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THE NSW doctor

AMA NEW SOUTH WALES

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Letter from the Editor

It's difficult to start this letter without referring to COVID-19. In fact, for almost three months now it's been difficult to start any conversation, read any news article, listen to any radio station, turn on any TV channel, or open up my inbox without some reference to COVID-19 coming up.

The impact of this pandemic has been pervasive and all-encompassing. It has changed how we shop, where we eat, how we interact with each other, and - as is relevant for this column - how we work.

For the first time in its history of production, *The NSW Doctor* magazine is being delivered to you as a digital-only publication. We made the decision not to print hard copies of the issue for a couple of reasons. One is that this crisis has had an impact on postage delivery times. We strive to get the magazine to our members in a timely manner and with the current delays in postage we were unable to guarantee that. We're also cognisant that the physical properties of a hard copy magazine mean it can be a vector for germs. Magazines tend to get handled a lot and in the current climate when everyone is very particular about what they touch that is problematic. Lastly, we wanted to ensure we could deliver a product that was as timely, relevant, and up to date as possible.

What we know about COVID-19 continues to evolve as more research is being conducted and released. It's very easy to look back at things written even just a few months ago and think 'well, that didn't age well.' (Yes, I'm thinking of all those New Year's Eve posts that said 2020 was going to be the best year ever.)

In this issue, we (of course) look at COVID-19, but we've tried to take future-focused approach. We know this isn't over yet, but to borrow a phrase from a fellow Canadian, Walter Gretsky as told to his son Wayne: "Skate to where the puck is going, not where it has been."

Andrea Cornish

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IF NOT NOW, WHEN?

DR KEAN-SENG LIM
PRESIDENT, AMA (NSW)

COVID-19 has presented us with a challenge, but also an opportunity to shape and evolve the health system.

AS I COME to the end of two years as President of AMA (NSW), it is fitting to reflect on what has happened and what has changed. Presidents come and go but the strength of the organisation lies in its staff, led by their CEO, Fiona Davies, who has been a stalwart champion of the organisation and the doctors we represent. The events of the last two years have changed and will continue to change the way we work and test our ability to adapt. I have to thank our members, our Council and our organisation for the opportunity to serve in this role through this period of time.

Fittingly for this organisation, the words of Hillel the Elder opened our first strategic planning meeting in 2018 – "If I am not for myself, then who is for me? But if I am for myself alone, then what am I. And if not now, when?"

Not only does the AMA represent doctors at all levels of their careers, it advocates on behalf of the health of the patients we serve. While the Association has continued to support members in their practices and improve working conditions in hospitals, it has also been very active in public health advocacy. We championed abortion law reform, obesity programs, domestic violence awareness, gender equity, stricter alcohol measures, climate change, regional and rural health reforms, Indigenous health, and much more. The Association has responded to many reviews on issues, including but not limited to: My Health Record, Workcover, primary care, workforce and training, bushfires, the drug 'ice', paediatrics, the Northern Beaches Hospital, mandatory testing, cosmetic surgery, mental health, and the list goes on.

We are constantly working to respond to an evolving health system – and one that has been under growing strain. We are witnessing quarter on quarter records in emergency department attendances and hospital utilisation, along with longer waiting times for elective surgery. At the general practice level, there remains the ongoing underfunding of primary care, which threatens its capacity to provide quality, comprehensive and coordinated care. Lack of funding also hinders its ability to provide continuity of care, which remains one of the major factors in improved health outcomes. Events such as the bushfires at the end of 2019 increased the strain on many parts of the system, which was further compounded by the COVID-19 pandemic. These crises reveal cracks in the system.

All membership organisations face the challenge of who they are. There are organisations which represent their limited membership ably but fail to lead in the world of health. Credibility comes from being more than just a membership organisation and this is the challenge facing us. The increasing strains of the health system and the challenge of responding to the coronavirus pandemic will change the way we do things. As doctors and as an organisation we are well placed to play a leading role in shaping the healthcare system of the future – should we choose to do so. dr.

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TIMING IS EVERYTHING

FIONA DAVIES
CEO, AMA (NSW)

A cautious and measured return to elective surgery is in the best interests of patients and practitioners, including doctors-in-training.

THE CANCELLATION of non-urgent elective surgery in March was the right move at the right time. It achieved exactly what it was supposed to: preserve PPE, increase capacity, and give the health system more time to prepare for a potential surge of patients.

More than two million hospital admissions in Australia involve elective surgery – with two-thirds performed in private hospitals and one-third in public. While the decision was necessary, we recognise the profound personal and professional implications it has had for doctors and in many instances their staff. These doctors and their staff members made an important sacrifice for their safety and the safety of their patients.

The suspension of elective surgery was also a burden on patients – many of whom have been waiting for surgeries that would have a significant impact on their mobility and pain: cataract surgeries, joint replacement, hernia repair – to name a few. Research indicates prolonging wait times for elective surgery can be detrimental – with patient deterioration proportional to the length of time they wait. They also face increased risks of falls and addiction to pain medication.

Whilst we are not through the COVID-19 pandemic, the low numbers of new cases have prompted a cautious and measured return to elective surgery.

AMA (NSW) supports this decision and we suggest it is time to evolve our thinking and our actions from the crisis response phase.

Re-opening elective surgery will be good for patients and it will benefit medical professionals. Yes, there is an economic benefit to doctors, but continued viability of practices and practitioners is important to the ongoing strength of the health system. Keeping the doors open and the lights on is integral to patient care.

It is also about ensuring the skill, expertise, and competence of the medical workforce is maintained. It is particularly crucial for trainees who need to fulfil a certain number of operating hours for their program. It's heartbreaking for those who have undergone years of study and training to be stymied at this critical period in their professional development. Inability to get the experience they need will result in some doors shutting for those individuals. Like so many impacts from this pandemic, it's not fair.

So while we must be cautious about re-opening elective surgery, and mindful of PPE usage, and transmission rates – particularly any increases in healthcare worker infections – there are a lot of good reasons to keep this on track.

I want to emphasise the benefits so that they loom large in all our minds, particularly over these next few weeks as decisions are made about which patients and when, as well as testing and self isolation guidelines. We need to ensure access is balanced with patient/practitioner safety. This ongoing equilibrium will be critical in the months ahead. dr.

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CRISIS COMMUNICATIONS

If necessity is the mother of invention, then COVID-19 has been the catalyst Australia's health system needed to embrace medical technology.

THE HEALTH system's acceptance and use of telehealth went from zero to sixty almost overnight.

Pre-pandemic, most medical professionals focused on delivering healthcare via face-to-face consultations, and there was considerable resistance to adopting new patient interaction technologies. While useful for rural and remote healthcare and after-hours service, telehealth was used by a minority.

The barriers to using telehealth pre-COVID were multifactorial. For medical professionals, telehealth presented a risk. There was a fear they might miss something if the patient wasn't physically in front of them – if they couldn't see them or touch them. Doctors worried that care provided via telehealth would be inferior and patient outcomes would be poorer as a result.

There was also a gap in knowledge – doctors aren't formally trained to use telehealth. What questions do you need to ask patients, how do you conduct a patient examination, what red flags should you look for?

And finally, there is the challenge of implementing this technology into your practice. What are the new telehealth MBS items and who can use them? Can patients assign their MBS benefit without a physical signature? Do providers need to be in their regular practice to provide telehealth services? Can doctors mail, email or fax prescriptions and referrals? And what technology platforms should you choose?

There was also significant learning curve on the patient side. And while many embrace the convenience, there is a certain hesitancy that comes with any departure from the norm.

These practical concerns frustrated and flummoxed many in the early days of implementation.

SO WHAT CHANGED?

The threat of a deadly virus brought telehealth into focus very quickly, and within weeks of COVID-19 landing in Australia both doctors and patients looked at ways of reducing their risk of infection. Almost universally, people began saying this is the future of healthcare.

The other huge driver for the adoption of telehealth was funding. In late March, the Federal Government announced expansion of Medicare subsidised telehealth services for all Australians.

In doing so, the Commonwealth recognised the value of telehealth services as a means of keeping medical professionals safe while allowing patients self-isolating or in quarantine to still access medical care.

Prior to that announcement, the MBS item only applied to people with a confirmed case of COVID-19 or those in isolation, along with some groups such as people over age 70.

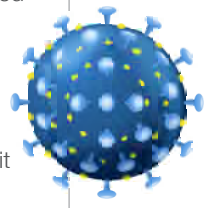
The changes meant telehealth services were expanded to include GP services and some consultation services provided by other medical specialists, nurse practitioners, mental health treatment, chronic disease management, Aboriginal and Torres Strait Islander health assessments, services to people with eating disorders, pregnancy support counselling, services to patients in aged care facilities, children with autism, and after-hours consultations.

BENEFITS

In a COVID world, the obvious benefit of using telehealth is the ability to reduce transmission of the virus – making clinical appointments safer for clinicians and patients. But there are other benefits as well.

Digital Health CRC www.digitalhealthcrc.com held a series of webinars in March and April with panellists from around the country and overseas, including Professor Trish Greenhalgh from Primary Care Health Services, University of Oxford.

> The worst way to do this is to think about it as installing a piece of technology. The best way to do it is to think of it as improving a service.



"The worst way to do this is to think about it as installing a piece of technology. The best way to do it is to think of it as improving a service," Prof Greenhalgh stated.

Her research indicates patient satisfaction with telehealth is quite high. For patients – particularly those in rural and remote locations – telehealth cut down valuable travel time to appointments.

The other acknowledged benefit of telehealth is it allows for more efficient patient care. Dr David Triska, a UK doctor who appeared as a panellist for a Digital Health CRC webinar

on 9 April, said in terms of usefulness, practitioners should think about telehealth as a new baseline for working.

"Having a bit of time to prepare for anything that you're about to see face to face and having a think about what that is, benefits both clinicians and patients. You may not be able to complete consultations on telehealth alone but starting all of them with telehealth can lead to enormous benefits. Sometimes patients present with something you've never heard of or a cluster of symptoms that are difficult to sort through and actually having some preparation prior to seeing them is really helpful. You may not be able to do everything on telehealth, but as a baseline it's an excellent way to practice."

Because telehealth is less time consuming, Dr Triska said he can have more regular contact with patients. As a result of this, his practice has experienced a reduction in safety incidents.

Sydney general practitioner, Dr Amandeep Hansra, who appeared as a panellist for the Digital Health CRC webinars, has been in the telehealth space for close to a decade. She said her practice uses telehealth as a triaging tool.

"There are some things we can complete virtually and there are some things we need the patient to come in for. But in a COVID world, we need to be adequately prepared for those patients. We are able to organise our days much better when we know what's coming through the door."

And for patients with mobility issues, following them up more regularly via phone or video provides a more holistic service and gives them better access to healthcare.

CHALLENGES

The biggest roadblock for many practitioners is around the diagnostic challenge of not being able to physically examine a patient and the fear that they will miss something.

According to Dr Hansra, "If you look at international literature there is no evidence that telehealth services have worse outcomes than face to face healthcare. [The research has shown] if you put in good processes and good principles, you can mitigate for a lot of the risk that people are fearful of."

Telehealth experts suggest doctors have a plan or series of standard questions they use. For example, 'Is the patient happy to be contacted in this way? Are they in a space where they can discuss their health issue?', etc.

Some consultations can be conducted over telephone, while others are better suited to video. According to Prof Greenhalgh, there is a surprisingly large amount of examination that can be conducted via video. She indicated that eyeballing patients gives doctors quite a bit of information. However, if the consultation is being conducted via phone, the doctor will have to ask more questions to give them a better idea of that they aren't able to see, eg. 'Are you ok to talk to me?', 'Are you feeling all right?'

There is also the opportunity to get clinical information from the patient if they already possess devices such as thermometers, blood pressure monitors, etc, that can be used to assist the doctor during the consultation.

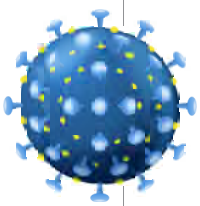
And in some cases, a better patient experience can be achieved through email. Dr Triska said, in his experience, a lot of mental health patients prefer email or texting.

"A lot of people talk about missing visual cues from face to face. But we find a lot of patients will divulge more over email than phone or video. A lot of deep dark secrets have been sent our way via messaging services rather than video or phone… Just pick your battles," he added.

Dr Amandeep Hansra

Telehealth experts agree not everything can be done remotely. There are a significant portion of things that are just not possible to do without a physical examination.

"There is a scope of what can be done. And if you know where your limitations are you can perform most things safely. As long as you know at what point does this patient need a face-to-face consultation," Dr Hansra said.



Another potential challenge for practitioners and patients is around use of the technology itself.

There is a fear that certain groups will have greater difficulty in accessing care via telehealth, particularly older patients, or patients with limited English.

However, telehealth doctors indicate they haven't found technology to be the barrier that had feared it would be. Even patients in their 80s have had almost two decades of experience with the internet and many are adept with using video platforms. And for those who aren't, the telephone is always a good option.

For patients who face a language barrier, doctors may need to find assistance with an interpreter or a family member the patient is comfortable with to assist.

Lastly, in terms of barriers, the rapid shift to telehealth has exposed some of the infrastructure changes the system needs to undertake to make delivery of care more seamless. These include scripts, pathology referrals, and specialist referrals.

PRIVACY

To make it easier for practitioners to adopt telehealth, there has been a relaxation around use of consumer level technologies.

However, patient privacy, data protection and security remain a concern. Further guidance around what is safe, what meets the Australian privacy principles and what is secure needs to be provided.

Doctors are encouraged to do their research and steer away from free platforms. Telehealth experts suggest speaking to your existing vendors and aligning yourself with a provider that offers services in line with what you want to do. Another practical idea could be to invest in a platform used by your colleagues, who can help you troubleshoot any problems that arise.

FUTURE

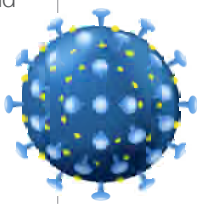
The Digital Health CRC webinars had thousands of doctors sign up, which is perhaps demonstrative of how eagar doctors are to use telehealth.

But in the rush to reduce transmission of COVID through telehealth, the health system leaped over a few necessary steps to really get the most out of this technology.

Post-COVID, the use of telehealth will largely be dependent on whether it continues to be funded. There is a concern that the cost to the Commonwealth could blow out, which may result in a significant paring back.

At that point, however, consumer and clinician acceptance of telehealth may spur demand for this technology.

According to Dr Hansra, "We have been given a unique opportunity to show we can maximise the potential of telehealth and do it safely and effectively. In essence we are 'on trial'. If we do the right thing I think we can certainly make an argument that telehealth needs to be part of our normal care delivery. Not everything can be done via telehealth but there is a lot that can be done, and it is important that we have those options and that our patients are given that choice too. I would love to see it be here for the long haul but I anticipate we will need some analysis first, of how we have managed our trial run. In the end it should all be just healthcare no matter how we deliver it."



dr.

Image-based prescriptions

Based on feedback from medical professionals, NSW Health introduced a temporary measure on 17 April which allows for image-based prescriptions in NSW.

Medical practitioners and nurse practitioners are now able to issue an image-based prescription for emailing or faxing to a community pharmacy.

The prescriptions do not need to be followed with a hard copy and can be issued with repeats.

The measure is restricted to Schedule 4 medicines, except those in Appendix D. S4D medicines and Schedule 8 medicines are not included in the temporary arrangements. A prescriber may still direct a pharmacist to dispense S8 and S4D medicines by telephone, email or fax, and the paper-based prescription must be sent to the pharmacist within 24 hours.

The measure was introduced to allow for better integration of prescriptions and supply of medicines with the telehealth reforms.

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Are you ALONE NOW?

As medical professionals embrace telehealth during COVID-19, many are looking at how they can better support patients who may be affected by domestic violence at this time.

SHUTDOWN MEASURES, financial pressures, and an inability to reach out to normal supports is creating a perfect storm for families who may be affected by domestic violence, experts warn.

"Social distancing and isolation throughout COVID-19 mean vulnerable women in our community face greater barriers to accessing help," says Louise McCann, President of the Hornsby-Ku-ring-gai Women's Shelter.

"It's critical that at this time health professionals and domestic violence service providers work together to ensure women have access to the vital support services they need."

The Hornsby-Ku-ring-gai Women's Shelter (HKWS) launched an awareness campaign to educate medical professionals about the resources that are available to women during the pandemic.

"Women turn to doctors and nurses in emergency, often suffering critical injuries. However, health professionals often don't know where to refer their patients after they have been treated," Ms McCann says.

"HKWS has dedicated shelter professionals on hand, delivering comprehensive case management programs to women in need, assisting them to get their lives back on track.

Ms McCann adds, "The key message to health practitioners is that women's shelters are open and have capacity to take women."

In a bid to reduce transmission of COVID-19, shelters have put policies and procedures in place should there be a confirmed case of the virus at the shelter.

"The environment is safe for women and families. There is a perception that they'll be locked in a hotel room, but that is not the case," she says.

HKWS aims to provide temporary supported accommodation for women in times of crisis such as homelessness and/or domestic violence.

Women stay at the shelter for up to three months and are allocated specialist caseworkers who support them to assist necessary legal, health, employment and financial services. Women who cannot be housed can access outreach programs.

HKWS is part of a network of women's refuges across Sydney.

HKWS, as part of the Women's Community Shelters network, is preparing for a potential 30% increase in demand for support services because of COVID-19.

"Fear of uncertainty, job loss and

financial stress are key risks that could lead to an increase in domestic violence," she said.

According to the World Health Organisation, violence against women tends to increase during emergencies, such as bushfires, earthquakes and hurricanes. Reports from China demonstrate family violence incidents tripled in February 2020, as compared to the same time period the year before. There have been similar increases reported from the UK and the US during the COVID-19 outbreak.

The World Health Organisation also suggests perpetrators of abuse may use the COVID-19 restrictions to exercise power and control over partners to further reduce access to services, help, and psychosocial support from both formal and informal networks. They may also restrict access to soap and hand sanitiser or exert control by spreading misinformation about the disease and stigmatise partners.

The WHO also indicates that access to vital sexual and reproductive health services, including for women subjected to violence, will likely become more limited.

Medical professionals working in hospitals are encouraged to identify information about services available locally (e.g. hotlines, shelters, rape crisis centres, counselling) for survivors, including opening hours, contact details and whether these can be offered remotely, and establish referral linkages.

Over 1 in 5 women make their first disclosure of domestic violence to their GP. It is estimated that every week, a general practitioner sees up to five women who have been abused by their partners, of which the GP may not be aware.

Consequently, GPs need to be aware of the warning signs of domestic violence. These could physical signs – bruising, bite marks, injuries to bone or soft tissue. There could also be unexplained physical signs such as ulcers, dizziness, or chronic pain conditions such as headaches, pain in the joints and back, and more.

In addition, there could be psychological signs such as anxiety, panic, PTSD, self-harm, drug abuse, sleeping and eating disorders.

Other indicators to look for are controlling behaviours from the patient's partner – a partner that wants to get the test results, is overly attentive, or wants to attend the appointment.

While GPs and other medical specialists are trained to look for these warning signs, the rise of telehealth has created a new challenge for both practitioners and patients who may be seeking assistance.

> "However, there are some unique challenges with telehealth and things medical professionals can do to assist patients who may be affected by domestic violence."

Video and phone consults are changing the way patients and doctors interact with each other. In some respects, telehealth may make it easier for women disclosing experiences of domestic violence, says Professor Kelsey Hegarty, co-director of Safer Families. Experiences by general practitioners overseas suggest some patients find it easier if it's not face to face, there is less judgement, or they feel less guarded about displaying their emotions.

Doctors are still able to assist patients who disclose via telehealth by offering first-line support and relevant medical treatment. First line support includes listening empathetically and without judgment, inquiring about needs and concerns, validating the patients' experiences and feelings, enhancing safety, and connecting the patient to relevant resources and support.

However, there are some unique challenges with telehealth and things medical professionals can do to assist patients who may be affected by domestic violence.

One of the key methods, according to Prof Hegarty, is to ask the patient during the teleconsult yes/no questions, such as 'are you alone?' or 'could anyone be listening in?'

She says you can sometimes pick up on other cues that might suggest the patient isn't able to speak privately. For example, she may change the subject abruptly, provide short answers, or be on speakerphone.

If you are able to establish that the patient is alone, Prof Hegarty suggests the doctor and patient decide on safe word or phrase that they can use should someone else come in the room, or if the patient fears they are in danger. This should be something common and innocuous, such as 'I'm feeling cold.'

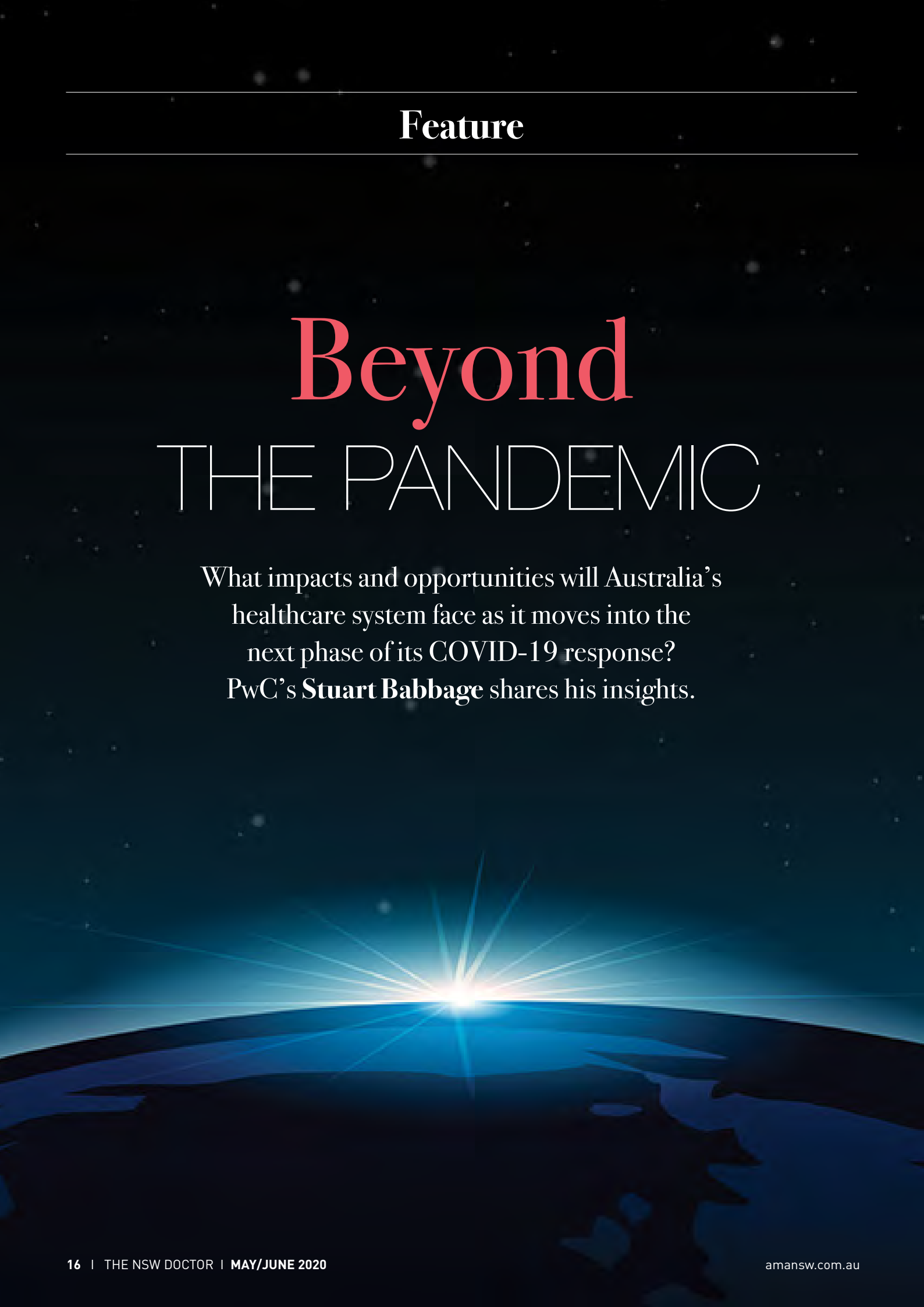
If the patient is not alone, the health professional could try to arrange a follow-up telehealth consult when the patient knows the perpetrator will be occupied or out of the house.

For patients who may be being monitored by the perpetrator, WESNET, a national peak body for specialist women's domestic and family violence services, offers safe phones to women.

For more information on their services, go to https://wesnet.org.au/. dr.

Beyond THE PANDEMIC

What impacts and opportunities will Australia's healthcare system face as it moves into the next phase of its COVID-19 response? PwC's **Stuart Babbage** shares his insights.



COVID-19 is currently the top priority for Australia's healthcare system. Whilst there is uncertainty about how the pandemic will unfold, the implications for our healthcare system could be long felt. We all owe a massive debt of thanks to our health sector leaders, health professionals and health and aged care workers for all they are doing right now in this response. There have been huge efforts put in across the sector (following so soon after the bushfires over summer) with lots of positive actions.

Actions taken so far include establishing clear protocols and pandemic response teams; allotting $2.4 billion in funding including paying for telehealth; conducting more than 633,107 tests (by 3 May 2020) and contact tracing; fast-tracking increases in capacity of the workforce, beds, equipment and diagnostics; and much more. It is likely that it will take some time post pandemic to achieve what could be considered 'business as usual'. In addition to getting things back to working normally, it will be important to use the experience of this pandemic to help us be better prepared for the next one and use the experience of dealing with this crisis as a way to also consider other sustained improvements to our healthcare system.

Australia is currently in a propagation phase of the coronavirus. In mid-April, it appeared possible that Australia could be in a post peak period and will in coming months settle into a post pandemic period. Specialist epidemiology and pandemic response will be required to help Australia successfully make this transition, which may only be possible with a vaccine. The impacts, however, will be broad across these phases.

POST PEAK

We hope it's not long before there is confirmation Australia is in a post peak period. New cases of COVID-19 will still emerge, but the most critical period of health system pressure would be over. At this stage, there will be a number of areas requiring attention.

PREPARATION FOR POSSIBLE FUTURE WAVES

It is possible that actions taken now could move Australia into a post peak period, but additional waves of virus transmission could occur. Actively preparing for this possibility will be important, particularly as social distancing requirements are reduced.

VIABILITY OF SERVICES

Small businesses are vulnerable to economic shocks like a pandemic. A range of allied health, aged care and community health services may experience significant issues with their viability, as could private hospitals if non-critical elective surgery demand remains significantly less than pre-pandemic.

PRIVATE HEALTH INSURANCE

It is unclear how post-peak the COVID-19 pandemic will affect the demand for private health services, including extras. It is possible that insured Australians will make less use of their insurance for a period of time, but that there will then be a returning demand post peak of the virus.

ELECTIVE SURGERY RAMP-UP

As capacity is returned to the health system, it will be important to have a clear understanding of elective surgery demand and make strategic decisions

on whether there are particular priorities that should apply. Utilisation of private hospital capacity may help address built-up demand for public system care.

ADDRESS FATIGUE AND MENTAL TOLL

There is likely to be a significant physical and mental toll on clinicians and administrators through the pandemic period. A range of support may be required, including a critical need to allow a break. Proactive measures should also be taken to understand what other needs may exist.

POST PANDEMIC

Once Australia (and the world) has achieved a post pandemic state, attention can turn to some of the consequences of the virus. These are potentially broad-ranging, and some will only emerge in coming weeks and months.

> Australia's national resilience has been tested recently – significant regional bushfires and now nationwide virus risks. For some on the frontline, significant mental health issues could arise requiring support.

MENTAL HEALTH

Australia's national resilience has been tested recently – significant regional bushfires and now nationwide virus risks. For some on the frontline, significant mental health issues could arise requiring support. More broadly in the community, proactive action may mitigate mental health issues emerging in the Australian population, particularly if some parts have experienced significant social isolation.

TELEHEALTH

Australia is experimenting with new funding for telehealth, supporting use of this technology in ways that have not previously been supported through government funding. It may be that this experience can help provide a pathway to fund ongoing use for specific circumstances, improving Australia's ability to deal with communicable disease.

COLLABORATION

The connections established or modified across the health system to better govern, manage and deliver during the pandemic are ones that could be useful to continue to a modified form, particularly as Australia prepares for any future crisis.

HEALTH FUNDING IMPLICATIONS

Beyond the agreements around funding and emergency assistance, annual price determinations are likely to be impacted by the activity changes from COVID-19 treatment.

OPPORTUNITIES FROM THE LESSONS LEARNT

Whilst it may be difficult to prioritise supplementary data collection during a pandemic, where data is not normally captured, it is vital that there is objective information available for use when we achieve a post pandemic phase. This will help examine issues such as:

- Optimal ways to manage initial diagnosis of those affected, and those with whom they may have had contact.
- Treatment pathways, and how best to manage the impact upon non-pandemic related healthcare.
- Whether there were particular parts of the community disproportionately impacted compared to what the epidemiology would indicate – for example, related to social determinants of health.
- Preparedness for next time – across all aspects of coordination, governance, supply chain, stockpiles, etc. This could also extend to fully understanding the reasons for and nature of transmission, and what actions could better mitigate these in future. dr.

Written by Stuart Babbage, Health Practice Partner, PwC Australia.
This article has been adapted from the original article, first published on PwC's website.
The original version can be found here: https://pwc.to/2XZpZgv

9 Future predictions for a post-coronavirus world

How will the world evolve from this pandemic? Futurist **Bernard Marr** shares his predictions for a Post-Covid planet.

As the ripple of COVID-19 careens around the globe, it's forcing humankind to innovate and change the way we work and live. The upside of where we find ourselves right now is that individuals and corporations will be more resilient in a post-COVID-19 world. Here are nine predictions of what our world may look like once we have left the pandemic behind.

1 More Contactless Interfaces and Interactions

There was a time not too long ago when we were impressed by touch screens and all they enabled us to do. COVID-19 has made most of us hyper-aware of every touchable surface that could transmit the disease, so in a post-COVID-19 world, it's expected that we'll have fewer touch screens and more voice interfaces and machine vision interfaces. Prior to the pandemic, we saw the rollout of contactless payment options through mobile devices. However, with the increase in people wanting to limit what they touch, an option to pay for goods and services that does not require any physical contact is likely to gain traction. Machine vision interfaces are already used today to apply social media filters and to offer autonomous checkout at some stores. Expect there to be an expansion of voice and machine vision interfaces that recognise faces and gestures throughout several industries to limit the amount of physical contact.

2 Strengthened Digital Infrastructure

COVID-19 caused people to adapt to working from home and in isolation. By forcing our collective hand to find digital solutions to keep meetings, lessons, workouts, and more going when sheltering in our homes, it allowed many of us to see the possibilities for continuing some of these practices in a post-COVID-19 world. For me, I realised that travelling to other countries just for a meeting isn't always essential, and I have learned that video calls for all kinds of meetings (yes, even board meetings) can be equally effective. My daughter had her first piano lesson over a video call thanks to our social distancing requirements, and it went surprisingly well.

3 Better Monitoring Using IoT and Big Data

We see the power of data in a pandemic in real-time. The lessons we are receiving from this experience will inform how we monitor future pandemics by using internet of things technology and big data. National or global apps could result in better early warning systems because they could report and track who is showing symptoms of an outbreak. GPS data could then be used to track where exposed people have been and who they have interacted with to show contagion. Any of these efforts require careful implementation to safeguard an individual's privacy and to prevent the abuse of the data but offer huge benefits to more effectively monitor and tackle future pandemics.

4 AI-Enabled Drug Development

The faster we can create and deploy an effective and safe drug to treat and a vaccine to prevent COVID-19 and future viruses, the faster it will be contained. Artificial intelligence is an ideal partner in drug development because it can accelerate and complement human endeavours. Our current reality will inform future efforts to deploy AI in drug development.

5 Telemedicine

Have you received the emails from your healthcare professionals that they are open for telemedicine or virtual consultations? To curb traffic at hospitals and other healthcare practitioners' offices, many are implementing or reminding their patients that consultations can be done through video. Rather than rush to the doctor or healthcare centre, remote care enables clinical services without an in-person visit. Some healthcare providers had dabbled in this before COVID-19, but the interest has increased now that social distancing is mandated in many areas.

6 More Online Shopping

Although there were many businesses that felt they had already cracked the online shopping code, COVID-19 taxed the systems like never before as the majority of shopping moved online. Businesses who didn't have an online option faced financial ruin, and those who had some capabilities tried to ramp up offerings. After COVID-19, businesses that want to remain competitive will figure out ways to have online services even if they maintain a brick-and-mortar location, and there will be enhancements to the logistics and delivery systems to accommodate surges in demand whether that's from shopper preference or a future pandemic.

Bernard Marr

7 Increased Reliance on Robots

Robots aren't susceptible to viruses. Whether they are used to deliver groceries or to take vitals in a healthcare system or to keep a factory running, companies realize how robots could support us today and play an important role in a post-COVID-19 world or during a future pandemic.

8 More Digital Events

Organisers and participants of in-person events that were forced to switch to digital realise there are pros and cons of both. For example, I regularly take part in technology debates in the Houses of Parliament in London. This week's debate about 'AI in education' was done as a virtual event and went very well and actually had more people attend. We didn't experience a capacity issue as we do with an in-person event, plus there were attendees logged on from all around the world. While I don't predict that in-person events will be replaced entirely after COVID-19, I do believe event organisers will figure out ways the digital aspects can complement in-person events. I predict a steep rise in hybrid events where parts of the event take place in person, and others are delivered digitally.

9 Rise in Esports

Sporting events, organisations, and fans have had to deal with the reality of their favourite past-times being put on hold or seasons entirely cancelled due to COVID-19. But esports are thriving. There are even e-versions of F1 car racing on television, and although it might not be the same as traditional Formula 1 racing, it's giving people a "sports" outlet. Unlike mainstream sporting events, esporting events can easily transition online. Similarly, to events, I predict more hybrid sports coverage where physical events are complemented with digital offerings.

COVID-19 might be taxing our systems and patience, but it's also building our resilience and allowing us to develop new and innovative solutions out of necessity. In a post-COVID-19 world, I predict we will take the lessons handed to us by our time dealing with the virus and make our world a better place. What do you see in the future? dr.

Article contributed by Bernard Marr www.bernardmarr.com. The original article was posted here:https://bit.ly/2xVibBR

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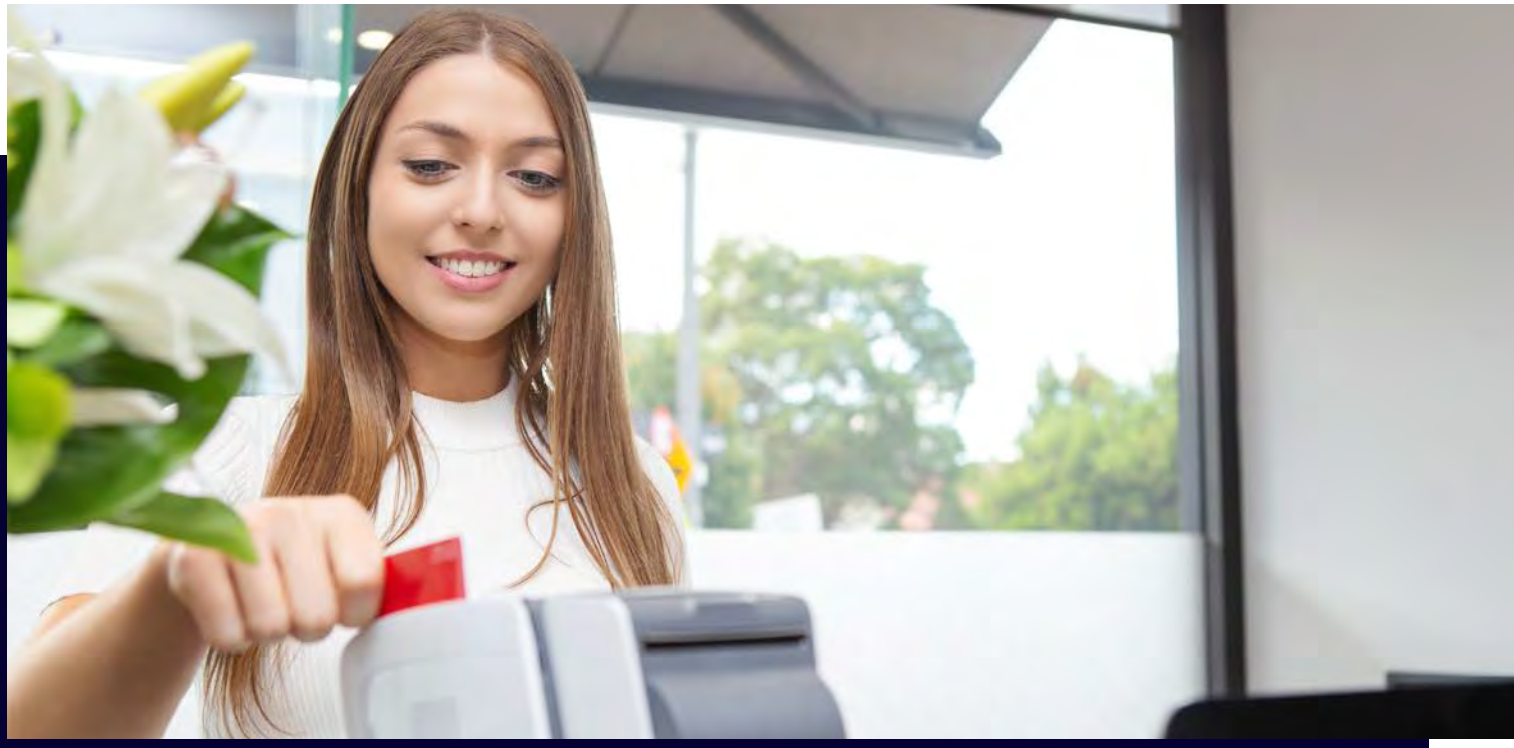

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DEVELOPING HEALTHCARE LEADERS

Retired executive director of Kaiser Permanente, Dr Jack Cochran, argues medical professionals have a responsibility to patients to participate in the improvement and transformation of healthcare.

Dr Jack Cochran

THE CORONAVIRUS has tested healthcare systems around the world. Medical professionals and health stakeholders have been strong advocates for the safety of patients and practitioners, and – at the time of writing – it appears the country might have set the course right to sail through this crisis bruised but not beaten.

There is a saying that boiling water turns potatoes soft and eggs hard. When under pressure, it becomes clear who the real leaders are. In Australia, we've seen many step up in this crisis.

And while the day-to-day realities of being a doctor can be all encompassing, Dr Jack Cochran – an innovative leader in healthcare transformation – argues all medical professionals have a duty to patients to take a leadership role in health.

"Healthcare is going to change regardless of our participation. If we opt out of engaging on major issues impacting our patients and families, we miss the opportunity to have a positive impact on their wellbeing," he writes in his book, *Healer, Leader, Partner.*

The NSW Doctor interviewed Dr Cochran in early March, just one week before the WHO confirmed coronavirus as a pandemic. While there were plans to bring Dr Cochran to Australia for a special speaking event in May, it became clear that would not be possible under the travel restrictions.

AMA (NSW), along with other health groups, are still planning to hold a special webinar event with Dr Cochran with details to be finalised shortly.

A highly sought-after speaker, Dr Cochran is a preeminent thought leader in the US, who served as Executive Director of the Permanente Federation, Kaiser Permanente, which employs 23,271 doctors who care for more than 12.2 million members.

He is known for taking an influential role in the organisation during a tumultuous period in healthcare. In the 1990s, Kaiser Permanente faced financial challenges, coupled with declining membership, low morale amongst doctors, and poor patient satisfaction.

Dr Cochran was integral to transforming the organisation. His involvement with national health policy development, integrated care, innovation and physician leadership, resulted in Dr Cochran being named among *Modern Healthcare's* "50 Most Influential Physician Executives and Leaders" in 2009, 2010, and 2012.

Under Dr Cochran's stewardship, Kaiser Permanente completed the largest civilian deployment of a clinical information system at that time.

A philanthropist, Dr Cochran, has volunteered his reconstructive surgery and consulting services in Third World countries, aiding underserved populations in Nicaragua, the Philippines,

Ecuador, Tanzania, and Nepal, in addition to providing financial support.

Dr Cochran's philanthropic activities and advocacy for patients and healthcare workers are numerous, but it's his insights into system reform, integrated care, health information systems, and leadership, which have made him a highly sought-after speaker around the world.

Dr Cochran argues doctors have a disproportionate impact and influence in healthcare and that "with this should come disproportionate accountability."

Affordability and access to healthcare are major issues for patients, he says.

"It is common for a family to be facing competing needs for an MRI, paid out of pocket, and a new clutch on a truck that is needed for a parent to work, or an elective procedure versus a new refrigerator.

"These options are tough on family reality, so they must ration healthcare at the kitchen table."

He argues patients encounter the healthcare system, physically, socially, psychologically, and financially. As a result, doctors have an ethical responsibility to keep healthcare affordable, "because high clinical quality without affordable access *isn't*."

Most doctors start off with this kind of idealism to serve and to heal, but over time many become burnt out, discouraged, and cynical.

"As a group, we have a concerning number of physicians who are burned out or disillusioned at a time when we are needed to lead this very large challenge," he says.

Dr Cochran's own journey through medicine started after completing his undergrad in '68. He graduated medicine from the University of Colorado in 1973 and served residencies at Stanford University Medical Centre and the University of Wisconsin Hospital.

When he began medical school, he didn't have a clear sense of direction. Drawn to surgery and paediatrics, he looked for a specialty that could combine those streams. He settled on plastic surgery, as he saw that as an opportunity to make a profound difference in the lives of children born with or had incurred a deformity.

When he went into private practice in Denver, Colorado, healthcare in the US was transforming, and throughout the country there was a move toward 'managed care'.

Dr Cochran said he was drawn to the physician-led medical group Kaiser Permanente. In particular, he liked that their clinical leaders had a strong and equal voice with the insurance entity. As a result, he joined in 1990 and started their plastic surgery program.

Dr Cochran was recruited to run for the board of directors, and two years after joining the board, he was elected President in 1999. It was a turbulent time in medicine, marked by a morale deficit and an exodus of good doctors.

When he became President, Dr Cochran said his first mission was to understand why so many physicians seemed unhappy.

As he writes in his book, *Healer, Leader, Partner* "…it was clear that their unhappiness was caused by frustration, as they felt most of the changes in health care and the healthcare environment were being made to them and not by them."

Dr Cochran served as the Physician Leader of the Colorado region of Kaiser Permanente from 1999 to 2007, when he was recruited to take on a national physician leadership role. Later that year in 2007, he became executive director of the Permanente Federation.

In ***Healer, Leader, Partner***, Dr Cochran asks the question, 'is leadership innate or developed?' He concludes it's both.

Being a good doctor doesn't automatically make you a good leader, he says, adding that "great leaders are handcrafted, not mass produced."

"We have no leadership training, and that's part of the problem… We want and need doctors to step up, but the challenge remains that many do not want to, and those who do haven't had the training."

When Dr Cochran stepped up through the leadership ranks at Kaiser Permanente, he says he learned two things about himself.

"One – I was a very good listener." Because he was inexperienced, Dr Cochran says he learned to engage and listen to people. He argues that true credibility demands that you demonstrate your willingness and ability to be influenced – to listen.

"If you don't understand that others have an enormous knowledge base, insight base, and experience base – then you miss many details, new facts, nuances, and frank corrections."

The second thing Dr Cochran learned about himself was that he was courageous. Dr Cochran insists it wasn't bravado, but rather a real sense of fairness that he inherited from his mother, who served as a role model and had very clear values and conviction.

"She had a steadiness," he explains. "She was very principled and very kind. She never lectured me on right or wrong but was the type of person who led by example."

In his book, Dr Cochran writes, "Integrity is the spine of your leadership, and unwavering adherence to values over time leads to trust."

In addition to integrity, Dr Cochran says successful doctor leaders must be good clinicians, and possess both emotional intelligence and humility.

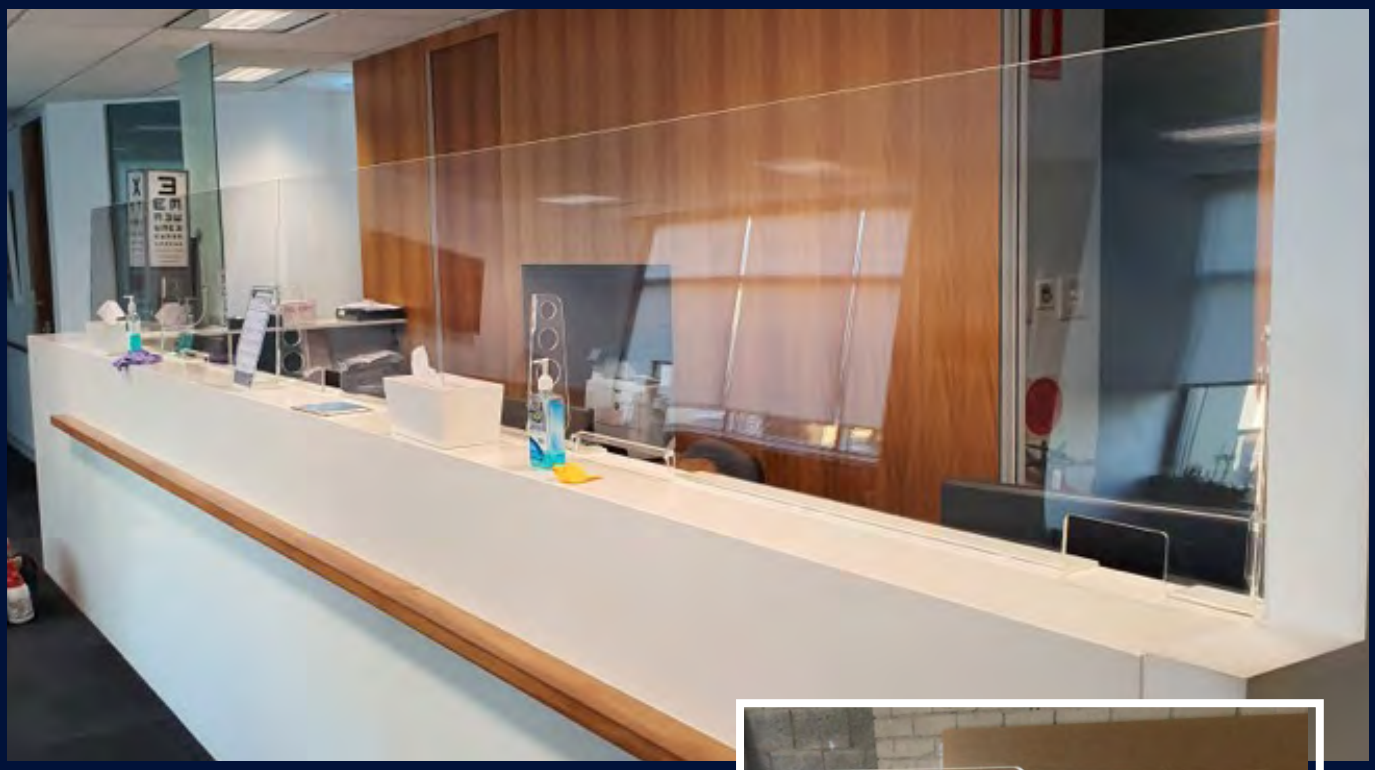
These key leadership traits are central to success.

Dr Cochran urges all doctors to embrace the challenge of becoming a leader.

"At one time, we just had to be good doctors. Today, patients have issues with affordability, access, and other healthcare challenges and obstacles, so it's up to us to be more broadly involved. This is the physician as leader." dr.

COVID-19 COUNTER TOP

SAFETY SCREEN & SNEEZE GUARD



The outbreak of coronavirus (COVID-19) is no doubt having a profound impact on businesses. Medical practices need to have safe measures in place to protect staff and patients as well as ensure business continuity. If you are looking to install a protective screen commonly known as a 'sneeze guard' between your staff and the visitors, **Visual Plastics is offering all AMA members a 5% discount off all custom-made countertop safety screens.** We also design and create signs, displays, engravings, and more. Please contact Visual Plastics directly if you require any further information on their safety screens and sneeze guards.

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Dr Tanya Selak

BEYOND THE THEATRE ROOM

Careers Service

Although every clinician is a leader, having a 'seat at the table' allows more influence, suggests **Dr Tanya Selak,** who has enriched her career in anaesthesia by exploring roles that allow her to improve the wider health system.

I ENTERED MEDICAL school in Auckland straight out of high school. I was attracted to a career in medicine due to its fundamental goal of helping people. Although I did not have a clear career direction within medicine, I anticipated that the six-year degree would allow me time to grow up a little and expose me to the range of career pathways.

During year 3, anaesthetist Stefan Shug delivered a series of lectures which caught my attention. I had not previously heard of anaesthesia or anaesthetists, and it seemed to me an incredible speciality where a patient's physiology could be safely manipulated using drugs to allow a procedure to occur. It was magical. From there I was drawn to investigate anaesthesia as a potential career path.

I pursued anaesthesia attachments where I became inspired by the skills, knowledge and empathy of the anaesthesia experts. I liked the practical nature of the work and the people involved. I was accepted onto the Auckland training scheme as soon as I was eligible after graduation. I completed my primary exam, and then worked in London teaching hospitals for three years. My husband and I then moved to Wollongong for 'one year' on the way home to New Zealand where I completed my training. Thirteen years and three children later we are still here.

It's hard for me to put into words how much I love clinical anaesthesia. We render people unconscious and are responsible for looking after their wellbeing while they are not able to. It is an incredible privilege to care for a patient during what is usually quite a vulnerable day. The work is heterogenous – there are a wide range of patient presentations, ages, morbidities and we work in multiple locations with different teams.

There is something very special about being a part of a vibrant high-trust theatre team where everyone has the opportunity to perform at their best. I adore watching registrars transform from novice anaesthetists into consultants themselves while they cope with the ups and downs of training and life. I'm incredibly proud to have contributed to the workforce of the future, giving back what was given to me. The most challenging part of the role is serious morbidity or death of a patient following anaesthesia and surgery. Fortunately advances in anaesthesia have made serious complications rare, but when it occurs I am desperately sad for the patient and their family. Losing control in anaesthesia is awful, I feel a sense of failure, that I have not upheld my contract with the patient, particularly if unexpected. It's also upsetting when trainees are not able to complete the training program, usually due to exam difficulty. It feels like we have failed them.

Despite the usual joys of clinical anaesthesia, it became apparent to me that there was a limit to what could be achieved in a wider health context when chained to my anaesthetic machine. Putting things right is very important to me, particularly for socially disadvantaged patients and trainees. Although every clinician is a leader, having a 'seat at the table' allows more influence. I therefore became joint head of department where I learnt a great deal about myself, others, hospital systems and negotiating ways forward. I formalised this learning with a Masters of Health Administration. Contributing to Anaesthesia as an International Advisory Panel member has given me an insight into medical publishing. I am an avid social media user where I tweet about medicine and anaesthesia using the account @GongGasGirl. I enjoy collaborating with others and sharing expertise to improve patient outcomes. I have just been elected to ANZCA Council and am grateful to have been given the opportunity to contribute to the further development of our specialty.

Career advice can be complex and should be individualised. Doctors-in-training tend to have multiple short-term rotations making meaningful mentor relationships difficult to develop. We should instead encourage the creation and maintenance of longer-term partnerships. We need to improve our ability as clinicians of all levels to seek and receive feedback on our performance. I have a number of senior colleagues I turn to for advice when I need to explore alternative perspectives.

Medicine is inevitably full of highs and lows, some expected, some unexpected. With busy workloads and frequent location upheavals it is difficult but vitally important to have trusted friends who can be called upon for support. Training programs can have very competitive entry and can take decades to commence and to complete. Some put their lives on hold during this training, feeling pressure to give work everything. I would gently suggest to not always put life on hold as there is never a 'good time' to get married, backpack Africa, runaway to Gibraltar, be present with a sick relative, whatever. It is best to invest time to work out priorities. Work will usually sort itself out, there are many ways to achieve career goals. As we all deal with the enormous unexpected upheaval of the coronavirus crisis, it's a good reminder that we can't control everything. Everyone will have a different path, the most important thing is to keep your family and friends close, and find a career which aligns most closely with your beliefs and values. dr.

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VMO ARRANGEMENTS AND THE COVID-19 PANDEMIC

DOMINIQUE EGAN
DIRECTOR OF WORKPLACE RELATIONS, AMA (NSW)

Australia's ability to flatten the curve has presented different challenges for the health system. Here is the latest information for VMOs in public and private hospitals.

THE COVID-19 pandemic has presented the NSW health system, public and private, with a number of challenges which are constantly evolving, including the availability of personal protective equipment, the availability of resources such as ventilators, the cancellation of elective surgery to ensure capacity in our hospitals, the economic flow on effects for members and their staff, and the availability of access to care for patients.

While we are all pleased that efforts to flatten the curve have so far been successful, it has presented new challenges for the health system in the form of under-utilisation of resources and when and how elective surgery safely resumes.

The constantly evolving landscape and the challenges this has presented for our members has kept AMA (NSW) busy meeting and negotiating with the NSW Ministry of Health, meeting and working with Local Health District Chief Executives to advocate for our members and ensure a viable workforce, particularly in rural and regional areas. In addition, we have been providing timely individual advice and assistance to members about their VMO arrangements and practice arrangements in a fast-changing industrial relations landscape.

Our pandemic-related activities for VMOs over the past month have included the following:

PUBLIC HOSPITALS

Securing Pandemic Leave for VMOs:

- VMOs who are directed to self-isolate or become unwell due to COVID-19 exposure while working in NSW Health are entitled to paid Pandemic Leave for up to 20 days.
- VMOs are entitled to claim up to $1,240 per day ($155 an hour for up to 8 hours a day). The claim is to be entered in the Miscellaneous Line in VMoney.

Payments for Cancelled Lists and Sessions:

- For VMOs whose lists have been cancelled, they should claim under the Determinations for lists falling within the stipulated notice periods.
- For those lists and sessions where the notice periods do not apply, interim arrangements have been agreed whereby a Local Health District and VMO may agree to the allocation of alternative duties to the VMO and the VMO is to be remunerated at Sessional rates (regardless of whether they are appointed under a Sessional or Fee-for-Service Contract) for the time spent on alternative duties.
- We encourage VMOs to engage with their LHDs about the alternative duties they may be able to undertake during this period.
- While the return to surgery is being carefully managed and theatre time is limited for the time being, this will ensure some work can resume for many VMOs.

Payments for Telehealth:

- With the agreement of the LHD, a VMO may provide services to public patients from a remote location using telehealth.
- Remuneration for Sessional VMOs will be at Sessional rates.

- Remuneration for Fee-for-Service VMOs will be at rates under the Fee-for-Service Determination where there is an applicable item number, and if there is no applicable item number, remuneration will be at Sessional rates.

Professional Support Payments for Regional VMOs

- We have asked the Ministry of Health to allow regional VMOs to access Professional Support Payments under the Determinations to assist them with their practice expenses during this time. We await the Ministry's response to our request.

PRIVATE HOSPITALS

In relation to the treatment of public patients in private hospitals, given the current capacity in public and private hospitals (at the time of print) this may not ultimately need to be undertaken.

We continue our advocacy regarding these arrangements (in particular, remuneration and indemnity cover) and are in discussions with the ACCC about an Authorisation to negotiate with private hospitals on behalf of VMOs should we need to do so. I remind our members to be conscious of legal limitations under competition laws should they be discussing arrangements with private hospitals.

PLEASE CONTACT US

about your issues and concerns.
Our advocacy is informed by our members. Please contact me about the issues confronting you in the public and private hospital systems during the current pandemic and beyond – workplace@amansw.com.au **or on 9439 8822.** dr

TRAINING AND EDUCATION

AMA (NSW) offers training and education to doctors on a range of relevant topics. Given the COVID-19 restrictions, these sessions will be held as webinars. Please visit our 'Events' page on amansw.com.au or contact us via events@amansw.com.au

PRIVACY 2020 - WEBINAR

With members providing more services online via telehealth and more of their staff (clinical and non-clinical) working remotely, Privacy Awareness Week provides a timely reminder for practices to review their privacy arrangements and make sure they are meeting their obligations under Privacy Laws to patients and staff.

Participants will learn about:

- ✔ Privacy challenges (and opportunities) presented during the current Pandemic as medical practitioners and their staff have had to adapt to the rapidly changing environment for the provision of health services and remote working arrangements to ensure the safety of patients, practitioners and staff.

Upcoming sessions

- **7th May 2020**

INVESTMENT UPDATE AND OUTLOOK – WEBINAR

AMA (NSW) will be hosting a webinar in conjunction with our Corporate Partner Specialist Wealth Group to provide you with the latest economic outlook and how it affects your financial plan. Hear from industry professionals, including Martin Crabb, Chief Investment Partner, at Shaw and Partners and Craig Vardy, Managing Director / Head of Australia Fixed income, at BlackRock.

Participants will learn about:

- ✔ Coronavirus Update – infections, active cases, lock down timing
- ✔ Economic implications – how deep and how long will the downturn be?
- ✔ Market implications – how do we price investments with no earnings and zero interest rates?
- ✔ Outlook – how should investors navigate the troubled waters?

Upcoming sessions

- **27th May 2020**

AMA NEW SOUTH WALES

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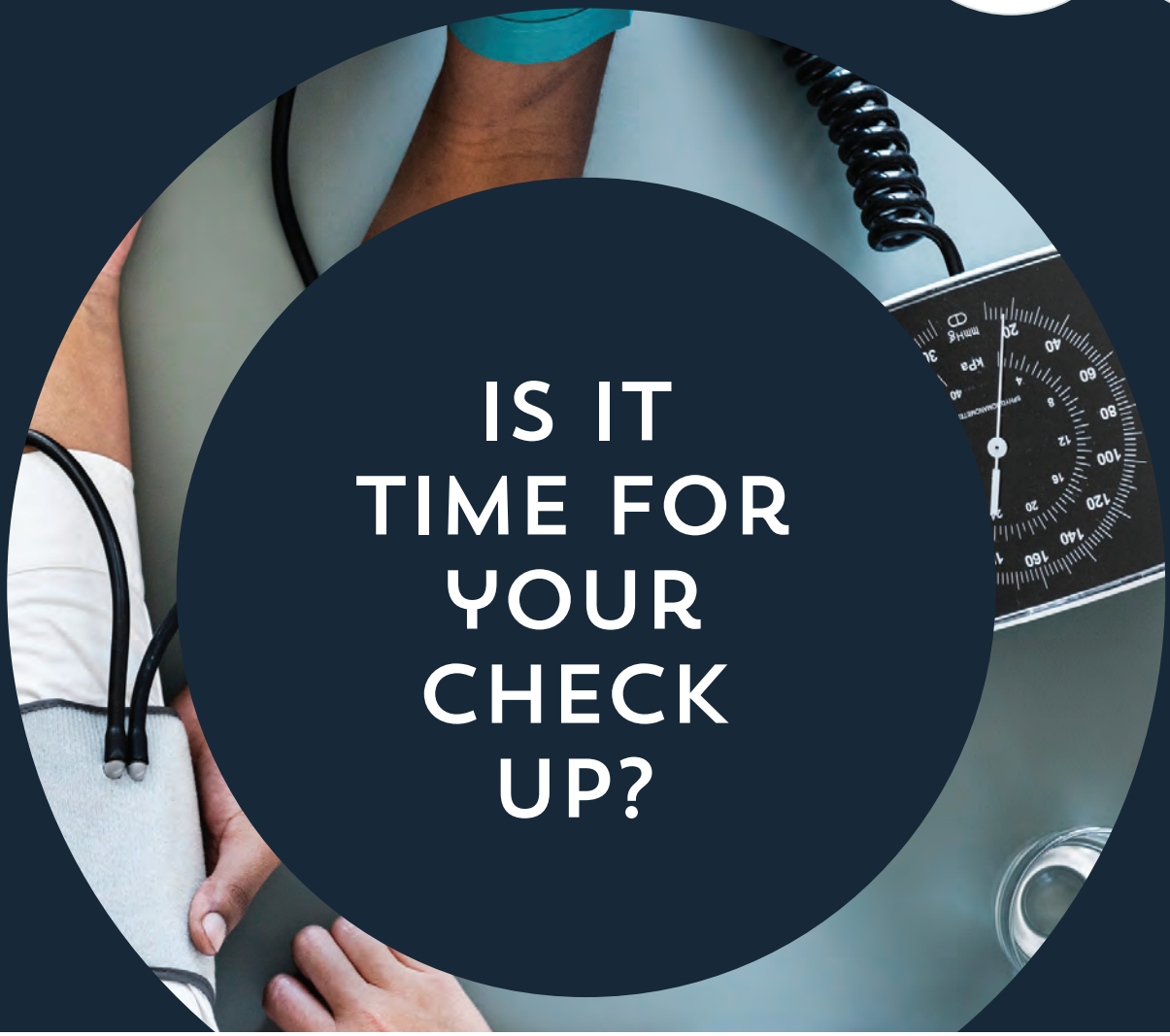

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IN THE LOOP

LYNDALL HUMPHRIES
SENIOR EMPLOYMENT LAWYER, WORKPLACE RELATIONS, AMA (NSW)

The words 'Workplace Relations Team' and 'Update' have become regular features of our email communications to members. As the pandemic has progressed, we have been providing frequent and timely communication to keep you abreast of the latest developments.

IT'S NORMAL to approach an article with 'what's changed'? But when it comes to COVID-19 and the impact on medical professionals, it's simpler to say, 'what hasn't changed?'

In the last two months, members will have received dozens of emails from the Workplace Relations Team on topics such as telehealth billing, regulatory concerns, the VMO Determination, pandemic leave, professional support payments for regional VMOs, support for GP registrars, remuneration, private practice resources, private hospital arrangements, TMF cover, and much, much more.

We are communicating with the Ministry of Health on almost a daily basis to get answers to your concerns.

And the concerns are many. Our team of advisors have handled 818 enquiries from members in March and April, and we are continuing to work as fast as we can to give you the information you need.

In addition to member alerts via email, and answering individual requests to our team, we have produced a number of resources to help guide you through this crisis.

THESE INCLUDE:

- **COVID-19 for Private Practice Employers**
- **COVID-19 Consultation and Redundancy for Private Practice Employers**
- **COVID-19 Telehealth FAQ**
- **Financial Support for Practices during COVID-19**

THIS INFORMATION

is available on our website amansw.com.au along with links to several other helpful resources. If you require any advice or assistance, please contact our team via email workplace@amansw.com.au Alternatively, you can call through our switch between 9-5 Monday to Friday on (02) 9439 8822 or 1800 813 423 from outside Sydney. dr.

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Workplace Relations - Doctors-in-Training

Doctors-in-training face several unique challenges in the COVID-19 crisis, with issues around training, assessments and examinations creating uncertainty for many.

OUR DOCTORS-IN-TRAINING

Committee meetings this year have been well attended and have provided a forum for our DIT members to share their experiences at their hospitals and help shape AMA advocacy on issues COVID and non-COVID. As one would expect, the last couple of meetings have been largely focused on COVID issues.

As the pandemic evolves, so too have the issues of concern for our members.

AMA has been regularly meeting with the Ministry and advocating on behalf of DITs regarding a range of issues including:

- The availability and appropriate use of PPE;
- Accommodation for medical practitioners working in our public hospital system who are required to self-isolate because of contact with a known COVID-19 case or because they are unwell;
- Freezing of rotations and variations in the application of this policy in some LHDs;
- Recruitment and training during the pandemic.

The Workplace Relations Team has been assisting DITs with issues including access to and payment for COVID leave and rostering arrangements during the pandemic.

Many Colleges and Associations have updated their advice to trainees regarding progression through training, assessments and examinations. Federal AMA have put together a resource https://ama.com.au/article/medical-college-responses-covid-19 that summarises the position across the different training programs.

We are also liaising with GP Synergy concerning arrangements for GP Registrars.

Many DITS are working on the COVID-19 frontline and / or facing uncertainty as training is disrupted, assessments and examinations are postponed and rescheduled, and rotations are put on hold. It is important to reach out for support during this time. Make sure you are looking after your health. While many younger members of the profession may not have yet established a relationship with a treating general practitioner, now is the time to do so. They will be there to care for you throughout your career.
https://www.drs4drs.com.au/

The Doctors Health Advisory Service operates a telephone Help Line to provide personal advice to practitioners and students facing difficulties.
http://www.dhas.org.au/

Please get in touch with the Workplace Relations Team on DIT@amansw.com.au if you are experiencing any issues in your workplace. Please also make a note of the next Doctors-in-Training Committee meeting which will take place on 21 May 2020 at 7pm. All meetings take place via Zoom and all DIT members of AMA (NSW) are welcome to attend. dr.

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ALICE SHEN

PRESIDENT, NSW MEDICAL STUDENTS' COUNCIL

Australia's success in flattening the curve has curtailed recruitment to bolster the health workforce, but final year medical students are ready, if needed, to meet future pandemic demand.

AUSTRALIA'S MEDICAL students are altruistic, ready for challenges, and possess clinical experience, which makes them ideal candidates to bolster the healthcare workforce response to the COVID-19 pandemic. There has been an appetite to utilise our near-future doctors and employ their existing knowledge and skillset to assist in this unprecedented time, and health services and universities have responded accordingly.

NSW final year medical students will be vetted by their universities and employed by LHDs where they have completed their clinical rotations, inaugurated as "Assistants in Medicine" under a standardised role created by the Ministry of Health. These new workers would be embedded in non-COVID facing teams to relieve JMOs that have been reallocated or are otherwise unavailable. They will work under the supervision of senior clinicians in existing clinical teams, performing everyday tasks such as writing discharge summaries, clinical sample collections, and communicating with multidisciplinary teams.

An overwhelming majority of students expressed their interest in these roles. Alongside an earnest desire to help, students opting-in to be a part of the program recognise the opportunity for experiential learning; to gain and hone clinical skills through the intimate guidance of learned senior clinicians. Globally, the recruitment of medical students, whether fast-tracked as doctors or given employment in their final year, reflects the severity of the pandemic in their respective regions. While in Australia the current trend of the curve flattening may diminish our role, we cannot predict the changing nature of this pandemic.

There is a current spotlight on our healthcare system, and the competencies of final year medical students are to be scrutinised and publicised. Though with strong assurances for student protections in place, we do not predict a trial by fire, rather a safe environment to apply and explore gaps in clinical knowledge. Students' key concerns are pertaining to safety, supervision, support, and to their continued education. Commendation must be given to the relevant bodies, including the Ministry of Health, universities, and Medical Deans for their open communication with student bodies to address those concerns.

The collaboration between universities and hospitals towards a shared custody model of students is a valuable foundation for future advancements in clinical education. The recruitment of a final year medical student workforce is unprecedented, and the benefits of this model towards the education of final year medical students beyond years affected by COVID-19 will be closely examined.

Though students' risk of exposure remains low, there remains an acute awareness of the risks to all clinicians during this time. It highlights the reality that we are not invincible, and the inherent risks of our career choice, for ourselves and our loved ones. We do not envy the doctors and other health professionals that are at the front-line of this battle. As much as we are excited and humbled by this opportunity, we hope that this will be, as they say, a once in a lifetime experience. dr.

Government Stimulus Packages

COVID-19 has impacted the viability of many medical practices, but there are stimulus measures that can help. **What will they mean for your practice?**

Federal and State Governments have announced a range of stimulus measures over the last few weeks to address business sustainability and the adverse impacts on cashflow that have resulted from the COVID-19 crisis. Both the JobKeeper Payment and the Boosting Cash Flow for employers are significant lifelines.

But what are these payments and what do they mean for you and your medical practice?

BOOSTING CASH FLOW FOR EMPLOYERS

The Government is providing up to $100,000 to eligible small and medium-sized businesses, with a minimum payment of $20,000.

Small and medium-sized business entities with aggregated annual turnover under $50 million (based on prior year turnover) and that employ workers are eligible.

Under the scheme, employers will receive a payment equal to 100 per cent of their salary and wages withheld, with the maximum payment being $50,000.

An additional payment is also due during the July – October 2020 period. Eligible entities will receive an additional payment equal to the total of all the initial Boosting Cash Flow for Employers payments they have received.

This means that eligible entities will receive at least $20,000 up to a total of $100,000 under both payments.

JOBKEEPER PAYMENT

Under the JobKeeper Payment, businesses impacted by COVID-19 will be able to access a wage subsidy from the Government to continue paying their employees. Affected employers will be able to claim a fortnightly payment of $1,500 per eligible employee from 30 March 2020, for a maximum of six months.

Generally, employers will be eligible for the subsidy if their business has a turnover of less than $1 billion and their turnover will be reduced by more than 30 per cent relative to a comparable period a year ago (of at least a month).

The employer must have been in an employment relationship with eligible employees as at 1 March 2020 and confirm that each eligible employee is currently engaged in order to receive JobKeeper Payments.

It is easy for the Government to spruik about all these funds available to help businesses impacted by COVID-19 but let's quantify what this may look like for a practice who will have five eligible employees for the JobKeeper Payment.

NUMBER OF EMPLOYEES	JOBKEEPER PAYMENT (per fortnight)	NUMBER OF FORTNIGHTS (30/03/2020 to 27/9/2020)	TOTAL JOBKEEPER AMOUNT
5	$1,500	13	$97,500

Advertorial

Let's then say as part of the practice's Quarterly Business Activity Statement reporting for the March 2020 and June 2020 Quarters it is reporting PAYG Withholding on employee wages of $15,000 per quarter. This could result in an additional **$60,000 for the practice** under both the Initial and Additional Cashflow Boost payments.

This is just under $158,000 in additional cashflow support available to a Practice under the Federal Government's stimulus.

Of course, this is not an exhaustive list of what is available to businesses to assist in minimising the cashflow burden. Other notable lifelines of support for business have also been announced, including the NSW State Government Small Business Grant, the Codes of Conduct for requesting rent relief and partial payroll tax waivers.

If you believe your practice may qualify for any of the above, and you are not sure what to do next, please get in touch with the team at Cutcher & Neale.

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- The Poche Centre for Indigenous Health runs flights to Brewarrina and Bourke nine times a year. We have **two spots on our September 17th & 18th (overnighter) flight.** We have a variety of clinicians who attend these flights including ENT, Cardiology, Endocrine and Neurology.
- The flights leave from Bankstown airport in Sydney.

AUSTRALIAN RED CROSS OPPORTUNITY

- If you are interested in attending the clinic as an observer please get in touch with Abigail Clarkson abigail.clarkson@sydney.edu.au | 02 9114 1118
- Australian Red Cross is recruiting Detention Doctors and recruiting Primary Health Care Doctors to join our international aid worker (delegate) register.

To apply please follow these links:
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A/Prof Yvonne Zurynski welcomes Australia's first action plan to support people with rare diseases. The National Strategic Action Plan for Rare Diseases will support equitable access to healthcare.

Q. How long has Rare Voices Australia been advocating for the development of an Action Plan?

A. Basically since it was established. But even before that people were advocating for a national plan to bring Australia in line with other countries.

Q. What will this plan mean for people living with rare diseases, their families and carers?

A. First and foremost it's a huge recognition of the difficulties people with rare diseases face on a daily basis as they seek a diagnosis and they seek to access the health and support services that they need. We're hoping that the plan will certainly raise awareness and improve education around rare diseases, and we hope that access to care and support will improve for patients and for families. It's about the patient, but there is always a family around that person who

are also struggling and stressed by not having a diagnosis being able to access a service. Particularly families of children with rare conditions find it very difficult not knowing what's happening, not being able to access services, and some families blame themselves and think back to was it something I had done? So having that diagnosis is not only important to the families from that point of view, but also having a diagnosis unlocks many doors to access services in our health system.

Q. How will this impact medical professionals in the delivery of care for people with Rare Diseases?

A. We're hoping health professionals will become more aware of rare diseases in general. It isn't possible for every health professional to know about the different 7000 rare diseases, but this will help them to be aware of the difficulties patients and families face. Rare diseases are complex and chronic and often people need large teams of health professionals and so the siloing of our health professions can get in the way. So if they have a team of five different specialists looking after them and they have to have separate appointments with five different specialists – that's a huge problem… particularly families living in rural areas where they have to travel to access specialised services.

Q. How can Australia make better use of data to measure and track rare disease?

A. There is a lack of data about rare diseases particularly in Australia, although things are changing. We have called for a national approach to data collection on rare diseases. Ensuring rare diseases are actually coded on medical records would be a good start. For Australian patients to be registered to registries that already exist locally and overseas would be fantastic. Health professionals being aware that registries do exist for some of these rare conditions and it's quite important to register the patient in them, with the patient's consent, because that's how we learn – that's how we learn about these rare diseases.

Those international collections are really important because we won't be able to solve the problems that people face in one country, in one state.

Q. Are there any other countries that Australia should be looking to emulate in their approach to rare disease – not only in terms of facilitating more research but also funding for treatment options and clinical trials?

We can learn from other countries that already have enacted rare diseases plans, but in the end I think it needs to be a plan that fits our local context and serves our rare diseases population. So yes, the French have had a national plan for rare diseases since 2004 and the US enacted the Rare Diseases Act in 2002, and the United Kingdom put together a strategy for Rare Diseases in 2013. I think we can learn from those countries, but whatever they've done we need to adapt to our local context.

Q. Lastly, how did you get involved with Rare Voices Australia?

A. I have a long history of working with people with rare diseases, particularly with children. So at one point I worked with the Australian Paediatric Surveillance unit which collects data on rare conditions. My current interest is in health services for people with chronic and complex conditions which includes rare diseases, so I'm very much interested in integrated care across health sectors as well as integrating care between the health sector and the community sector for instance, so making sure we're addressing the whole person. So that's how I came into it. I visited a few countries overseas, including France and England and looked at their plans way back in 2010 and a group of us published a paper calling for a national plan for rare diseases.

So it's been a long time coming and it's really fantastic to have this recognition now and hopefully have some action to really change the experiences of people living with rare diseases. dr.

> Rare diseases are complex and chronic and often people need large teams of health professionals and so the siloing of our health professions can get in the way.

Advertorial

What is happening from both a public health and economic aspect is gravely concerning, and no one could have predicted the COVID-19 pandemic or its resulting global economic impact.

That said, over the past few years we have seen one the greatest asset booms in recent history and with 2019 market indicators consistent of the late stages in an economic cycle, we had already altered our investment behaviour including:

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Moving forward, we believe the right time to invest will be when we can see past COVlD-19, as until then we are unable to predict the duration of the shutdown and the ultimate impact on asset pricing.

While we believe some opportunity may exist from those assets available prior to the virus, the best deals are likely to present themselves over the next 6 to 12 months. Unlike the rapidly moving equity markets, property takes time to adjust to new circumstances and therefore we all need to remain patient.

We are closely watching the market to ensure that we are well placed to secure the right assets in the right locations and for the right price, while relying on our fundamental principles being:

> **Value** – we have always focussed on true value ($ rate per sqm) rather than yield which can be manipulated.
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> **Value** – Add combined with investment – we have always delivered our investors value from a combination of value add/ development and long-term investment.
> **Income** – we have always ensured new assets either offer or have the ability to offer income from day one.
> **Intensity** – we are a vertically integrated asset management business taking a highly intensive hands on approach to all aspects of property ownership.

For more information please register with ama@aprilgroup.com.au

APRIL INVEST

By Chris Richardson
National Lending Manager at Specialist Wealth Group

A BRAVE NEW WORLD

Despite the current challenges associated with the COVID-19 crisis, there will be financial opportunities ahead for those who are prepared.

As I sit here writing this, the world is in the grip of a global pandemic and uncertainty is running rife. We have commenced upgrading stages of restrictions and lockdowns as we all do what we can to combat the spread of COVID-19 and work to decrease the exponential growth of cases.

The onset of this has come hard and fast. Economically, what took months to occur during the GFC has happened in mere weeks – and more importantly, COVID-19 also directly impacts upon the health of all Australians.

It is very much normal for everyone to feel anxious and unsettled by the financial and social impact of this crisis.

What will it mean for your credit rating, your home, business, investments and car loans?

But we are not forgotten, help is being set up to ease some of the burden.

The government and leading financial institutions have banded together to provide instant relief to the many Australians affected by this in their daily lives through initiatives such as:

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- $250,000 government-backed business loans
- State-based business incentives and packages

This is just to name a few and I would expect that more support will follow.

They say that it is “always darkest just before the dawn” and I for one have always believed this to be true. Whilst things appear dire and insurmountable at this point, this is not a story of despair but one of hope, resilience, and opportunity.

So, where is the hope, resilience, and opportunity that I am talking about?

Even as we gain control over the spread of the virus and life eventually returns to some normality, I think we will all acknowledge that this has been a hard road to travel. However, opportunities in the market will continue to present themselves. It’s not a question so much about being brave, but being prepared.

During this time, we have an opportunity to revisit our financial positions and cashflows, and review how we approach this new world. This is where ‘the prepared’ – those that have taken the time to review their finances and goals and are in a position to move when the time is right – will succeed.

Now this may present itself in many ways, be it in the share market, the property market or even in new business opportunities, and more so than ever ‘the early bird will catch the worm’. This means being prepared now with your finances so that you can react faster than the rest of the market.

Questions coming to mind are:

- How have you set your repayments for your monthly cashflow?
- How much cash and equity do you have to draw on? (and is it available now?)
- What does your risk appetite look like?
- How am I preparing myself to come out of this?

Now presents the perfect opportunity to review your future business and personal lending requirements with the specialised medical broking team at Specialist Wealth Group to review the market on your behalf now, in case it becomes harder in the future to access funding for these opportunities with speed and confidence.

Advertorial

So, from this comes the story of hope – post crisis, we will be afforded new opportunities in the market to move forward and continue our own personal growth story.

I don't want to undersell the difficult times ahead, but I do want to focus on the optimism and knowledge that we are resilient, and we will come out of this together.

It is at this time also that I would like to pause and thank the AMA members, and more broadly the healthcare community, that has and will continue to face up to the challenge on the frontline to help our fellow Australians.

As a dedicated Rotarian, I am seeking to relish the good that will come out in people to provide support to each other to recover from this and take our learnings from the isolation and hardship to learn to better enjoy family, friends, our community and helping one another as businesses and people rebuild.

During this time, please do not think that you are ever isolated, the dedicated team at Specialist Wealth is here to support you and your family through your financial journey!

So one last piece of advice and probably the most important: Remember, we are in this together and you are not alone.

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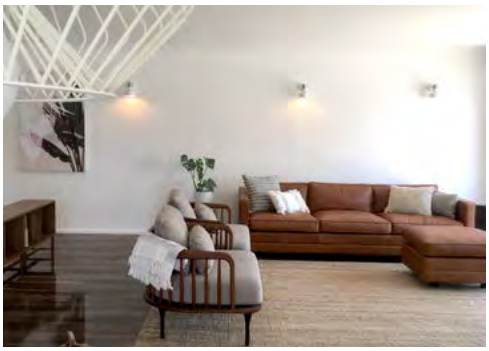

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THE **AUTUMN** CUP

AMA (NSW)'s Golf Society members met in early March, before the social distancing measures were in place, to challenge for the Autumn Cup. It may be awhile before the Society can come together again, but they made sure this event was memorable.

THIS WAS the first visit by the Golf Society to Concord Golf Club since the extensive renovations to the course which had been completed some 18 months earlier. The day was well supported, particularly by Golf Society members who are members of Concord. However, the results did not reflect any hometown advantage as first and second placegetters were members of Elanora and Monash, respectively.

For those of us playing Concord for the first time since the renovations, and who had also played it prior to the changes, the initial impression was that while the changes appeared minor, there was an entirely different story once you reached the greens. Suddenly there were undulations that even after you had putted were still not obvious. They brought many low handicappers to their knees. It is truly a championship course that would challenge even the professionals. Well done Concord. We all hope to return in the not too distant future for a second chance.

Golf

The winner of the AMA Autumn Cup was Prof Brian McCaughan with a very good score on the day of 39 S/ford points. Brian is one of our regulars who has been sailing quietly just under the radar and who was due for a big result. Well done Brian and as our Medical Director, Dr Robyn Napier said, he is an excellent competitor who after the few previous events had just been desperately unlucky. Runner up was another of our regulars. In fact, one of our original members of the society, who over the years has been a very strong supporter and generous trophy donor, Scott Chapman, with another good score on the day of 38 S/ford points. A great effort by Scott.

Winners of the 2BBB were, that name again, Prof Brian McCaughan and Ric Dent with an impressive 47 S/ford points. Runners-up were Dr John Barlow and Dr Ross Emerson with 46 S/ford points.

Dr Napier welcomed back our Society President, Dr George Thomson, who was returning to golf following hip replacements. Even though it was his home course, everyone thought that George also was desperately unlucky on the day not to be in the winning teams.

The Society's next event was to be the President's Cup at the magnificent Bonnie Doon Golf Club. Previously advertised for the 18th June, this has now been cancelled due to social restrictions in relation to COVID-19 situation.

Any inquiries concerning the Golf Society should be directed to Claudia at AMA (NSW) on 9439 8822 or email amagolf@amansw.com.au

In the meantime, good golfing and go safely in your daily pursuits. dr.

Above: Autumn Cup Winner Prof Brian McCaughan with Dr Robyn Napier and Dr George Thomson. Right: Autumn Cup runner up Scott Chapman with Dr Robyn Napier.

AMA (NSW) GOLF SOCIETY CALENDAR OF EVENTS 2020

President's Cup

Cancelled due to Covid -19 restrictions

Spring Cup

Friday 16th October
Stone Cutters Golf Club

BMA Cup

Thursday 3rd December
Terrey Hills Golf Club

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AMA (NSW) membership entitles you to discounts when you fly with Emirates in Business and Economy Class.

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10% off the best rate of the day on weekdays and 15% off the best rate of the day on weekends.

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Call AMA (NSW) membership team on 02 9439 8822 or go to amansw.com.au and ama.com.au for full list of benefits.

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