll get more experience there in a month than you'll get anywhere else in five years.'"

Almost 450 doctors, nurses, radiographers, and anaesthetists from Australia's teaching hospitals raised their hands to participate on surgical teams in the Vietnam war zone between 1964 and 1972.

Australia entered the Vietnam War in 1962, and as the fighting escalated a request was made to boost medical infrastructure in the area to deal with the increasing numbers of wounded soldiers

and civilians. The first medical team from the Royal Melbourne Hospital was sent in 1964.

A/Prof Kremer joined a medical team from Royal Adelaide in 1970 and stayed for just over a month.

"As a very junior doctor, I stayed in the background and did what I was told and got a tremendous amount of experience."

A/Prof Kremer was a good candidate to send to the conflict, as it wasn't his first. Just three years prior he had spent a month during the Six-Day War in Israel assisting with intensive plastic burns surgery.

In Vietnam, at the age of 25, – A/Prof Kremer was one of the youngest members to serve on the surgical teams. He's now one of only 72 of the medical professionals that served in Vietnam left. Many doctors and nurses worked in shocking conditions, alongside the military, and suffered the same kinds of illnesses as returning soldiers – insomnia, nightmares, flashbacks, depression – symptoms of Post-Traumatic Stress Disorder. But because they were civilians, they did not qualify for Veterans' Affairs gold cards to cover their medical costs. Instead they were told to get assistance through Comcare, which ceases to provide support after age 65. As many have passed that milestone, they are beyond Comcare's remit.

"As of 1 July, I managed to achieve something that has taken 49 years – that feels like a pretty big achievement."

But it's just one of many in A/Prof Kremer's life.









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## EARLY LIFE

A/Prof Kremer was perhaps destined to seek adventure in different parts of the world. He was born in 1945 in Harbin, known as the Ice City of China for its dramatic ice sculptures. It was also a refuge for Russian white émigrés – many of whom participated in the White movement and fled during the Russian revolution. By 1917, Harbin's population reached 100,000, with an ethnic Russian population of 40,000.

But the rise of Communism convinced his parents to leave China, and in 1951 they found their way to Australia.

A/Prof Kremer's family settled in Sydney, and when the time came to choose an area of study, he picked up where his father left off.

"Medicine is just something I always wanted to do," Dr Kremer says. "My father did two years of medicine in 1936 and then the war started and he didn't get a chance to finish."

## VARIETY

What really sets A/Prof Kremer's career in medicine apart is his variety of practice.

"I've done 35 years of neuro orthopaedics, I did over 30 years of plastic surgery, I did obstetrics and gynaecology for 15 years, and this is all on top of full general practice. I'm not really like the modern graduates – I'm pretty highly skilled in various avenues."

A/Prof Kremer finished medical school in 1969 and started his training at the Crown Street Women's Hospital to become an obstetrician/gynaecologist.

"And I suddenly realised that I wanted to practice a bit further than the female pelvis. And that's when I decided not to do full-time O&G and I went into general practice, because that meant I could look after an entire person and their family.

A/Prof Kremer continued to train in obstetrics and gynaecology, as well as general practice.

"I was on at Crown Street, St Margarets, St Luke's, and also, of course, at Eastern Suburbs. And as they closed one by one, I decided that it was time to stop."

During this time, A/Prof Kremer – who had a passion for photography – was asked by the former head of neurosurgery at Royal Prince Alfred, Dr John Segelov AM, to illustrate one of his papers with photography. Soon after, Dr Segelov asked Dr Kremer to assist him.

"So, for 40 years I worked with him until he died. We operated two and three days a week and we worked very late. We also worked at Liverpool Hospital. I did a tremendous amount of neuro orthopaedic surgery with him, mainly spines."

A/Prof Kremer also connected with the former head of plastic and reconstructive surgery at Prince of Wales Dr Barrie Milroy.

"He was probably the best trained plastic surgeon that I'd ever met and I'll tell you, I've met a few. And Barrie similarly asked me if I'd like to assist him on a regular basis, so I worked with him for two or three afternoons a week as well."

Dr Kremer assisted him with a lot of head and neck post cancer reconstruction work, as well as digital reimplantation, in addition to general plastic surgery, such as breast implants.

"I still do a lot of skin cancer work, lumps and bumps and so on," he adds.

A/Prof Kremer continues to run his general practice surgery in Bondi, where he works mornings, Monday to Friday.

## MEDICO-POLITICS

Throughout his career, A/Prof Kremer was active in medico-politics, serving as treasurer of RACGP NSW&ACT, as well as President of AMA (NSW)'s Eastern Suburbs branch.

He became AMA's representative to the Department of Veterans Affairs and travelled with former Prime Minister John Howard.

"I looked after him and quite a few other notable people. I had the honour of looking after Sir Roden Cutler until he died."

A/Prof Kremer also served in the Reserve and retired as Medical Director Services Army. He was given the Centenary Medal, as well as an Order of Australia for his work with veterans and other associations.

## ANTIQUE MEDICAL INSTRUMENTS

Another passion of Dr Kremer's has been the collection and restoration of antique medical instruments. He says he was 'at the right place, at the right time' to start collecting – when many senior surgeons were retiring and chucking out old instruments as new materials were being developed.

Prof Richard Gye, a neurosurgeon at Royal Prince Alfred and Dean of Faculty of Medicine, heard of his interest and asked Dr Kremer if he would help start a museum at Sydney University.

"One thing led to another and I was asked by the then Superintendent at Sydney Hospital which was in the process of being demolished and refurbished, if I would help to save their antique instruments. And every day I'd go in and they'd find something behind a wall or a fireplace that had been bricked up – we unearthed a tremendous amount of stuff."

A/Prof Kremer was eventually approached by Dean of the Faculty at Sydney to start a new museum in the Charles Perkins Centre.

"I got deeply involved in that and I raised many millions of dollars to finance the thing."

Dr Kremer was made an Adjunct Associate Professor and for the last eight years has helped create one of the largest medical museums in the world. He also has one of the largest collections of medical instrument catalogues.

"So one thing leads to another," he says. "I've had a fairly interesting life." **dr.**



# Diagnostic error

## COMMON TRAPS

# & MEDICAL PITFALLS

**AWARDED** the AMA Gold Medal in 2018, Dr Murtagh is renowned for his internationally-adopted medical textbooks, which have become the authoritative reference texts for doctors and medical students alike.

*Cautionary Tales* is a collection of authentic case studies encountered over 50 years of practising medicine, mostly drawn from Dr Murtagh's own practice in rural Victoria, as well as from his wife Dr Jill Rosenblatt. Together the couple served as the sole practitioners to a farming community in a small township with a 12-bed Bush Nursing Hospital.

This revised work builds on the first two editions of *Cautionary Tales* and features Dr Sara Bird as co-author, a Sydney GP and Manager of Medico-legal and Advisory Services for MDA National. For more than two decades, Dr Bird has assisted general practitioners and their medical staff deal with a variety of medico-legal issues which can arise in general practice, including medical negligence claims, complaints, Coronial enquiries and other investigations. She is also the author of the *Medico-legal Handbook for General Practice*.

*Cautionary Tales* is an important resource of medical education – stepping beyond the theoretical knowledge that serves as a base for clinical knowledge. It weaves together the physical



Acclaimed author, Emeritus Professor John Murtagh has released the third edition of Dr John Murtagh's *Cautionary Tales – Authentic Case Histories from Medical Practice*.

presentations of medical conditions with the relationship between doctor and patient, providing a psychological, social and environmental context for the readers.

The clinical situations presented in this book include the “atypical presentation of a common disease and the typical presentation of a rare disease” – they are the cases that confound, intrigue and ultimately teach. They contain common pitfalls that regularly befall both the inexperienced and experienced doctor. According to Dr Bird, the tales reveal Dr Murtagh's humility and often his sense of humour. Each reflects Dr Murtagh's sense of privilege to practise medicine and serve his patients.

“There's a saying, ‘the good doctor treats the disease, but the great doctor treats the person who has the disease. And I think John's book really personifies that,’” she adds.

Since 2015, there has been a 20% drop in the number of doctors applying for GP training. According to Dr Murtagh, the recent drop reflects the poor remuneration for general practice.

He argues we also need, “better training opportunities in model general practice during undergraduate and postgraduate years. The students need positivity from the universities and hospital personnel regarding the attraction, value and status of general practice.”

### **Excerpt from *Cautionary Tales: A BLACK HOLE AND BLACK SNAKES***

It was during a hot afternoon's busy surgery that I received a call from an ambulance officer. "We've been called out to this bloke who's fallen down an old mine shaft: the rangers reckon he's dead but we're not sure," he said.

"He's probably been down there for days and he really smells. His legs are broken and some snakes are down there with him. The hole's about 12 m deep, so do you think we should attempt any heroics? Is it worth hauling him up carefully?"

I decided to visit the scene immediately and arrived to find the men hauling the 'body' up the mine shaft. Suddenly, two large battered serpents were flung from the hole: red-bellied black snakes (very dead, fortunately). Eventually, a rather tragic sight emerged: the malodorous, distorted unconscious figure of a pale, young man. Incredibly, he was still alive despite having been down the shaft for almost three days. I recognised him as 'David M', a pleasant 20 year old who suffered from epilepsy; he was an avid gold prospector.

A rapid examination revealed several large lacerations on his scalp and back with a fractured leg and posterior dislocation of his right hip. The foul odour was due to faeces; his pulse was rapid and thready, and his systolic blood pressure was 60 mm Hg. The question remained: did he have envenomation from those black snakes? Red-bellied black snakes are not very venomous, but they still deserve respect. One significant finding really stretched the imagination. Peering into his wound I thought I could see a pulsating artery, but closer inspection revealed it to be large maggots.

I quickly inserted an intravenous line with Hartmann's solution as the ambulance sped off to the bush nursing



**Emeritus Professor John Murtagh**



**Dr Sara Bird**

hospital. David responded to the resuscitation and started moaning with the pain. Cleaning the poor fellow was a task for strong stomachs.

### **MANAGING THE PROBLEM**

This difficult case included blood loss, dehydration, a dislocated hip, fractured tibia and fibula, multiple wounds full of maggots and the possibility of snake bite. The patient's haemoglobin was 60 g/L and so we began a transfusion

following typing and cross matching. We decided not to give antivenom but to 'play it by ear'. Removing the maggots proved impossible because of their countless number deep in the wounds (which appeared amazingly clean). I contacted an experienced surgeon who recommended bathing the wounds with chloroform. It worked like magic: the anaesthetised blowfly larvae were flushed out easily.

The patient improved dramatically with a blood transfusion and passed urine that was essentially normal. When he had recovered sufficiently we took him to theatre, reduced the hip and fractured leg, and finished cleaning and suturing the wounds. David made a remarkable recovery, highlighting yet again the amazing recuperative powers of the human body.

### **DISCUSSION AND LESSONS LEARNED**

- Is it important for general practitioners to attend the scene of an emergency whenever possible. A request for advice is often a plea to attend.
- Venomous snakes are generally shy and do not bite unless provoked. There was no evidence that David had been bitten despite lying beside reptiles.
- The lives most readily saved are often those requiring urgent blood or fluid replacement. The importance of performing an effective intravenous cut-down is obvious.
- Multiple trauma are not necessarily as threatening as they appear. A cool, logical approach to management using basic principles invariably leads to a successful outcome.

*Reprinted with permission from McGrawHill Australia. John Murtagh's Cautionary Tales is available now at [www.mheducation.com.au](http://www.mheducation.com.au) or through your preferred bookseller. ARP \$69.00. **dr.***



# PATHWAYS THROUGH MEDICINE

*The NSW Doctor* is showcasing the unique stories of doctors who have successfully used Careers Service to further their ambitions. This edition features Dr Tim Scott, who shares his journey through medicine.

**IN 2006, AS A** medical student, I sat in the corner, probably in a small children's chair, of Dr Adam Scheinberg's Cerebral Palsy Clinic at Kids Rehab at The Children's Hospital at Westmead.

A heavily tattooed father with a ZZ-Top beard, leather jacket and no shirt underneath, attended with his 11-year-old son. This gentle boy had cerebral palsy, which was affecting his ability to mobilise due to spasticity. The tenderness also of the father towards his son (despite his tough appearance) struck me as poignant. That moment brought home to me the possibility that I might be able to make this field of children's rehabilitation my home and contribute to its development. This would involve bringing my background in neurophysiology, electrical and rehabilitation engineering to the table, at least in this boy's case, to help solve some of the mysteries of reducing spasticity in children under eight to minimise orthopaedic problems.

I believe this was the point at which I knew I could invest the 12 years of prior post-doctoral experience in improving hand function in people with tetraplegia to a broader and very vulnerable patient group. This was a defining moment guiding me towards a career in paediatrics

focussing on neuromuscular and musculoskeletal rehabilitation.

## EARLY INCLINATIONS

I can't claim I didn't know what I was getting into. Coming from a medical family (my father, Dr Ron Scott is a general practitioner), the on-call phone was a part of our living room sitting in the corner like a white bat-phone. The disruptive ring demonstrated that, for the on-call doctor, evening relaxation could be replaced in an instant by a situation requiring active response and vigilance. Nonetheless, the privilege of the situation, including the ability to influence the lives of many for the good, made an impact and stayed with me. Relative strengths in maths and science at school and an enjoyment of computer coding probably took me to engineering as my first degree. However, I saw biomedical engineering as means of satisfying my proclivity towards clinical influence whilst using the engineering training. With most biomedical engineering advances appearing to be interfacing electronics to the nervous system (such as cochlear implants and pacemakers), I sought to gain experience in the manipulation of the nervous system. Following two years of electronics R&D

experience in industry, this led to the undertaking of my PhD in Neurophysiology at The University of Sydney with Prof Max Bennett. On-campus networks and community, developed by Sister Mary Shanahan at Sancta Sophia College, led me toward an opportunity that would take me to the United States as a post-doctoral fellow with the best team in the world in their area of research. This was at Case Western Reserve University in Cleveland with the eminent Prof Hunter Peckham. The research area involved restoring hand function with electronic implants for people paralysed by a high spinal cord injury. This opportunity was a fellowship supported by the Movement Disorder Foundation of Australia. Subsequent to this, I arrived back in Sydney armed with the groundbreaking technology where, with colleagues Dr Claudia Gschwind (hand surgeon), Dr Sue Rutkowski (Spinal Cord Specialist), Ruth Quirk (PT) and Veronica Vare (PT), we formed the Quadriplegic Hand Research Unit at Royal North Shore Hospital. Prof John Morris was a great mentor at this time. Through our collaboration, we were able to implant a number of these devices, which were very successful, and undertake research contributing to improving upper limb function in those with disability.





**DR TIM SCOTT**  
**PAEDIATRIC**  
**REHABILITATION**  
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With some modicum of success in clinical research, I found myself being taken out of the clinical lab and my primary work became grant writing and reviewing the work that others had done. This was not good on two fronts: firstly, I was taken away from the clinical contact that had been a great motivator and, secondly, I was proposing research concerning a group of patients, by nature of my increasing management requirements, about whom I was beginning only to see from a distance. A meeting with Prof Stephen Leeder, the Dean of Medicine at The University of Sydney helped me to consider that a career in medicine might put me back at the clinical coal face. This would be with a skill set that would allow me to impact the community of people with disability both through clinical work and the development of relevant person-focussed clinical research work.

### OPPORTUNITY AND ASPIRATION

The transition points are always the challenge in a career – especially a medical one. Moving from medical school to internship, moving from resident to registrar, basic trainee to advanced trainee and advanced trainee to consultant. The increasing responsibility and expectation. Professors Kerry Goulston and Stewart Dunn taught me about the unique privilege of being a doctor. Dr David MacDonald in Port Macquarie taught me about the joy of paediatrics. In transitioning out of basic training, Dr Louis Cheung, our Director of Paediatric Physician Training, was a key person who was very generous to me with his time and advice. In making the transition from advanced trainee to consultant, I will always be grateful to my supervisors, Drs Simon Paget, Mary-Clare Waugh, Steve O’Flaherty, Adrienne Epps, and Michael Brydon who helped me greatly, and also to Ms Anita Fletcher of the Careers Service at the AMA who encouraged and supported me in being ready for opportunities as they arose and how to create them. My professional career has been built on such relationships and I have been the beneficiary of much

thoughtful generosity from many first-class people too numerous to mention.

I remember a student of mine telling me that his goal was to become a self-made man. My feeling is that this successful self-made person doesn’t exist. In our lives, we all are beneficiaries of the trust and patience of many people. People who have been willing to believe in our hopes and our capabilities and invest individually to allow growth. I have been the grateful recipient of many opportunities given to me by such belief.

### RESEARCH THAT MAKES A DIFFERENCE

I love the clinical environment. It is my habitat and my classroom. Each child that comes in teaches me. Given a background that is unusual amongst my colleagues, I feel a responsibility to make the best of the unique training and opportunities I have been given. I feel very fortunate to meet with families and work together to find the best path ahead. The multidisciplinary teams around me are inspirational with their commitment and dedication to the children and their families. With the opportunity of undertaking clinical work, I appreciate the opportunity to support my patients here and now and, with the research ongoing, look to improving their future. I am building my research momentum including an ambitious proposal for a Centre for Excellence in evaluating our interventions and translating our innovations into practice. Additionally, I am leading research in the area of 3D-printed prosthetics including co-design and virtual reality and in evaluation of interventions (including surgical) to the upper limb workspace in people with tetraplegia.

### ACHIEVING BALANCE

I think what surprised me about a medical career was that the demands would be so visceral. As a JMO, sometimes learning opportunities would be lost in the volume of work required. It is hard to explain to the bright-eyed medical student, the fatigue of a 16-hour weekend shift covering the hospital, a week of night shift or a month

on-call. Even here, there are lessons including the value of drinking water and eating lunch, prioritising work effectively, asking for help when you need it and carrying yourself with dignity and a cool head when under pressure. Hopefully, all these lessons add together now in my career: not only to influence the lives of families and their children with disabilities but also allowing me to get home to my wife, Monique, before bedtime for our four and two-year-old boys, Cameron and Lewis. **dr.**

*Dr Timothy RD Scott works as a Paediatric Rehabilitation Specialist at Rehab2Kids in Sydney Children’s Hospital and HNEKids Rehab in the Hunter New England Area. Dr Scott undertakes clinical work with children in the areas of cerebral palsy, limb difference, brain injury and general rehabilitation. He is appointed in the Department of Hand and Peripheral Nerve Surgery at Royal North Shore Hospital. He undertakes research in the area of rehabilitation and has a special interest in hand function in people with disabilities. His academic appointments include Senior Lecturer at the Graduate School of Biomedical Engineering and Medicine both at University of NSW and Clinical Senior Lecturer at The University of Sydney. He holds a PhD in Neuroscience and honours degrees in Electrical Engineering and Medicine.*

**AMA (NSW)’s Careers Service has assisted hundreds of doctors achieve their goals by offering professional support tailored to their level of experience, skills and ambition. For more information contact Anita Fletcher, Manager of Medical Careers Service, 02 9902 8158 or email [careers@amansw.com.au](mailto:careers@amansw.com.au).**

 **Careers Service**



# FREEDOM OF **EXPRESSION** THROUGH ART

For more than 25 years, the Boom Gate Art Gallery has given Long Bay Correctional Complex inmates a creative outlet and improved their mental health.

SOME OF THE most frequent visitors to the Boom Gate Art Gallery are partners and children of the inmates who create the works on display.

“Often the families will come to the gallery to see their loved one’s work, and they can’t believe the quality of the art – the kids will come running up to the wall and you can see how proud they are of their father,” says Damian Moss, who began co-managing the gallery in 2017. “That’s really rewarding.”

Mr Moss has seen the transformative power art has for inmates – many of whom have had very few positive creative and educational experiences in their lives before their incarceration.

He recalls one inmate with mental health issues. “He never spoke to anyone. He couldn’t even speak with the psychologist. But then he started painting and it completely changed his personality. Through art, he was able to tell the story of his past.”

The Boom Gate Gallery opened as

a trial at Long Bay in 1992 and sells paintings, drawings, sculptures and other artistic creations by inmates.

The artworks, which are produced as part of the Art Behind Bars program, not only give inmates an opportunity to use their time productively, but they provide a source of rehabilitation, income, and potential skill to help them earn income upon their release.

Inmates are referred by custodial and non-custodial staff, psychologists, welfare and education staff. They are encouraged to practise and develop their art in their cells.

“Making art is an inherently therapeutic process because it’s quiet and focused, and for many inmates, it’s the first ‘honest’ money they’ve earned in their life,” Mr Moss says.

If the work is of high enough standard, arrangements are made to feature the art in the gallery.

Up to 25 artists are represented at any time, with prices ranging from \$25 for individually painted cards;







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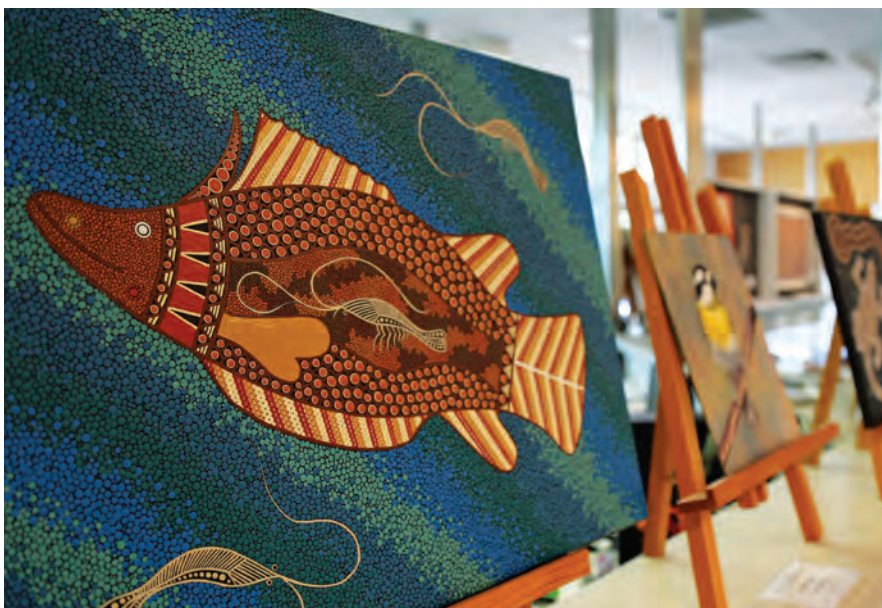
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Elizabeth Day and Damian Moss at Boom Gate Gallery



\$70 for decorated clap sticks, while paintings start at \$50. Up to 75% of the sale price goes to the artist, with the remainder used for administration and art supplies. Prices are determined jointly by the artist and the gallery.

"People are gobsmacked by the variety and the technical skill," Mr Moss says.

More than 80% of the works exhibited in the gallery are created by Aboriginal and Torres Strait Islander inmates. Mr Moss adds that "their work is full of meaning and has a strong sense of colour and design."

When prisoners sell their first piece, they are often elated, Mr Moss says.

"This is such a huge boost to their self-esteem and confidence – often it sparks a new beginning for inmates."

He adds that in many cases the money is passed on to inmates' families.

For the first time ever, the Boom Gate Gallery is partnering (and will be a satellite venue) with UNSW's Big Anxiety Festival. The festival, which is the largest mental health and arts festival in the world, will be held 27 September to 3 November. This year's focus is on Empathy and Stigma; Care and Healing; and Suicide Prevention.

Professor Jill Bennett, Artistic Director of the Festival says, "The arts are the

best means we have for sharing complex experience. They show us what we don't know about ourselves and others. They shine light on the relationships and social settings that help or hinder mental health, and they are a means to transform those relationships.

Currently 65% of Australians with a mental health problem don't seek help. The Big Anxiety Festival's mission is to engage that 65% – as well as all those who feel 'the system' doesn't yet deliver what we or our communities need. The Festival is about finding ways to connect, to hear and be heard, and to make change – breaking down the barriers people experience and building better futures."

Prisoners and detainees have significantly higher health needs than the general population. In addition to facing higher levels of serious health conditions such as cancer, heart disease and diabetes, there is also a higher prevalence of mental illness.

The Boom Gate Gallery identified particular inmates whose mental health has been improved through the process of making art to participate in the festival.

For more information on the Big Anxiety Festival visit [www.thebiganxiety.org](http://www.thebiganxiety.org). The Boom Gate Gallery is open Friday to Sunday, 9am – 3pm, 1300 Anzac Parade, Matraville NSW 2036. **dr.**



# Philippines: Medical Mission

**IT WAS A** little over 12 months ago when I saw an advertisement looking for doctors and nurses to volunteer on a medical mission to the Philippines. I had never been a part of anything similar and I mentioned it to my wife. Having three children means leaving home can be a little difficult, but after making enquiries my wife and I realised it was possible for all of us to go. Well, mostly all of us, with grandparents kindly offering to look after our two year old. So I signed up, along with my wife, Jess (a registered nurse), and our two oldest children, Lucy (9), and Felix (7).

In January 2019, we joined a small international group of doctors, nurses and non-medical volunteers as we set out for the Philippines as part of the inaugural Trips Plus medical tour. The brain child of social entrepreneur Justin Pagato, the idea was to team up with local charity Operation Blessing in one of their medical missions. It was also a chance to explore the country and culture of the Philippines.

2013 saw the city of Tacloban in the Philippines devastated by Super Typhoon Yolanda. The storm killed over 6000 people and left the city in tatters. It is the deadliest typhoon to ever cross into the Philippines. It has been estimated that close to 90% of all structures in Tacloban were damaged or destroyed. The city has slowly been rebuilt but Yolanda's trail of destruction is still etched into the fabric of the Tacloban landscape. Today the city is one of the largest in the province of Leyte and home to over 250,000 people.

The aim of the medical trip was to

Less than 10 years on from the devastating Super Typhoon Yolanda, the city of Tacloban is still rebuilding.

**Dr Matthew Allan** shares his family's experience providing medical aid to the area.



Devastation after Super Typhoon Yolanda

provide medical care in small villages on the outskirts of the city where regular healthcare is very hard to come by. A three-day operation over two different locations saw more than 800 local people get access to medical care. The contingent of nurses and doctors from Australia, New Zealand, and the US included paediatricians, general practitioners and rural generalists. We were aided by local general practitioners, dentists, a cardiologist and an ophthalmologist.

In an outdoor basketball court, we managed to triage and treat all who came. There was a considerable burden of chronic disease, such as diabetes, hypertension and dental decay. Several patients were also able to be referred through local networks with the help of charitable funding to receive higher level specialist care. Jess and I were definitely out of our comfort zone as we quickly realised that the medical supplies and equipment we rely on at home were not available here and there was a very limited pharmaceutical formulary.

Health promotion played a big part with our nurses running education sessions on dental hygiene and asthma management. Many local asthmatics are treated with either salbutamol tablets or by nebulised salbutamol via a shared village nebuliser. Our volunteer nurses were able to distribute metered dose salbutamol inhalers and demonstrate the construction of makeshift spacers.

The trip was an excellent cultural experience for our kids. When Lucy and





Felix weren't helping in the clinic they enjoyed playing with the local kids. I am glad they got a chance to work with their mum and dad. This was an immersive experience for all of us and they even picked up a little Tagalog dialect along the way.

After the medical mission was completed our group embarked on a several-day tour of Leyte and across the sea to Cebu. It was a chance to explore the stunning natural geography of the Philippines, experience local cuisine and practice our Tagalog. We were able to explore the Sohoton cave system and a daytrip to the tropical Kalanggaman Island. Trips Plus is planning another similar trip, February 1-11, 2020 to the Philippines. It is hoped that continued trips will provide medical aid to areas that are most in need, create local jobs and help build local communities.

**For more information go to**  
<http://www.tripsplus.org>

**Article contributed by Dr Matthew Allan, who is a general practitioner from Milton, NSW. dr.**



**Clockwise from the top left,**  
**View of Tacloban City from**  
**Calvary Hill, Leyte, Philippines.**  
**Dr Matthew Allan with his**  
**children Lucy and Felix.**  
**Volunteer nurses and doctors**  
**from Australia, New Zealand,**  
**and USA.**  
**View of a beautiful tropical**  
**island surrounded by coral reef**  
**Kalanggaman Island, Leyte.**  
**The natural bridge of Sohoton**  
**in Visayas.**  
**Registered nurse, Jess Allan.**



# COMPLIANCE CRACKDOWN



*Lyndall Humphries*  
**SENIOR ADVISOR**  
**(EMPLOYMENT LAW)**  
**PROFESSIONAL SERVICES**

**IN THE** past couple of months, there has been a noticeable increase in compliance and enforcement activity by the Fair Work Ombudsman (FWO) with a clear focus on underpayments. This is part of a compliance crackdown by FWO aimed at ensuring Australian employers are meeting their workplace relations obligations. FWO has urged employers to check that they are paying their employees correctly.

## Focus on underpayments

There have been new cases of underpayment in the health industry. FWO recently reported that it took legal action against an employer for failing to comply with the *Health Professionals and Support Services Award 2010* (HPSSA). This Modern Award covers many employees who work in private medical practices, including health practitioners, receptionists and secretaries. In this case, the employer underpaid the employee over a two-year period by failing to pay minimum rates of pay, Saturday rates, overtime rates and public holiday rates. The employer failed to comply with a Compliance Notice issued by FWO and was ordered to pay

a penalty of \$5,355 and back-pay of \$32,889, plus interest.

There have been other more high-profile cases of underpayment, including the recent George Calombaris underpayment scandal. In this case, FWO investigated the major Melbourne restaurant company founded by Calombaris after the company had self-disclosed underpayments. FWO found significant underpayments as a result of employees working hours that were not adequately compensated by annualised salaries and employees not being paid at the correct classification level under the applicable Modern Award. The company back-paid over \$7.8 million to current and former employees and entered into an Enforceable Undertaking requiring the company to pay a penalty of \$200,000 and take stringent measures to avoid future underpayments. You may be wondering why a decision in the restaurant industry is relevant to your medical practice or the health industry generally. FWO has indicated that this massive back-payment bill should serve as a warning to all employers, without limitation.

## What are your obligations?

To avoid being caught up in FWO's compliance crackdown, we recommend you review your workplace relations obligations.

When it comes to employees in private medical practices, most employees will be covered by either the HPSSA or the *Nurses Award 2010*. These Modern Awards set out minimum terms and conditions of employment on top of the National Employment Standards. Modern Award entitlements include minimum rates of pay, hours of work, rosters, breaks, allowances, penalty rates and overtime.

As an employer, you must comply with Modern Award entitlements or face penalties under the *Fair Work Act 2009* (Cth). Penalties are currently up

to \$12,600 per contravention for an individual and \$63,000 per contravention for companies. There are higher penalties (10 times the amount) for "serious contraventions". You may also be ordered to pay compensation or back-pay (plus interest), be subject to adverse publicity and suffer damage to your reputation as a consequence of the breach.

## What if you pay above the award?

Employers often mistakenly think that they can simply pay an annualised salary or above-award wages instead, or in lieu of, paying award entitlements, including allowances, loadings, penalty rates and overtime.

A limited number of Modern Awards include an annualised salary clause that allows an employer to pay an employee an annual salary in satisfaction of certain provisions of the award. However, neither the HPSSA nor the Nurses Award do (although the Modern Award that covered employees in the George Calombaris underpayment scandal did).

In the absence of an annualised salary clause in either the HPSSA and Nurses Award, perhaps the most prudent way to ensure you are meeting your workplace relations obligations is simply to pay your employees their base hourly rate of pay plus entitlements as required by the Modern Award. This is our recommended approach to minimise the risk of non-compliance.

However, if you are willing to take on the risk and pay your employees an annualised salary or above-award wages to satisfy various award entitlements, you would want to ensure that any annualised salary or above-award wages adequately compensate your employees for various award entitlements intended to be covered. You would also want to ensure that you have a well drafted contract of employment that includes a clear and express offset provision to minimise your exposure to risk.







**By Russell Price**  
Director at Specialist  
Wealth Group

# Insurance T&Cs

Changes to insurance contracts make it even more important to have your wealth protection regularly reviewed to ensure what you have in place meets your plan, your needs, and your goals.

IN AUSTRALIA, personal life insurance and income protection cover is either a 'Cancellable Contract' or a 'Guaranteed Renewable' contract and recent changes made to insurance within super show the importance of knowing exactly which type of contract you're getting yourself into.

**Guaranteed renewable** means that once you've started a life insurance policy and have been officially accepted and received your policy document, the life insurance company cannot in any way, shape, or form cancel your coverage providing you pay all the future premiums when they fall due. This means regardless of any changes in your future circumstances such as changing your job, employment status, new pursuits or pastimes, or a worsening of your health, the insurer cannot change the terms of your contract.

On the other hand, **cancellable contracts** don't necessarily automatically renew each year. The life insurance company has the right to refuse to renew your cover. Cover you hold, and rely upon to clear your debt in the event of death or suffering a disability can be removed from you by the insurer at any time.

On the 1st of July, one of Australia's largest super funds and the default super fund to the medical profession in QLD, QSuper announced a raft of changes to their clients' insurances.

**Some of these changes include:**

- There will no longer be a three-year benefit period
- The benefit period for members with a default cover will change to a two-year benefit period
- All members with a three-year benefit period will be moved to the two-year benefit period

In many instances, the cover has been made worse for their policy holders. The blanket of security these clients had is now a

little less comforting. If a doctor became sick and couldn't work, the amount of time they were being paid has just been reduced. Even worse, cancellable insurance can be – as the name suggests – cancelled all together if the provider no longer wishes to offer the cover anymore.

Many other funds have recently raised premiums also.

This should be particularly concerning for people who want peace of mind that their families will be looked after by the insurance they have in place within their super fund if the worse was to occur. Therefore, it's worth noting that any employer provided insurance, group plan, or industry super fund insurance is likely to be a cancellable contract and can be removed at any time at their discretion.

This is another reason why it is so important to have your wealth protection regularly reviewed to ensure what you have in place meets your plan, your needs, and your goals.

Lastly, please note: the Australian Government introduced changes on 1 July 2019 that aimed to strengthen the measures that protect a member's superannuation balance. This is part of the Australian Government's Protecting Your Super package. Superannuation funds were required to notify members by 1 May 2019 who had not received any money into their account for six months or more as at 1 April 2019, alerting them to the fact that they are at risk of losing their cover. Cover will be cancelled for inactive members who had not received any money into their Accumulation account for 13 continuous months.

Many members of super funds lost insurance in super on the 1st of July when this new law took effect. If you have questions about any of the above, or if you were affected, please feel free to contact Specialist Wealth Group for an obligation free review of your personal insurance needs.



**Contact an adviser at Specialist  
Wealth Group on 1300 008 002  
to discuss your portfolio today.**



# Building referral RELATIONSHIPS

## 3 winning strategies for gaining more referrals

**THERE** is no silver bullet to establishing referral relationships. But with consistent communications, you can build your reputation with a wider circle of prospective referrers.

These days, competition among specialists is fiercer than ever. GPs are never short on choice. You need to treat GPs and other referrers as any business would treat its valued clients.

You need to make sure that yours is the first name that comes to mind when their patient is sitting in front of them. You need to get to know them as people, gain their trust, and communicate consistently. It's hard work on top of treating patients and keeping up with admin. That's why doctors are beginning to turn to outsourced solutions which offer a better return on their time.

### GET TO KNOW YOUR REFERRERS

Your patient management software is a powerful tool. You should easily be able to run a report to get a list of your referrers over the last year. A good 'Referrers' report provides all the necessary details, including the number of patients and the income generated through each referrer. The income generated data allows you to check if the right type of patient is being referred to you.

Your top 20 referrers are likely to bring in over 60% of your practice income. You need to recognise them to ensure their ongoing support.

But if you want to grow your practice, you need to focus your efforts on GPs who refer infrequently, have stopped referring to you or have never referred to you. You need to find out why. What could you do to better serve them? What problems can you solve for them?



Remember that when they refer people to specialists, that they stake their reputation on you.

Running the report on a quarterly basis will enable you to measure your success in building your referrer base, and keep an eye on your best referrers, for changes in behaviour.

### BUILDING TRUST

Private practices, like any other business, need to build a brand. Your positioning in the minds of your referrers will determine your success. Do you ever ask yourself "Why would this GP refer to me?" You need to give them a reason to choose you over another equally qualified physician. You need to work out what you want to be known for.

Once you've done that, you need to maintain an active online presence, including content and social media channels to build a consistent personal brand, and ensure wide dissemination of

your message.

Last, but not least, you must meet your referrers in person. People relate to relatable people, so use this meeting to find out about them as a person, share a little about yourself and ask questions to uncover their pain points and identify ways that you could help. Then leave them with a short document or leaflet that demonstrates your point of difference.

### COMMUNICATION

Provide existing and potential referrers with a mobile number so that they can contact you or your team directly. Being accessible is important in building trust and loyalty.

Keep your referrers up to date with their patients' progress and care plan consistently. Your letters need to be sent back to the referrer no later than two weeks post the consultation or the procedure. Ongoing communication must be part of your care plan for each patient.

If you feel you are falling behind with letters, utilise patient management software that boasts the correct letter workflow with voice recognition (VR), available from your smartphone. You can use it straight after each consultation, by building in extra two minutes into each appointment or from your car on the way home. VR technology allows for more efficient turnaround of letters.

And remember, poor communication will damage your reputation. If you find yourself falling behind, perhaps it's time to consider outsourcing? **dr.**

Contributed by Jovana Kuljaca, Director of Specialist Hub - [www.specialisthub.co](http://www.specialisthub.co)



# Top five questions you should ask your private health insurer

As the rollout of the Government's Private Health Insurance reforms continues, here are some questions you should be asking your fund to ensure you are still getting the cover you need for the best value.



## 1. What tier is my hospital policy in?

Health funds are now required to classify all their hospital policies into four tiers. These tiers are labelled Gold, Silver, Bronze or Basic based on the number of clinical categories included. Gold is the highest tier and covers all 38 clinical categories. Conversely, Basic policies are only required to include a minimum of three categories (rehabilitation, psychiatric services and palliative care).

These new tiers are designed to make it easy for you to identify your level of cover.

There are also 'Plus' policies, which offer coverage above the minimum requirement for a specific tier. Doctors' Health Fund's Smart Starter Bronze Plus, covers all Bronze-level inclusions as well as some Silver-level inclusions like plastic and reconstructive surgery, and dental surgery. Sleep studies, which is a Gold category, is also included.

## 2. What excess options do you offer?

Health insurers can offer a higher excess of \$750 per year on their hospital policies (\$1,500 for couples and families).

It is worthwhile asking your fund whether they have a cap on excess payments for couples and family policies. While some health funds require you to pay excess per admission, per person, Doctors' Health Fund caps excess payments to one payment per person per year, so the same person will never pay more than one excess payment per year, regardless of the number of hospital admissions.

## 3. Am I likely to pay an out-of-pocket cost?

Even with Gold-level cover, you may still need to pay out-of-pocket medical costs; You should ask about the proportion of services that the fund pays with no out-of-pocket costs. This

will indicate the quality of the fund's medical schedule.

Doctors' Health Fund's Top Cover Gold pays up to the AMA list of medical fees; this means members on this cover will have fewer out-of-pocket expenses.

## 4. Do you have a preferred provider network?

Some funds operate preferred provider networks for their Extras policies; this means some of their policy benefits are only available at providers either owned or contracted by the fund.

Always ask whether the benefits offered will be the same at your chosen allied health provider as they are at the fund's preferred network.

Doctors' Health Fund advocates for clinical independence and freedom of choice. With no restrictive preferred provider networks, you are free to choose who treats you.

## 5. Do you offer discounts for 18 to 29-year-olds?

Insurers can now offer discounts to people aged between 18 and 29 on their hospital policy. This new initiative is designed to make private health insurance more affordable for young people.

This discount is voluntary and not all health funds will be participating. Doctors' Health Fund recognises the importance of young people within the private health system and has chosen to support this new initiative.

If you are under 30, ask your current fund if they are offering this discount.

If you are not completely satisfied with the responses from your fund, consider getting comparisons for more suitable cover; at Doctors' Health Fund we can provide a comprehensive comparison over the phone and making the switch is easy because we take care of everything for you.



For more information about our products and services, please email us at [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au) or call us on 1800 226 126.

# SIRA NEWS

## Cessation of entitlements

**AS A RESULT** of the application of section 59A of the Workers Compensation Act 1987, one or more of your patients may soon no longer have their claim for medical, hospital and rehabilitation expenses compensated through the workers compensation system. They may need your assistance to prepare for this change.

The date these changes come into effect will vary, with some patients ceasing entitlements from September 2019.

If you are providing treatment/services to a patient(s) affected by these changes, you should gain a clear understanding from each patient when their entitlements will cease and let them know the costs of any treatment/services provided after that date will be their responsibility.

Treatments/services provided after the cessation date will not be paid by the insurer, even when previously approved.

SIRA suggests you tailor your approach to affected patients and work collaboratively with insurer case

managers to ensure patients receive appropriate support before their entitlements end.

### You might consider actions to:

- discuss and inform your patients of medical and support services available to them and make referrals where appropriate. This could include through publicly-funded community, state or federal systems, or where applicable, services funded by private health insurers.
- prepare a discharge plan with your patients with the goal of developing self-management strategies to promote independence from health care. This will assist them with longer-term management of their injury or condition.

**For more information, look online for the Section 59A Information for health providers fact sheet, visit [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au) or contact the patient's workers compensation insurer case manager. **dr.****

## ASSESSORS OF PERMANENT IMPAIRMENT NEEDED

**SIRA WORKERS COMPENSATION** are inviting specialist medical practitioners to become assessors of permanent impairment in the NSW workers compensation system in following areas:

- Haematopoietic
- Endocrine
- Cardiology
- Urinary and Reproductive system (gynaecology)

SIRA currently has insufficient assessors to meet demand in the above areas, particularly for the haematopoietic system. The introduction of the Workers Compensation Legislation Amendment (Firefighters) Bill 2018 has increased demand for assessors in this area, as the presumptive legislation covers 3 blood cancers (Leukemia, non-Hodgkin's lymphoma and multiple myeloma).

Prior to applying to become an assessor with SIRA, medical practitioners are required to undertake training in the evaluation of permanent impairment using the NSW workers-compensation-guidelines-for-the-evaluation-of-permanent-impairment 4th ed through AMA Training. Information about the training is available at <http://ama5.com.au/>. Following successful completion of the training all doctors need to apply to SIRA Workers Compensation to be listed on the SIRA website to conduct assessments with workers. The requirements to be eligible to be listed as a trained assessor of permanent impairment with SIRA Workers Compensation are available through the SIRA website.

Please contact Maria Wilson at [maria.wilson@sira.nsw.gov.au](mailto:maria.wilson@sira.nsw.gov.au) or by telephone at 9282 5870 for further information. **dr.**

## Maximum fees for medical services

**SIRA** is reminding medical practitioners about the prescribed fees for services relating to workers compensation and motor accidents (CTP) claims.

Medical practitioners should charge no more than the prescribed fees, which are set in law or by the Australian Medical Association and differ between the CTP and workers compensation schemes.

SIRA has identified overcharging as an emerging issue in complaints from scheme participants and analysis of payment summary reports.

To avoid overcharging, you are

encouraged to check whether patients have active workers compensation or CTP claims and charge no more than the maximum fee.

Insurers should not pay more than the maximum prescribed fees for these medical services, and an injured person is not to be charged a gap.

**For more information, visit <https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers> **dr.****



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# 2019 PRESIDENT'S CUP

This year's President's Cup was held at the Twin Creeks Golf Club – a deceptive course with surprises that will challenge any golfer.



**FOR THE FIRST** time in Cup history, the AMA (NSW) Golf Society visited Twin Creeks Golf Club to contest the 2019 President's Cup.

Twin Creeks Golf Club has been the home of the NSW Open Championship for a number of years and it is always pleasing to take our members to a prestigious course. The organisation of our event was a credit to the staff at Twin Creeks. Every detail for a successful golf event was attended to without fuss which always leaves a favourable impression on our members. If you haven't played Twin Creeks then add it to your golfing bucket list. It is within easy reach of the city via the various motorways.

A word of warning which would be supported by all who played on the day – don't allow yourself to be seduced by the benign appearance of the course and its fairways and greens. On just about every hole what at first glance appears to be wide, friendly and uncomplicated fairways and greens will inevitably hold a golfer's surprise that brings you back to the realities of competition golf.

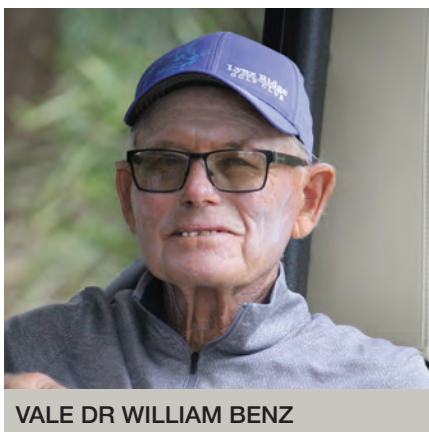
The overall scores on the day were, on average, reasonably high and reflected a closely contested event.

Winner of the 2019 President's Cup was Dr Bill Lynch with 42 Stableford points and runner up with 38 points was Dr Ian Meakin.

Winners of the 2BBB were Dr John McGill and Dr Ian Meakin with 47 points and the runners up were Dr Peter Cohen and Dr Ian Meakin with 45 points. Nearest the Pin went to Dr Bill Lynch. It was certainly Ian's day and he played very steady golf. Congratulations to all of our winners and place-getters.

There was one tinge of sadness when Dr Robyn Napier drew our attention to the recent passing of Dr William Benz. Bill was one of our original Golf Society members and rarely missed an event, including the overseas competitions. He was always one of the first to register for an event. Bill will be sadly missed by his many golfing friends and colleagues. Vale Bill. **dr.**

**Any inquiries about the Golf Society should be directed to Claudia Gillis. Phone 9439 8822 or email claudia.**



VALE DR WILLIAM BENZ



*Presidents Cup Winner*

**DR BILL LYNCH WITH  
DR ROBYN NAPIER**



*Presidents Cup Runner Up*

**DR IAN MEAKIN WITH  
DR ROBYN NAPIER**

## AMA (NSW) Golf Society

**Spring Cup – Friday 6th Sept**  
St Michaels Golf Club

**BMA Cup – Thurs 5th Dec**  
Terrey Hills Golf Club

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



# AMA (NSW) Exclusive Member Benefits

## Preferred Partners



### Specialist Wealth Group

Specialising in financial advice exclusively to medical, dental and veterinary professionals, Specialist Wealth Group customises holistic solutions across financial planning, insurance, estate planning and finance advice on superannuations.



### April Invest

April Invest is a Property Investment Fund Manager who buys, manages and adds value to direct property investments within Sydney. Our objective is to help you generate greater wealth and diversify your investment portfolio through additional passive income from the purchase of Sydney office buildings.



### Accountants/Tax Advisers

Cutcher & Neale's expertise is built on an intimate understanding of the unique circumstances of the medical profession. Our team of medical accounting specialists are dedicated to helping you put the right structure in place now to ensure a lifetime of wealth creation and preservation.



### 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](http://www.doctorshealthfund.com.au)



### Prestige Direct

Our philosophy is to keep it simple, keep our overheads down and provide quality cars at competitive prices. So if you're looking for a great deal on your next prestige car enquire about Prestige Direct.

## Preferred Partner Spotlight

Established in 1953, Cutcher & Neale's expertise is built on an intimate understanding of both the unique circumstances of the medical profession and the opportunities available to you.

Our team of medical accounting specialists are dedicated to helping you put the right structure in place now to ensure a

lifetime of wealth creation and preservation.

If you're already well into a career, we can review your current structure to ensure you're maximising the opportunities available to you. No matter where you are on your career path, we'll help you reach your financial goals.

### Our key services

- Dedicated SMSF Division
- Negative gearing strategies
- Medical Practice valuations
- Medical Practice structuring
- Cloud based record keeping
- Tax-effective Superannuation strategies
- Strategies to increase Practice efficiency
- Using your Superannuation to buy your rooms / surgery
- Estate planning



Call the Member Services team to arrange a free consultation with one of our experienced staff on 02 9439 8822 or email [medical@cutcher.com.au](mailto:medical@cutcher.com.au)

## Member Services



### AMA Training Services

AMA Training Services offers HLT57715 Diploma of Practice Management for current and aspiring practice managers. Receive the member discount for yourself or nominated staff off the first ASP term, valued at \$500. Three scholarships valued at up to \$2,000 each are available for current and future students.



### Accor Plus

Members are able to purchase Accor Plus membership at a discounted price. As an Accor Plus member, you will enjoy a complimentary night stay at participating AccorHotels each year and up to 50% savings on rooms and food bills.



### Preferred Partner Program

#### Alfa Romeo

Alfa Romeo® Preferred Partner Program allows members to take advantage of incredible discounts across the Alfa Romeo® range. Go to [www.alfaromeo.com.au/fleet](http://www.alfaromeo.com.au/fleet) and use your Preferred Partner Login.



#### Audi

AMA members are now eligible for the Audi Corporate Program, which gives members a range of privileges, including AudiCare A+ for the duration of the new car warranty, complimentary scheduled servicing for three years or 45,000km, and much more.



#### BMW

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 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.



#### Hertz

Receive exclusive rates and benefits when you rent with Hertz in Australia (terms and conditions apply). Weekdays – 10% off the best rate of the day; Weekends – 15% off the best rate of the day; 5+ Days – 15% off the best rate of the day; Prestige Collection – 15% off the best rate of the day.



#### Jeep

Jeep's® Preferred Partner Program allows members to take advantage of incredible discounts across the Jeep® range. Go to [www.jeep.com.au/fleet](http://www.jeep.com.au/fleet) and use your Preferred Partner Login.



#### Sydney City Lexus

Lexus Members can enjoy the Lexus Corporate Program Benefits including 3 year/60,000kms complimentary scheduled servicing, reduced delivery fee, priority ordering and allocation, complimentary Service loan car & complimentary pick-up/drop-off, Lexus DriveCare providing 24-hour roadside assistance.



#### Make It Cheaper

Make it Cheaper can run a free energy bill comparison for you and help you find a competitive deal and save. Call 02 8077 0196 or email [amansw@makeitcheaper.com.au](mailto:amansw@makeitcheaper.com.au) for a free quote.



#### Mainly Mobile/Optus

Mainly Mobiles Communications has teamed up with Optus to provide AMA (NSW) members with a great offer: new Optus mobile customers will receive a 10% discount on their new 24-month mobile handset plan; existing Optus mobile customers will receive a 5% discount on their new 24-month mobile handset plan.





### Medical Staff

Medical Staff specialises in the recruitment and placement of Nursing Staff, Locum Doctors and Allied Health Professionals in Private and Public Hospitals, Aged Care Facilities, Retirement Villages, Private Clinics, Universities, Schools, Medical Surgeries and Home care services including personal care and domestic help.



### Mercedes-Benz

#### Mercedes-Benz

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. Included is access to complimentary pick-up and drop-off, loan vehicles during servicing and up to 4 years of Mercedes-Benz Road Care nationwide.



### Nespresso

Receive 10% off Nespresso Professional Zenius Machine, cost \$674.10 (Save \$74.90), and a complimentary bundle of accessories worth \$251, including a Aeroccino4 milk frother, Nespresso Coffee&Co Coffee Dispenser, and a dozen Cappuccino cups and saucers. Valid ABN and business name required to redeem offer.



### Nungar Trading Company

Members will receive free Australia-wide shipping or a free tin of Stockman's polish when you purchase a pair of R. M. Williams Comfort Craftsman, Dynamic Flex, Adelaide or Sydney Boots at \$430 (RRP \$595). Standard sizing. Option of leather sole POA. International Postage POA. Order on [www.nungar.com.au](http://www.nungar.com.au) and mention this offer in the comments box.



### Persian Rug Co.

Persian Rug Co. stocks Australia's largest selection of over 10,000 handwoven rugs, including authentic traditional, village, tribal, kilim, and designer pieces. Our team works with clients to meet their unique residential and commercial requirements. Members receive a 20% discount on online and in-store purchases.



### Qantas Club

Discounted rates saves you hundreds of dollars on membership. Joining fee \$247.38, save \$151.62; one year membership \$415.80, save \$124.20; two year membership \$754.60, save \$225.40.



### Solahart

Solahart systems are good for the environment and your bank balance. We offer tailored solar solutions for your home or business practice. Members receive a minimum of 5% off Solahart systems, and a \$500 Coles Myer Gift Card\* with the purchase of any residential Solahart System – exclusive to AMA (NSW) members.



### Virgin Australia – The Lounge

Significantly reduced rates to the Virgin Australia Lounge for AMA members and their partners. Joining fee is \$160 (save \$170) and annual fee is \$325 (save \$95).



For more information and assistance please call one of our member services team on 02 9439 8822 or email [members@amansw.com.au](mailto:members@amansw.com.au). Visit our websites [www.amansw.com.au](http://www.amansw.com.au) or [www.ama.com.au](http://www.ama.com.au)

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## REFER A MEMBER & RECEIVE A VISA GIFT CARD

**Here's how it works** - Remind your referral to quote your AMA (NSW) membership ID or your full name in the 'referred by' section. Get rewarded when your referral joins\* (you will be rewarded with a \$100 Visa gift card for each new AMA (NSW) member or \$50 Visa gift card for each new doctor-in-training member). The more new members you refer, the more you will be rewarded. No one is more qualified to share the success of AMA (NSW) and its membership benefits than you, a dedicated member. Every time you refer a member, you help strengthen your association and achieve more recognition for the medical

profession. Through member growth, AMA (NSW) can provide more resources and better support to you, as well as give you a louder voice in the Australian healthcare system.

**To refer a member go to [www.amansw.com.au](http://www.amansw.com.au)**



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**Ben Thompson is the master craftsman behind the Australian leather accessories label, Charlie Middleton.**

An accomplished independent Australian designer, Ben combines a wealth of experience with a love of making things to create custom leather accessories that flawlessly integrate into any existing wardrobe.

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Proudly Australian owned and operated, each Charlie Middleton item is handmade by Ben and Margaux in their Bondi workshop.

\*Available online and instore for a limited time only. Just mention the AMA when in store, or use the code AMANSW at [charliemiddleton.com](http://charliemiddleton.com). Offer ends 20th October 2019.

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# UPDATE

## ACQUIRED NOV 15 = \$31.5M VALUED JULY 19 = \$105M

Habitat House has provided strong rental returns from Day 1 plus capital growth via market demand, renovation and leasing.

AMA members have exclusive access to these types of deals.



### City fringe leasing on the rise in Sydney as Blackmores joins the rush

*The Sydney Morning Herald* CAROLYN CUMMINS | JUL 17, 2019

- f** Listed group Blackmores has joined the rush to the city fringe with a new lease at the recently developed Habitat House in Surry Hills, Sydney.
  - in** The pharmaceutical company will take out three floors at 64 Kippax Street, a new office initiative by the April Group. The property has been repositioned to offer tenants a focus on wellness and more collaborative spaces.
- Blackmores will join Sony, while technology company Audinate will move into the sixth floor and Guzman y Gomez will take residence on the first floor.

SEND YOUR CONTACT DETAILS TO [AMA@APRILGROUP.COM.AU](mailto:AMA@APRILGROUP.COM.AU)  
TO HEAR ABOUT OUR NEXT INVESTMENT OPPORTUNITY.

## \_APRIL INVEST

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