VOL 12 – N 04 – JULY/AUGUST 2020

THE NSW doctor

AMA NEW SOUTH WALES

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION OF NSW

Perfect Timing

Baptism by fire, or blessing in disguise?

AMA (NSW) PRESIDENT DR DANIELLE MCMULLEN: ON LEADERSHIP AND WHY THE PANDEMIC PRESENTS THE OPPORTUNITY OF A LIFETIME

Is your practice covered for employment disputes?

Employment disputes are more common than you think.

At Avant, we've helped practices overcome disputes with or between staff, issues relating to employees' use of social media and contractual arrangements.

These employment issues can significantly affect the performance of your business, so it's important your practice has the right protection and support to minimise their impact.

Avant Practice Medical Indemnity Insurance covers the legal costs to defend a claim against your practice. Our expert medico-legal team is also here to provide tailored advice so you can prevent disputes from escalating in the first instance.

Employment disputes can significantly affect your business. Make sure your practice is covered with Avant Practice Medical Indemnity Insurance.

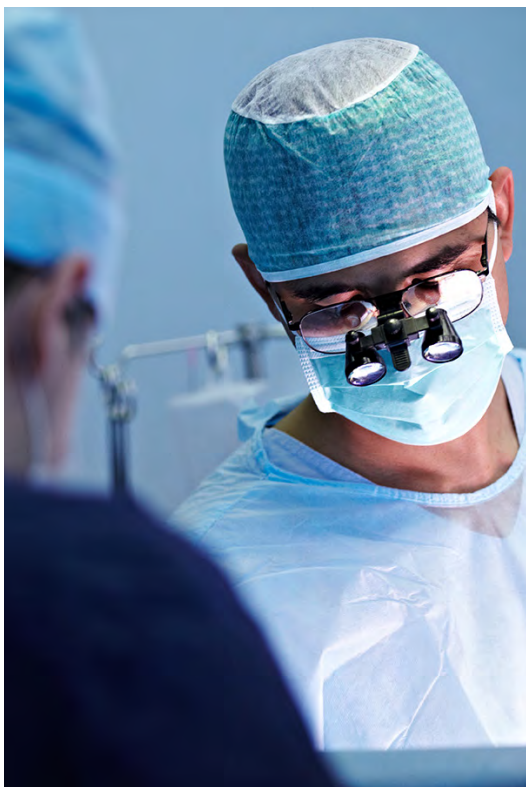
Avant Practice. By doctors, for doctors.

1800 128 268

avant.org.au/practices

Avant mutual
by doctors for doctors

Contents



Regulars

AMA NEW SOUTH WALES
PREFERRED PARTNER

REGISTER NOW

PASSIVE INCOME & LONG TERM CAPITAL GAIN

- Premium c.7,000sqm Surry Hills office building
- Fully leased and producing c.$5.8m pa
- Completely renovated in 2017
- Immediate proximity to Central Railway Station Redevelopment

To register your interest, send your contact details to ama@aprilgroup.com.au

Proud Corporate Property Partner for Meals on Wheels (NSW)

_APRIL INVEST

THE NSW doctor

The Australian Medical Association (NSW) Limited
ACN 000 001 614
Street address
69 Christie Street
ST LEONARDS NSW 2065
Mailing address
PO Box 121, ST LEONARDS NSW 1590
Telephone **(02) 9439 8822**
Outside Sydney Telephone **1800 813 423**
Facsimile **(02) 9438 3760**
Outside Sydney Facsimile **1300 889 017**
Email **enquiries@amansw.com.au**
Website **www.amansw.com.au**
The NSW Doctor is the bi-monthly publication of the Australian Medical Association (NSW) Limited.

Editor
Andrea Cornish
andrea.cornish@amansw.com.au

Designer
Gilly Bibb
gilly.bibb@amansw.com.au

Advertising enquiries
Andrea Cornish
andrea.cornish@amansw.com.au

Letter from the Editor

There's a new t-shirt on the market. It has 2020 emblazoned across the chest with a one-star rating out of five and the words 'would not recommend' underneath.

Six months in and we're still slogging through a year that started bad and went to worse.

And while we always expected to see new cases of coronavirus once the shutdown measures were relaxed, the recent outbreak in Victoria is disheartening.

And yet, there are some silver linings to this mushroom cloud.

The emergence of telemedicine has been a welcome advancement to providing quality patient care in Australia. AMA (NSW), along with our Federal counterpart, are advocating for telehealth item numbers to be made a permanent fixture beyond September.

And while we would like to see telemedicine remain, we recognise there is a need to strengthen the current system to ensure it's not abused by pop-up operators more interested in profits than patients. We welcome the Government's move to only allow patients to access subsidised telehealth through their usual GP.

AMA (NSW)'s Systems and Technology Committee has created a set of guidelines it would like the Government to adopt to ensure telemedicine supports high quality clinical care, which is appropriate, effective and efficient. The document is expected to be released to members shortly, but you can find a preview on p 19.

2020 has also brought the gift of reflection. With reduced patient numbers, some of our members have chosen to use this time to revamp their personal and professional lives. We supported these activities through a series of webinars called 'Fine-tune in June'. The events focused on areas such as property investment, privacy and technology issues, media training, and how to pursue your passion project, with Dr Amandeep Hansra.

Dr Hansra is also featured in this issue of *The NSW Doctor* as she talks about the origins of Creative Careers in Medicine and how to take the road less travelled.

We hope this edition will provide a little inspiration for your own lives in a year that is otherwise getting a thumbs down.

Andrea Cornish,
Editor

Letters to the Editor

Dear Editor,

I am interested in the comment in your article "Crisis Communications" [May/June 2020] about the time it takes for telehealth vs face-to-face.

I would like to challenge the comment – "Telehealth is less time consuming."

In fact, it is not less time consuming in my ongoing experience as a rural paediatrician.

Beforehand, there needs to be a communication with the family to book a time, organise the type of telehealth platform that's going to be used, often check that they are able to use this platform, sometimes do a test run.

Beforehand, with autism or behaviour issues, the family will organise a video which has to be sent in advance and I have to have time to review it as the behaviours are not able to be seen in the consult room.

During the teleconsult, when the family are rung at the appointed time, they have to find the child who may be running around the yard, turn off the television (be instructed to do this), rescue the dog, (i.e. multiple distractions), etc.

At the end of the consult, because of technical hitches at either end, I am very aware of ensuring that the family has understood and has written a list of their tasks/reminders. For those who cannot easily write, there are the usual challenges for personal organisation.

After the consult (or during), I need to write my letter as usual, fax the prescription to the pharmacy, and post the original.

After, I need to find background information as usual, communicate with other team members (e.g. diabetes dietitian, educator, school, as usual.

So, my telehealth consults are valuable but no quicker than in-person.

Dr Catherine Wiles
Rural Consultant Paediatrician
Armidale Rural Referral Hospital

Dear Editor,

Cc: The Honourable Greg Hunt, Minister for Health

Re: Telehealth Items for General Practice

My practice is a solo GP rural practice in a previously unserviced area. It attracts people living not only on the coastal fringe but those inland and in rural hamlets and on farm property. Patients drive up to an hour to get to our practice. Physically getting to an appointment may not always be easy when balancing work, school drop off and family demands.

Having previously worked for Health Direct, I already appreciate how valuable phone support is to patients.

I have been in solo or small rural general practice for most of the time since 1984. The challenge has always been a diverse patient base often located at distance with the need to get them to attend for follow up or after-hours support. The recent telehealth items have changed my life and have enabled me to better support and service patients. Given the overheads of solo general practice, it is unsustainable to work over the phone and not be remunerated.

The telehealth items have allowed me to closely track patients' illnesses easily and quickly follow up test results in order to keep people at work, kids at school/preschool or away from it as needed in an efficient manner. Patients have saved travel and days off work and are able to monitor their children means less hospital attendance.

This works because the patients are well known to me and are my regular patients. I could not provide the service to new or unknown patients.

My safety of practice has improved especially with results follow up and my recall list has radically reduced. My wellbeing and drive to continue working has also been bolstered.

I would like to throw my support behind the AMA's push to make the telehealth items more permanent with the caveat that perhaps the patient would need to be known to the doctor, face to face, on at least two occasions, to be eligible for telehealth. The patient would also need to voluntarily elect a general practice or doctor.

Thank you for taking the time to appreciate my feedback.

Dr Marlene Pacy
General practitioner
Scotts Head Medical Practice

You've read 10 times your weight in journals for this career.

It deserves expert protection.

120 years' experience helping medical professionals

Medico-legal advice 24/7 emergency support

Risk education learn to manage your risk

Earn Qantas Points[1] on your MIGA insurance

With 120 years as a specialist insurer to the medical profession, protect yourself with the experts in medical indemnity insurance.[2]

For a competitive quote, call 1800 777 156 or visit www.miga.com.au

The experts in medical and professional indemnity insurance.

Doctors, Eligible Midwives, Healthcare Companies, Medical Students

miga ALWAYS

❶ A business must be a Qantas Business Rewards Member and an individual must be a Qantas Frequent Flyer Member to earn Qantas Points with MIGA. Qantas Points are offered under the MIGA Terms and Conditions (www.miga.com.au/qantas-tc). Qantas Business Rewards Members and Qantas Frequent Flyer Members will earn 1 Qantas Point for every eligible $1 spent (GST exclusive) on payments to MIGA for Eligible Products. Eligible Products are Insurance for Doctors: Medical Indemnity Insurance Policy, Eligible Midwives in Private Practice: Professional Indemnity Insurance Policy, Healthcare Companies: Professional Indemnity Insurance Policy. Eligible spend with MIGA is calculated on the total of the base premium and membership fee (where applicable) and after any government rebate, subsidies and risk management discount, excluding charges such as GST, Stamp Duty and ROCS. Qantas Points will be credited to the relevant Qantas account after receipt of payment for an Eligible Product and in any event within 30 days of payment by You. Any claims in relation to Qantas Points under this offer must be made directly to MIGA by calling National Free Call 1800 777 156 or emailing clientservices@miga.com.au
❷ Insurance policies available through MIGA are underwritten by Medical Insurance Australia Pty Ltd (AFSL 255906). Membership services are provided by Medical Defence Association of South Australia Ltd. Before you make any decisions about any of our policies, please read our Product Disclosure Statement and Policy Wording and consider if it is appropriate for you. Call MIGA for a copy or visit our website at www.miga.com.au

President's Word

PERFECT TIMING

Investment in healthcare should always be a top priority – even more so as we look at the long-term impacts of COVID-19, which include delayed patient presentations and opportunities to change the way we practice.

SOME MIGHT view taking leadership of a medical organisation during a once in a century global pandemic as 'bad timing'.

However, I feel privileged to be involved in healthcare leadership during this unprecedented time of change and opportunity.

I recognise that it has been a very challenging year for all of us – and I thank you all for the sacrifices you've made for your patients, and the public health of NSW. But as we emerge through this crisis, we have the unique ability to unite as a profession and shape our future.

It's a privilege for me to take over from Dr Kean-Seng Lim as President of AMA (NSW). I want to acknowledge the tremendous effort with which he led the organisation and the support he's given me as I step up to this role. In particular, I thank him for his generosity as we worked closely together earlier this year so I could hit the ground running from May.

As former Vice-President and previous chair of our Doctors-in-Training Committee I've had a backstage pass to the inner workings of the AMA. The long debates during Council meetings, the late-night emails regarding government decisions, the last-minute decisions on responses to media – I have been heavily involved in helping shape our leadership on issues such as healthcare funding, changes to private health insurance, integration of care, the Medicare freeze, the need for improved access to care for rural and regional residents, greater health equity for Aboriginal and Torres Strait Islander people, abortion law reform,

Dr Danielle McMullen
President, AMA (NSW)

President's Word

improved mental health resourcing, better health IT, better working conditions for doctors-in-training, the ongoing battle against sexual harassment and bullying in medicine, doctors' health and wellbeing, and much, much more.

These issues continue to be priorities and during my presidency I would like to make a specific contribution to gender equity in medicine, women's health reforms and improvements to primary care.

Of course, for now, the pandemic is taking centre stage. COVID-19 is undoubtedly one of the biggest health challenges our nation will face this century. But the system was already under immense strain before COVID-19. AMA (NSW) has repeatedly called on the State Government to adequately fund public hospitals. The pressure facing emergency departments has grown steadily and the efficiency gains made in recent years are not sustainable without proper resourcing. This remains a pressing issue. The AMA has also been a vocal proponent of meaningful new investment in primary care and a plan for general practice so it can better meet the challenges of increasing prevalence of chronic disease in the community. A plan to ensure better integration between general practice, other specialists and the hospital system so we can truly work together to reduce hospital admissions and achieve better health for our patients.

There has never been a more important time for the system to work as efficiently, effectively, and appropriately as possible.

ELECTIVE SURGERY

When the threat of COVID-19 started to emerge in Australia, it was inspiring to see the health system pull together to strategise its response.

The shutdown of elective surgery to preserve PPE and create hospital capacity was the right decision at the right time. It meant many doctors copped a significant reduction in work, but they did so to ensure NSW was as prepared as possible should we see a tsunami of coronavirus transmissions akin to what is happening overseas.

Cancellation of surgical services also comes with a cost to patients' physical and mental health and to the economy with patients on waiting lists often having reduced ability to work. While we are starting to turn the tap back on for elective surgery and other hospital services, research is needed to see the true impact this decision has on patient health and outcomes.

As the system struggles to work through the backlog of elective surgery we need more than just short-term funding. Even prior to COVID-19 waiting lists were unacceptably long in NSW. The current situation highlights that we need a longer-term solution to solve elective surgery waitlists, so that our patients get the care they need, when they need it.

TELEMEDICINE

Likewise, the Federal Government's amendments to Medicare which allowed for an expansion of item numbers for telehealth was the right decision at the right time. It ensured vital health services could continue to operate while providing protection to both patients and doctors.

It was inspiring to see so many doctors quickly mobilise to set up telehealth services in their practices and undertake additional training to ensure they were up to date on best practice with these technology tools.

The rapid expansion of telehealth access has been an amazing opportunity to see the benefits these services bring in improving care for patients. But now it's time for us to show leadership as to where telemedicine can take us into the future. It's much more than a consultation over a videocall – as the Government decides how it will fund these health services going forward, the AMA is advocating to cement telemedicine in a way that optimises continuity of care for best patient outcomes. In particular, ensuring that in general practice the easiest option is also the best option – for patients to see their usual GP in the right way, at the right time.

We know Australia's economy is under immense pressure. But we also know that investment in primary care is a solid investment to keep people out of expensive hospital care.

As a profession, we must speak up for the 'silver linings' of COVID-19 and decide what to keep from the many rapid changes we've seen in the past few months. I look forward to hearing from many of you as we shape the health system of our future.

We can't let this opportunity slip away. dr.

President@amansw.com.au
@_daniellemcm
www.facebook.com/amansw

THE Q_AD_UPLE AIM

FIONA DAVIES
CEO, AMA (NSW)

What's missing? U R. Creating policies without input from medical practitioners misses out on a very important piece of healthcare puzzle.

OVER RECENT months, COVID has given the world an appreciation of the vulnerability of humans. People all over the planet are also acknowledging the role of medical professionals and the sacrifices they make for the health of their patients. The work of doctors and other healthcare workers to improve treatments, to research vaccines, to conduct public health messaging, and to otherwise save lives has been nothing short of heroic.

However, at the same time, we are seeing policy which so frequently forgets to think about the doctor at the centre of providing care. At the moment, we are considering issues such as the bundled obstetric model and the provision of services to public patients in private hospitals. In both instances, the one aspect that seems to have been overlooked in the planning and operation of these schemes is how doctors feel about their role. Do they feel valued, were they included, is their work recognised and rewarded?

This concern for "provider satisfaction" is reflected in what is known as the Quadruple Aim – essentially, a framework for high value care that has four overarching principles: improved experiences for patients, better health outcomes, lower costs, and improved clinician experience. Whilst originally developed as the 'Triple Aim', the role of the medical professional in healthcare transformation was later identified as a critical piece of the puzzle.

It is widely acknowledged that improving the experience of providers can reduce burn out and overall dissatisfaction of clinicians, and that having an engaged and productive workforce is central to an effective healthcare system. Thus, the Triple Aim was expanded to include a fourth goal – improving the experience of those providing care.

The Missing Aim

Post-COVID, if we are going to improve the healthcare system, then we must strive harder to ensure medical practitioners have greater opportunity to participate in the formation of policies that will ultimately impact on their satisfaction. As an organisation, that is what AMA (NSW) will continue to work towards and the part of the overall value we offer to our members. dr.

fiona.davies@amansw.com.au
@FionaDavies8
www.facebook.com/amansw

As a member of the Australian Medical Association NSW, enjoy exclusive benefits such as complimentary 5 years/ 80,000km BMW Service Inclusive Basic package*.

When you or your spouse purchase a new BMW before 30 September 2020, receive a complimentary Samsung product of choice^:

- Samsung Galaxy S20 Ultra 5G 128GB
- Samsung 75" QLED 4K Smart TV – Q60T

Enjoy the latest technology and design on the road and at home.

Visit your participating BMW Dealer today.

Offer applies to new BMW vehicles ordered between 01.07.2020 and 30.09.2020 and delivered by 31.10.2020 at participating authorised BMW dealers by Australian Medical Association NSW members or their spouse. Limited edition models exclusions apply. Excludes fleet, government and rental buyers. *Complimentary service inclusive - Basic, including Vehicle Check, is valid from date of first registration or whichever comes first of 5 years/ 80,000km and is based on BMW Condition Based Servicing, as appropriate. Normal wear and tear items and other exclusions apply. Servicing must be conducted by an authorised BMW dealer in Australia. ^Samsung Galaxy S20 Ultra 5G 128GB or 75" QLED 4K Smart TV – Q60T. Not redeemable for cash and is not negotiable or transferable. Unless excluded, this offer may be used in conjunction with other applicable offers during the promotion period. Subject to eligibility. Terms, conditions, exclusions and other limitations apply, and can be viewed at bmw.com.au/corporate.

Supporting you with Workplace Relations

Dominique Egan, Director of Workplace Relations, AMA (NSW)

WORKPLACE RELATIONS

Our experienced Workplace Relations Team provides comprehensive assistance to doctors-in-training, VMOs, staff specialists, private practice doctors, GP and non-GP specialists. We equip members with knowledge, resources, and support in a range of areas, including employment and workplace relations, practice management, and medico-legal issues. We engage in industrial action and representation for members to further their professional interests and protect their rights. The following articles serve to highlight the breadth of the issues we assist our members with.

WORKPLACE RELATIONS

HEALTH & WELLBEING ON ROTATION

Working away from established supports can affect your health and wellbeing and heighten risks at work.

MANY YEARS of working with doctors and assisting them through employment and Medical Council processes highlights for me the importance of making, looking after, and maintaining professional and personal connections during a doctor's medical career. Frequently, it is doctors who experience professional and / or social isolation of varying degrees who may get into difficulty at work. Being able to recognise when you need support is as important as knowing where to find it.

Working away from established support networks of family, friends and trusted colleagues is difficult and may accentuate and add to the stresses of work. This is often the case for doctors-in-training. Many training networks suspended term two rotations this year due to COVID-19, at a time when many were acutely feeling the distance from family and friends.

Regardless of whether a trainee is on rotation from a metropolitan hospital to a regional hospital, or a regional hospital to a metropolitan hospital, the stresses experienced are the same. Rotating from a regional hospital to a metropolitan hospital may be just as difficult as going on rotation to a regional hospital.

It is always important for trainees to look after their wellbeing, but particularly so when away from usual supports.

The Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors* in Australia provides that good medical practice involves, inter alia:

- having a general practitioner;
- seeking independent, objective advice when you need medical care and being aware of the risks of self-diagnosis and self-treatment;
- being aware of the doctors' health program in your State;
- and, if you suspect you have a health condition or impairment that could adversely affect your judgement, performance, or your patient's health, not relying on your own risk assessment of the risk you may pose to patients. Instead, you should consult with your doctors about whether, and in what ways, you may need to modify your practice, and following your doctor's advice.

Recent changes to mandatory notification requirements for treating practitioners were made to ensure doctors do seek treatment from their general practitioner and other medical and healthcare professionals. Treating practitioners are required to make a notification about a doctor about whom they form a reasonable belief is practising with an impairment and placing the public at substantial risk of harm. This is a high threshold.

It is important for all doctors to appreciate that being unwell does not mean the practitioner is suffering from a health condition. If the practitioner is suffering from an impairment that is effectively controlled and therefore does not place members of the public at significant risk of harm there is no obligation to notify.

While COVID-19 has been, and continues to be, difficult in so many ways, it has provided the impetus for telemedicine to become more widely employed. This benefits doctors who may be working away from home by allowing them to maintain relationships with treating practitioners.

If you do not have a general practitioner or are seeking a general practitioner in the area where you are currently working, **AMA (NSW)'s Doctors for Colleagues** is a list of general practitioners across NSW happy to take on doctors as patients.

The **NSW/ACT Doctors' Health Advisory Service** offers a telephone help line that provides confidential advice to doctors who are experiencing stress, mental illness, drug and alcohol problems, personal and / or financial difficulties. There is also the **Drs4Drs helpline** which is a national confidential help line.

The AMA (NSW) Workplace Relations Team is here to help and can provide you with industrial and medico-legal help and support and to assist you find the professional care and support you need.

Contact the Workplace Relations Team on **dit@amansw.com.au**

Contributed by Dominique Egan, Director of Workplace Relations, AMA (NSW)

WORKPLACE RELATIONS

NAVIGATING TRAINING AND EMPLOYMENT

Navigating employment arrangements can be difficult at any time, but when you add the requirements of a vocational training program it becomes even more complex.

THE FOLLOWING is an overview of some of the policies you should be aware of during your training. Please remember each training program has its own policies and procedures in place and you will need to familiarise yourself with those that apply to you.

It is important to keep up to date with your training requirements and the requirements of relevant policies. Policies are subject to regular review and changes to training are occasionally made. If you do not stay up to date and rely on an outdated policy or process this may be to your detriment. Copies of handbooks and policies are available online.

If you are not sure which requirements apply to you, contact the College to clarify as soon as practicable.

Dr Jess Sandy

Doctors-in-Training

Training Handbooks

Your training handbook will set out the essential details of the training program, including learning and assessment tools, examinations, applying for fellowship, and relevant College Policies that apply to your training.

Progression through training policies

Your College will require you to complete your training within a certain period of time and may also require you to progress through the stages of training within specified timeframes. For example, if your training program takes six years (full time) to complete, you may be given 12 years within which to complete the six years of full-time training.

You should be offered an employment contract, the term of which should correspond to the minimum time it takes to complete your training course. This does not mean that extensions or further contracts will not be agreed or offered, but they are not automatic.

Trainees in Difficulty / Remediation

Many Colleges have a policy for the provision of extra support for trainees experiencing difficulties, such as not progressing as expected, not performing in keeping with expected standards, or health issues.

The provision of support and remediation may be resisted but it assists many trainees to meet training expectations and attain Fellowship.

Interruption to training policies

While you should have a good understanding of the training requirements before commencing training, life happens and there will be times and events in a trainee's life that may necessitate a break from training. These could include employment-related issues or remediation terms.

Make sure you know what the requirements of your College are if you are seeking to interrupt your training. For example, when do you need to complete the necessary paperwork? Or, who needs to sign the application?

In addition to applying for an interruption to training, you may also need to seek leave from the hospital where you are working. Make sure you know how much notice you must provide and how the College and hospital positions on these matters intersect.

Flexible / Part-time training policies

Most training programs will accommodate part-time training for at least some of your training time. Progression through training policies should be considered together with flexible / part-time training policies.

If you wish to train part-time and work part-time, part-time employment will be subject to approval by your hospital.

Make sure you know what you need to do and when if seeking to train and work part-time.

Examination/Assessment policies

Most Colleges will have an Examination or Assessment policy that outlines how assessments are planned, implemented, evaluated and governed.

These policies usually provide information on eligibility, fees and the application processes to sit exams.

Make sure you are familiar with these policies prior to sitting an exam or taking a break from training. Often these policies provide information on exam structure, so it is worth taking the time to carefully read through them in order to prepare and manage your time efficiently. It is also important to note that you may be unable to sit an examination if you are on a break from training. Check to see if such rules apply to you, prior to taking a break from training.

Special Consideration

Colleges will have a policy which sets out the circumstances in which you may seek and be granted special consideration if unwell when completing an examination or assessment or if there is an irregularity during an examination, such as a power outage.

You may be asked to complete a declaration that you are well before sitting for examination. If you declare yourself to be well when you are not you may be precluded from later making an application for special consideration.

Be aware that applications for special consideration must usually be made before an examination or assessment or must be made within a relatively short time period thereafter.

Reconsideration, Review and Appeals

Colleges will have a Reconsideration, Review and Appeals policy.

If you are adversely affected by certain decisions made during your training, you may be able to seek a review of the decision. Reconsideration and Review processes precede more formal appeals processes.

There are time limits to seek a review; for example, within 30 days of being advised of the decision. It is not possible to seek a review of adverse decisions after this period has lapsed. If in doubt, seek advice about your options and make an informed decision at the time.

The AMA (NSW) Workplace Relations Team is here to help you navigate the requirements of training and employment. Please contact the team for assistance on **dit@amansw.com.au**. dr.

Contributed by Dominique Egan, Director of Workplace Relations, AMA (NSW)

WORKPLACE RELATIONS

DITS FIGHT THE WAGE FREEZE

While many are doing it tough, NSW DITs already face some of the poorest working conditions in the country, writes DITC Co-Chair, Dr James Lawler.

THIS YEAR I had decided to start working part-time so I could spend more time with my two-year-old daughter and to support my partner, a new intern doctor. As the COVID pandemic developed, the need for more doctors became apparent, so I went back to work.

Throughout the pandemic, junior doctors turned up to work despite the risks. Many were reallocated to "COVID wards" where they worked a 12-hour rotating roster. All leave was cancelled. Some, like my wife, were stationed in the emergency department despite the uncertainty about the risk of asymptomatic transmission in undifferentiated patients. Most have had their training programs disrupted or delayed indefinitely as they move to other roles. But there was no question that they would be at work to help patients in a crisis. We just want to do what we are trained to do – come to work and help the sick and needy.

Now the NSW Government is set to cut the wages of healthcare workers across the state; a slap in the face to all of us.

Since 2011, the NSW Government has restricted wages growth to 2.5% for all public sector workers. I know of several junior doctors who have left NSW for better conditions interstate. It isn't about the salary per se (although NSW's is amongst the lowest in the country), but the decades old Junior Medical Officer award we work under. Working as a psychiatry registrar I know of colleagues with the same experience doing the same job as me in other states being paid double my wage. Our archaic on-call system means some registrars take calls all night about patients in our hospitals and are paid $16.30 in total (before tax), before returning to work. This was the state of our work before the pandemic. Despite the wages cap, the work of the healthcare system has become far greater. There has been more than a 40% increase in patients presenting to NSW emergency departments over the past decade. AMA (NSW) has repeatedly been sounding the alarm about our overstretched healthcare system – this was all before the pandemic.

We are fortunate to have avoided the devastation in other countries due to coronavirus for now; however, we increased the capacity in our healthcare system by restricting other parts of our healthcare system even further, for example by postponing non-urgent surgeries. As we "snap back" to our previous overburdened healthcare system, we are going to need to now also account for the impact of restrictions in other urgent medical services, an increasing backlog of surgeries and procedures, interruptions in the care of chronic medical conditions and the toll on the mental health of patients. With or without a pandemic, there is now more work to do than ever before.

The NSW Government's plan to cut our wages, after years of stretching our healthcare system beyond its limits will be the last straw for some – I suspect more junior doctors will look interstate in years to come. Good governments around the world will have learned that now is the time to invest in our healthcare system and the workers it relies on, not to cut their wages.

AMA (NSW) has been supporting this campaign against the wage freeze on social media. Please link and share our wage freeze campaign #YourCareIsWorthMore dr.

WORKPLACE RELATIONS

PUBLIC PATIENT SURGERY IN PRIVATE HOSPITALS

In situations where elective surgery can be outsourced to private hospitals, VMOs should be provided with the opportunity to negotiate arrangements that ensure appropriate indemnity arrangements are in place and there is appropriate cover and resourcing available to them and their patients.

Visiting Medical Officers

AS COVID-19 patient numbers remain low for the time being in NSW, we are seeing public and private hospitals increase activity levels. While some capacity remains in the system for COVID-19 patients, reliable supplies of personal protective equipment and low numbers of patients requiring hospitalisation for COVID-19 infections mean that elective surgery has been able to resume.

The State Government has announced a public patient waiting list blitz that is to be undertaken in the public and private hospital systems. While the outsourcing of waiting list reduction work to the private system is not novel, the terms under which VMOs are currently being asked to undertake that work are different. Not least of which is the risk profile of those patients and no offer of TMF cover, and the further compromising of training opportunities which have been limited by the pandemic.

It is AMA (NSW)'s preference that Local Health Districts should be planning to maintain as much elective surgery as possible within the public hospital system. This will ensure patients remain within appropriate models of care and that doctors-in-training continue to access training opportunities. Should there be a need for Local Health Districts to outsource wait list reduction lists because need exceeds capacity in their public hospitals, Visiting Medical Officers should be provided with the opportunity to negotiate arrangements that ensure appropriate indemnity arrangements are in place and there is appropriate cover and resourcing available to them and their patients.

Keeping as much work as possible in the public system will also ensure that the private hospital system can get back to its core business of caring for private patients to ensure the ongoing viability of the private health care system.

WAGE FREEZE: IMPACT ON VMOS

The State Government's announced wage freeze will affect VMOs. To date, no offers have been made by the Ministry of Health regarding VMO remuneration.

Since 2011, under State Government wages policy, medical practitioners employed and engaged in the public health system have received 2.5% wage increases. The Industrial Relations (Public Sector Conditions of Employment) Regulation 2014 provides that public sector employees may be awarded increases in remuneration or other conditions of employment, but only if employee-related costs in respect of those employees are not increased by more than 2.5% per annum. Increases about the stipulated amount may be awarded provided that employee-related savings have been achieved to fully offset the increased costs over and above 2.5%.

In May this year, the State Government sought to amend the operation of its wages policy. The Industrial Relations (Public Sector Conditions of Employment) Amendment (Temporary Wages Policy) Regulation 2020 was intended to stop any increases in remuneration or other conditions of employment that would increase employee-related costs in relation to the employees. The Regulation was debated in NSW Parliament on 2 June 2020. The Upper House passed a disallowance motion overriding the regulation.

At the time of writing, there are proceedings underway in the NSW Industrial Relations Commission in relation to whether employees, including Staff Specialists, should receive a renumeration increase, and if so, how much.

While AMA (NSW) anticipates that the Ministry will be awaiting the outcome of the Commission proceedings before considering its position with respect to VMOs, we will be writing to the Ministry seeking an increase for VMOs.

We have recently surveyed our members about issues of workforce and contractual arrangements.

We will utilise the survey results to shape our advocacy for better and fairer terms and conditions for VMOs in NSW.

We recognise that the way many VMOs work has changed and is changing, for example, with some services being provided remotely which optimises patient care and outcomes but for which VMOs are unpaid.

There are interim changes that have been made during the pandemic that AMA (NSW) would like to see remain after the pandemic. dr.

Contributed by Dominique Egan, Director of Workplace Relations, AMA (NSW)

WORKPLACE RELATIONS

POST JOB KEEPER: WHAT HAPPENS NEXT?

BARBARA ROBINSON-TAN
WORKPLACE RELATIONS ADVISOR, AMA (NSW)

Private practice owners face further uncertainty as the September deadline to pull back on temporary subsidies draws near.

AT THE time of writing, we are just over halfway along the JobKeeper timeline.

Introduced 30 March 2020, the temporary subsidy of $1,500 a fortnight per worker for eligible businesses, NFPs and the self employed has a deadline of 27 September 2020.

The JobKeeper subsidy was introduced to support businesses and retain jobs, and while the Government committed to the six-month program, it continues to make changes to JobKeeper in the context of its broader transition agenda.

The Prime Minister recently stated that the Government will re-examine ongoing fiscal supports in late July after reviewing the country's economic circumstances and upon advice from Treasury.

While no further commitments have been made, there is considerable pressure from businesses to extend JobKeeper beyond September.

BUSINESS VIABILITY

Practice viability post September must be considered within the wider context of Australia's economic recovery. The Reserve Bank acknowledges the difficulty of being precise about the magnitude and timing of the easing of restrictions, an increase in business confidence, and a reduction in under and unemployment, and suggests three potential scenarios:

1. Baseline – gradual recovery: most restrictions lifted by the end of the September quarter, more workers hired and normal working arrangements resumed.
2. Faster Recovery: most containment measures phased out over coming months, based on existing policy support and a high degree of confidence in the ongoing management of health outcomes.
3. Slower Recovery: many restrictions remain until closer to the end of 2020, with more unemployment and business suffering severe financial stress.

The faster recovery scenario assumes a robust health system to which practice viability will be central.

CURRENT MEASURES

With patient attendance still below pre-COVID-19 levels and many practices utilising the JobKeeper subsidy and other Government support, business viability is likely to still be at risk if the measures currently in place were to be discontinued as currently proposed. The measures below are due to finish or be reviewed at the end of September 2020, at which time the shape of the recovery curve will undoubtably influence the Government's decision-making:

- Temporary MBS telehealth items, introduced in March to help reduce the risk of community transmission of COVID-19 and provide protection for patients and healthcare providers, are scheduled to finish 30 September 2020. There is considerable advocacy for these temporary telehealth measures to be continued after the proposed expiry date, and

the Government has indicated it will consider this if recommended by the Australian Health Protection Principal Committee (AHPPC).

- Government support for medical practices from April 2020 included the doubling of the bulk billing incentive for general practice, diagnostic imaging and pathology services and an expansion of the Practice Incentive Program (PIP). Temporary increases to incentive payments for general practices were implemented to provide support for bulk billed services and ensure patients kept access to essential face-to-face care. However, patient attendance at doctors' surgeries has yet to return to pre COVID-19 levels. These measures are to be reviewed after 30 September 2020.
- From July to October 2020, for businesses that are still active, the Government will introduce additional payments to the Boosting Cash Flow for Employers initiative, which in April 2020 provided eligible businesses with up to $100,000 to assist their cash flow.
- The Coronavirus SME Guarantee Scheme provided a guarantee of 50% to small and medium enterprise (SME) lenders for new unsecured loans to be used for working capital. This is in place until 30 September 2020.
- The Government's partnership agreement which integrated private hospitals with State and Territory health systems in the COVID-19 response is subject to ongoing review to ensure it remains appropriate.
- NSW Health was working towards Stage 2 of elective surgery restoration, to 75% by 30 June 2020, and the Government's National Cabinet plan has a return of "…up to 100% normal surgical activity levels or as close to normal activity levels as is safely possible" at Stage 3.
- Given the need to generate sufficient income to maintain business viability, practices may need to consider increasing patient fees, in compliance with the Competition and Consumer Act 2010 (CCA) and the Australian Consumer Law (ACL). This decision must be balanced with the potential risk of further deterring patient attendance in some circumstances.

Step 3 of the Government's 3 step plan for a COVIDSafe Australia is a "...commitment to reopening business and the community with minimal restrictions, but underpinned by COVIDSafe ways of living."

Implementation dates are State and Territory decisions, but the Government's National Cabinet has reconfirmed the commitment for this framework to be completed in July 2020.

RECOVERY

Staying informed on the current COVID-19 situation, keeping up to date with changes to Federal and NSW Government measures to support business during this period, and monitoring the financial position of your business will be critical at this time. Advice from professional services in accounting and finance and other sources of general business information may be useful, for example the Government's business website on Coronavirus information and support for business and business continuity planning and CPA Australia's *Business Recovery from Covid-19: Tips for Small Business*.

A COVIDSafe plan will be essential for practice viability to ensure health and safety obligations are met in your workplace. This includes assessing workplace risk in consultation with your employees, as described in detail by Safe Work Australia, and implementing physical distancing, workplace cleaning and hygiene practices, and flexible work arrangements to help minimise peak hour public transport. More information on this is available in the AMA (NSW) Workplace Relations *Coming out of COVID-19* resources on the Coronavirus Information page of our website.

> While no further commitments have been made, there is considerable pressure from businesses to extend JobKeeper beyond September.

Some potentially emerging issues identified include significant mental health issues among some of the population, more government support for technology delivered services like telemedicine, an improved health stockpile, more preparedness for future pandemics, more connections across the health system, health fund changes, and better data collection and utilisation. dr.

We have an opportunity to make telemedicine a permanent fixture of quality healthcare in Australia, and welcome new restrictions to ensure it isn't abused.

THE AMA has successfully lobbied the Federal Government to tighten rules around telemedicine in a bid to prevent 'pop-up' telehealth services, including those linked to pharmacies, from fragmenting care and undermining the role of a patient's usual GP.

While 90% of COVID-19 MBS funded telemedicine services are being provided by GPs who have an existing relationship with the patient, there were a growing number of providers looking to exploit the system and take advantage of temporary items.

Unconstrained access to the items led to an explosion of junk operators marketing to the public with no physical practice and no associations with patients' usual GPs.

While many health stakeholders, including the AMA, are asking Government to retain telehealth item numbers; we also argued for constraints to be put in place.

BACKGROUND

The COVID-19 pandemic saw the Australian Government temporarily expand Medicare-subsidised telehealth services to a whole of population model.

Many practitioners and patients embraced telehealth to maintain social distancing, reduce the use of PPE and successfully flatten the curve in Australia. Since these changes were introduced, over 14 million telehealth services have been provided to patients, with overwhelmingly positive feedback received from patients and service providers.

The AMA (NSW) recognises the benefits associated with telehealth in terms of convenience, patient centeredness, continuity of care, access to services, travel requirements, and a reduced burden on certain elements of the healthcare system such as subsidised transport schemes.

A survey completed by the Royal

Private Practice

Australasian College of Physicians in May found that 90% of practitioners were using telehealth services and three-quarters thought the new Medicare rebates had increased accessibility of healthcare.

Telehealth also has significant benefits for rural clinicians, leading to improved communication, greater support, and reduced professional isolation – allowing these practitioners to deliver care in a more flexible and sustainable service delivery model.

Once the pandemic passes, patients will have changed expectations of how care should be delivered and will increasingly expect virtual care options to complement in-person attendances.

To encourage the Government to make telehealth rebates permanent after September 30, AMA (NSW) has been running a social media campaign. (#SupportTelemedicineBeyondSeptember).

If you have seen our posts on social media, please like and share to create awareness.

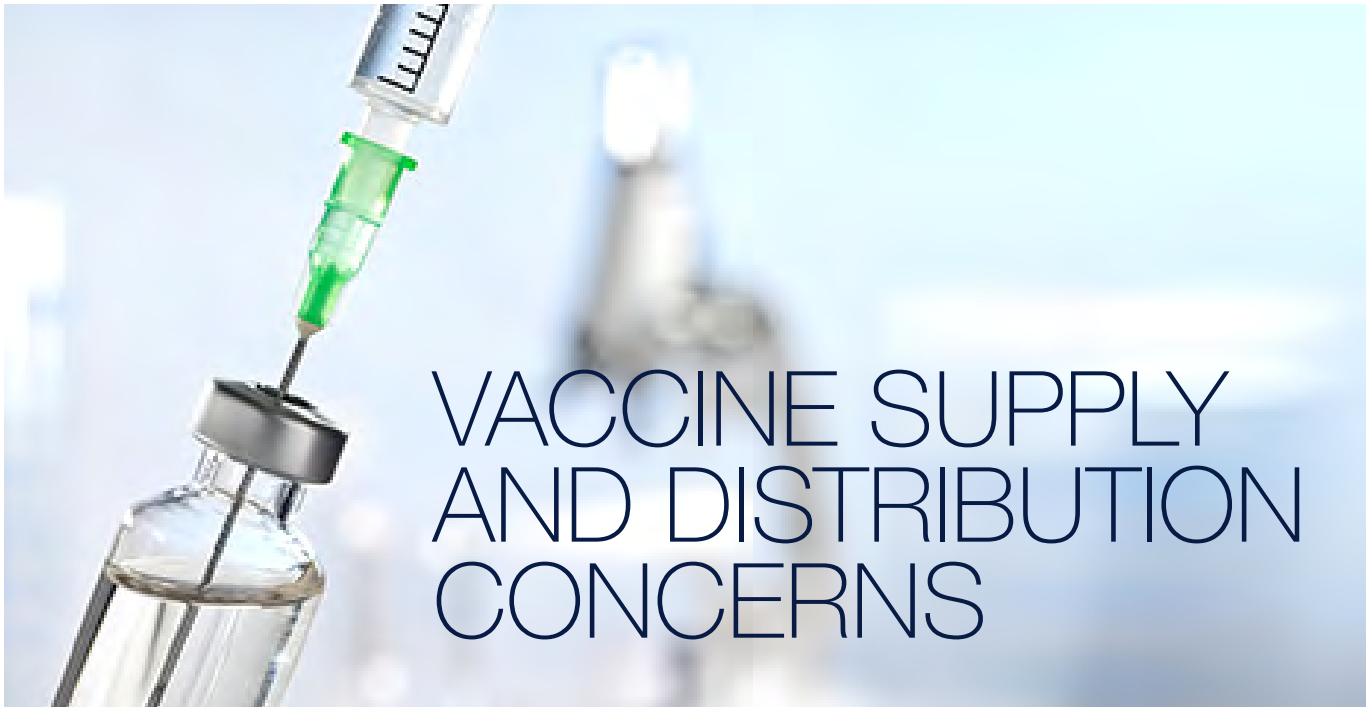
Meanwhile, the AMA (NSW)'s Systems and Technology Committee has developed a position paper on what constitutes 'good telemedicine'. The paper focuses on delivering high quality healthcare, with technology as the enabler. The document is expected to be released to members shortly, but a few key points include:

- Telemedicine should support high quality clinical care, which is appropriate, effective and efficient.
- Telemedicine models should not be completely virtual or be used solely to serve as a substitute for face to face care.
- Good practice will support and maintain continuity of care and allows patients to access their regular healthcare providers in a way that suits them.
- The use of digital health in models of care must ensure good clinical record-keeping is maintained and steps are taken to protect patient and clinician privacy.
- Particular attention should be made to vulnerable populations, so the use of digital heath improves access and does not lead to further barriers in accessing health care.

"Particular attention should be made to vulnerable populations, so the use of digital heath improves access and does not lead to further barriers in accessing health care."

AMA (NSW) believes that COVID-19 presents an opportunity to reform health systems to ensure that telemedicine is integrated into a medical practitioner's usual offering and the level of connectivity that has been created as a result, is maintained. dr.

Contributed by Annabel Raftery, Policy and Workplace Relations Advisor, AMA (NSW)



VACCINE SUPPLY AND DISTRIBUTION CONCERNS

The supply and distribution of flu vaccines this year has been significantly challenging for general practitioners. COVID-19 complexities have exacerbated known challenges, highlighted deficiencies in systems, and created more difficulties than experienced in previous years.

AMA (NSW) is working with NSW Health to address vaccine supply and distribution issues, which have greatly impacted general practices in 2020.

It is recognised that Government ordering for NIP vaccines occurred prior to the full impact of the pandemic being known, and demand has understandably been earlier and considerably higher than expected.

However, GPs are increasingly frustrated by flu vaccine availability and blame a combination of factors, including poor planning by the Ministry – particularly regarding the timing of public messaging being well prior to appropriate NIP vaccine availability, the difficulties and confusion in the ordering process, and the infrequency of deliveries. These issues can then exacerbate inaccurate ordering of limited stock by practices. As well, storage limitations for many medical practices have meant supply must be small but frequent – which has been difficult to sustain.

It is also recognised that due to the uncoordinated patient messaging, Government supply and distribution issues, appropriate recommended vaccination of vulnerable groups has been adversely impacted by pharmacists' early access to private flu vaccine. Doctors are concerned that allowing pharmacists to administer vaccines fragments care, thus creating gaps in care. Vaccine information is not always uploaded onto patient records and it's a lost opportunity for general practitioners to have a health check with patients.

Pharmacists' early access to vaccines and early promotion has other downstream effects – an added cost and risk to those entitled to free vaccines that are age appropriate not having the benefit of the added influenza cover as recommended. This could create an added public health burden as well as patient vulnerability.

Greater focus is needed on provision of adequate and timely supplies.

AMA (NSW) is recommending general practitioners have greater lead time to order vaccine supplies, and communications from NSW Health and PHNs regarding ordering starts earlier in the year.

AMA (NSW) recognises the importance of getting the logistics right for practices and suggests PHNs could provide assistance to GPs on how much stock to order, storage capacity needs, and re-ordering as necessary.

The organisation is also recommending greater consistency, coordination and accurate promotion of appropriate vaccines for patients.

AMA (NSW) has requested both the Department of Health and NSW Health recognise the supply pressures faced by medical practitioners and in future years delay flu vaccine awareness and promotion campaigns until distribution is well underway.

We have experienced record high levels of vaccination, but our focus is now firmly on making sure our most vulnerable are able to access vaccines this year, and that in future years supply is more streamlined. dr.

Overseas model shown.

EXCLUSIVE CORPORATE BENEFITS

LEXUS CORPORATE PROGRAMME — Get exclusive benefits across a range of Lexus models with our Lexus Corporate Programme*.

THE BENEFITS FOR AMA NSW EMPLOYEES

- Preferential Corporate Pricing[1]
- 3 year / 60,000kms complimentary scheduled servicing[2]
- Reduced delivery fee of $995 (ex GST)
- Priority ordering and allocation
- Encore Privileges Programme, including:
  - Service loan cars or complimentary pickup/dropoff
  - Lexus DriveCare, providing 24-hour roadside assistance
  - Lexus Exclusive events

Find out more at Lexus.com.au/Corporate

To access the Lexus Corporate Programme please contact Mark Nikolaevsky from Sydney City Lexus

SYDNEY CITY LEXUS | 824 Bourke Street, Waterloo
PH 02 8303 1900 | **www.sydneycitylexus.com.au** | MD4859

1. Conditions apply. See your Lexus dealer for further details.
2. Complimentary servicing expires at 3 years or 60,000kms from the date of first registration, whichever occurs first.
*Eligible models for the Corporate Programme are subject to change and may vary from time to time. Please contact your local Lexus Dealer for more information.

LEXUS
EXPERIENCE AMAZING

OFF THE BEATEN PATH


Dr Amandeep Hansra

What started with a dozen people looking for like-minded individuals to discuss the road less travelled in medicine has ballooned into a community of thousands of medical professionals who share one common goal – the creation of a rewarding and fulfilling career.

JUST TWO YEARS in and Creative Careers in Medicine has firmly established itself as the magnet for medical professionals looking to combine medicine with their passion for other pursuits, as well as a safe harbour for those on the brink of burn out.

"Initially we thought 10 or 15 of us would get together and just have a chat about some of the issues we're facing and support each other," explains Dr Amandeep Hansra, Founder and Director of Creative Careers in Medicine.

But after being approached by a few younger colleagues who expressed interest in the direction her career had taken, Dr Hansra changed tack slightly.

She invited a couple colleagues to come along and speak to the junior doctors.

What was supposed to be an informal afternoon tea event with about 20 people quickly burgeoned to 500 attendees.

And that was the beginning of Creative Careers in Medicine – an 8,000-member organisation that continues to attract medical professionals from all specialities and at all stages of their careers.

GAP IN MEDICINE

The huge response to CCIM's first symposium in May 2018, clearly signalled there was a need in medicine to establish a community.

Dr Hansra, alongside other CCIM Founder Dr Ashe Coxon and CCIM Community Manager Jessica Abbey created an online community to allow the group to be connected and continue to support each other.

CCIM defines itself as a community of doctors and health professionals who believe "a medical career should be whatever you want to make it – not what you're told it should be".

"We're advocates for professional freedom, igniting your imagination and guiding you toward your passions – so you can realise your ambitions."

Dr Ashe Coxon, a general practitioner who lives in Townsville, started working as a career counsellor almost seven years ago. As the founder of Medical Career Planning, she has a passion for assisting doctors with their personal career journey. She met Dr Hansra after putting out a call through Facebook for speakers to be involved in a session on non-clinical careers.

Soon after, Dr Hansra came up with the idea for CCIM and asked if she'd be interested. Dr Coxon recalls saying, "it sounds like what the world needs."

She explains, "In medicine we pick some of the brightest, some of the most creative, and some of the most hardworking

15% of doctors report leaving or seriously considering leaving medicine

people out there – and then they head down a pathway that is really quite prescriptive. So there's all these people who are getting into medicine who have all these different interests and visions and ideas ... and then they're told to do medicine a certain way."

She says, "There's a big bunch of people that almost needed permission to come out of their shell … who were just wanting to explore a different side of themselves that medicine didn't offer. And that's where CCIM has really filled that gap – it allows people to explore with no judgement."

No judgement is exactly what Dr Sonia Henry was looking for when she joined CCIM. The author of *Going Under*, a fictional book based on her experiences as a junior doctor, says the group offered a safe refuge of like-minded doctors.

"I also found the community very supportive and encouraging. Sometimes medicine can be a little cut-throat and competitive, but I found CCIM genuinely was interested in what my creative interest was and wanted to use it to encourage other doctors interested in writing or creative pursuits. It was great to realise there were more doctors out there like me."

Dr Henry says she can't imagine a life that was solely focused on medicine.

"I don't think it matters who you are or what you do – to lead a life that is literally full of only one thing is not really a way to exist in the world. I'm not only interested in having a passion outside of medicine – it is essential to my wellbeing and happiness."

Dr Ashe Coxon

A SAFE HARBOUR

Akin to medicine's version of The New

JOURNEY TO CCIM

Dr Amandeep Hansra graduated medical school at 22 and found it difficult to find her niche.
She did a Master's in public health and tropical medicine and moved frequently – doing some ED locuming, working in ICU, and pursuing her interest in infectious diseases.
She eventually landed on general practice. It fit for a number of reasons, but there was a nagging sense that this was the peak of her professional development.
So, she looked for other opportunities.
"I started to do a bit of occupational medicine, a bit of travel medicine, immigration medicine, just to have that diversity, which I mixed with traditional general practice."
While working at Medibank Health Solutions, the company asked if she wanted to be involved in telehealth.
"I had never heard of telehealth, I wasn't even really a technology person. But it sounded exciting."
Dr Hansra became involved in governance and incident management, investigation and training. She started to get the management side of the health experience and discovered a passion for being involved in system-wide change.
She was soon approached by another telehealth company, and eventually was recruited to join Telstra as Chief Medical Officer to set up their telehealth business.
She worked in partnership with a Swiss company, Medgate, which gave her international experience. She was exposed to a telehealth service in the Middle East and was also responsible for setting up similar services in the Philippines.
Throughout these experiences, Dr Hansra continued to do clinical work as a general practitioner.
She eventually left Telstra and found she had a combination of skills that were very much in demand.
"I had organisations approach me and say, you're a doctor, and you understand technology and you understand systems. Could you come and fix this problem for us or could you come and help us with this project. So, I started working more as a consultant – going in and helping at a government level or with private industry, hospitals, technology companies or insurers. I realised there is a whole niche for people who are clinical but can be problem solvers for the health system."
Dr Hansra never planned this career path and says leaps in her career came down to saying 'yes'.
"When someone gives you an opportunity you say yes, and that leads to another opportunity, which leads to another opportunity and for me, I've just been in the right place at the right time. But if you never leave your comfort zone, you're never going to be in the right place at the right time."
Occasionally she's taken an opportunity that was a bit inconvenient, or perhaps not as lucrative as staying the course, but in the end – every risk has been worth it.
"My advice is – sometimes you have to take a step back to go forward… I've never regretted doing that because if it's a job that's interesting for you and it's something that's going to teach you, then it might be worth some of the other sacrifices."

Colossus ("Give me your tired, your poor, Your huddled masses yearning to breathe free"), CCIM's mission statement seeks to take the profession's broken souls and help them reimagine a future that combines the career they've had with the career they want.

Dr Hansra explains that there are two types of people who end up in CCIM.

"There are the people who get pushed out of the system through bad experience, getting burnt out, seeing some of the failings in traditional medical career paths and then there are people who get attracted to us, because they've always had a creative interest or they've always had a side hustle."

She tells the story of an ED physician who also works as an expedition doctor, travelling around the world as a photographer, taking photos for *National Geographic* and coming back to Australia in between trips to work in a hospital.

She describes those members as being 'pulled' to the organisation or attracted to the values the CCIM represents – a stepping off of the traditional pathway.

And then there are the members who are 'pushed' toward CCIM – those who are burnt out or have been bullied, those who are frustrated and on the edge of giving up medicine altogether.

It's the second group, those who feel they are being pushed out of the medicine, that Dr Hansra is really keen to reach.

"We want to fix the system. We don't want everyone to just walk away and leave medicine."

In addition to being involved in doctors' health and wellness campaigns, such as #CrazySocks4Docs, CCIM looks at supporting those members through upskilling or repurposing.

"For example, for members who don't like traditional clinical roles in medicine, we ask 'could you come back in a management role, or could you come back in a systems-improvement role?' Then we would help that person get the leadership or other necessary skills they need. We try and help people use the other transferable skills that they have already and point them in the right direction, so then they can re-imagine what their medical or health career might look like."

The work CCIM is doing is making a huge difference in the lives of doctors who otherwise might look to give up medicine completely – or worse.

"I had a few doctors say to me after the conference, 'I've been depressed, I'm having suicidal thoughts and really hating what I'm doing with my life, and my career is a big part of it.' But they come to the conference and they meet their tribe and realise they are not alone. They meet other people who have gone through what they've been through and realised they're normal and there's nothing wrong with feeling overwhelmed."

And it's not just senior doctors. CCIM is increasingly finding junior doctors and even medical students who are wary of the system and what lies ahead.

"All they hear in medical school at the moment is all the horror stories of being in the hospital setting and what life is like on the other end. They talk about suicide and bullying and burn out and mental health issues, also that there might not be a job for them – and we've got a lot medical students who are very interested in what we're doing because it gives them hope and inspires them that there are other options, there are lots more than just a traditional path."

FINDING YOUR TRIBE

Central to CCIM is the tenet of inclusion.

"We just want to provide a warm, supportive environment for people," Dr Hansra says, noting that the medical community can be negative at times.

"If somebody in our group says, 'I'm really frustrated and hate my training program, I want to leave' – you don't get all these people pouncing on them saying, 'how dare you waste a training spot?'"

CCIM provides a safe place for members to take a frank look at their lives and communicate with colleagues who

Top: Dr Sonia Henry
Below: Dr Raghav Murali-Ganesh

are going through – or who have gone through – similar experiences.

Dr Raghav Murali-Ganesh has been a member of CCIM since its inception.

"Being a doctor and moving away from the traditional path is challenging not only because of the opportunity cost but the lack of understanding and perhaps support from peers and others," he says.

A radiation oncology specialist, Dr Murali-Ganesh co-founded CancerAid in 2015 to assist patients during their care programs. The CancerAid app provides patients with personalised cancer information; a personal journal where patients can microblog their experiences and symptoms; a support network of medical and non-medical champions; and a community of other cancer patients.

The app was a logical culmination of Dr Murali-Ganesh's passion for helping patients and entrepreneurial spirit.

"I have always had an interest in entrepreneurship. Whilst in medical school I had a couple of very early stage, small scale ventures. They spurred on my interest. CancerAid became a passion during my training to becoming an oncologist. With existing passion, newly developed skills and a great team, we have been able to create what we have today – a company that uses technology to transform the experiences for those living with cancer."

Dr Murali-Ganesh is an active participant of CCIM, and attends numerous events

"As Amandeep [Dr Hansra] says, 'finding your tribe' has been great. You not only get to meet incredible people who have a common stem to yourself but also validate your career choices in being creative with your medical career."

Dr Mark Hohenberg, a geriatrician working at The Salus Clinic and Chief Medical Officer for the technology company Curiious, shares this sentiment.

"It gave me an opportunity to meet other like-minded people who had always been a bit esoteric, focusing on niche areas within medicine or adjunctive to clinical practice."

Dr Hohenberg says the group attracts people from all over the world and advice is freely shared by people who not only have experience in niche areas but have 'walked the walk' - leaving an established clinical practice prospective career path/ ladder and following their dreams.

Dr Mark Hohenberg

"I love clinical medicine and will never leave it entirely. I personally find deep and meaningful satisfaction in supporting patients to improve their health in a way that works for them. My greatest issue was how can I do this on a larger scale? How can I help more people than I could potentially see myself? To answer this question, I had to look to scaling what I can do through sharing what I have learned with the next generation as well as developing resources to deliver care beyond what I could provide alone.

"This has been exciting, and I am still learning the ropes of both

NON-TRADITIONAL MEDICAL CAREERS

CCIM Members are involved in a huge variety of careers in the health sector, including:

- Pharmaceutical industry
- Management consulting
- Media
- Health technology
- Health Informatics
- Insurance
- Start-ups
- Education and teaching
- Corporate
- Public health
- Aviation
- Occupational medicine
- Defence
- Cruise ship medicine
- Career coaching
- Medical administration
- Medical writing

business management, start-ups and governance. Again, the support of clinicians and individuals allied to medicine but with different skillsets within CCIM has been invaluable. It has also helped encourage me to pursue an aspect of technology I have an interest in, integrating virtual reality with clinical practice in Australia."

He says there's never been a more exciting time to be in medicine.

"Opportunities abound for practitioners interested in pursuing a traditional and creative career. To learn from the trailblazers in the CCIM community at all levels is incredible."

According to Dr Hansra, "For a lot of these people it's just that support, that community, and sometimes they feel it's a safer place than their College."

CCIM has had some support from Colleges such as Royal Australasian College Medical Administrators and the Australasian College of Sport and Exercise Physicians but has yet to attract others.

The perception that CCIM may present a threat could be keeping some Colleges from expressing more interest, suggests Dr Hansra.

"They might feel like we are taking trainees away from them – we're not, we want to support people to stay, but give them an option to have a side hustle or interest or express their creativity. We're about longevity and sustainability. So, if you're going to keep somebody in a traditional clinical career, you've got to give them an opportunity to have other outlets. I think that's where the Colleges get confused about where we sit. We're not competition – we're not training people – but what we are is a community."

Dr Zachary Tan, CancerAid's Chief Strategy Officer, notes that the professional implications of leaving clinical practice to consider non-clinical commitments – ie, digital health, management consulting, entrepreneurship remains very high.

"Rarely do our professional and medical education bodies recognise the value of these pursuits, particularly if we choose to return to clinical practice – having to explain career breaks, seeming 'unfaithful' to medicine, etc. I would love to see this to change. In this current context, CCIM and finding community amongst other doctors pursuing non-clinical careers has been really rewarding.

"I note that within CCIM, there are also nascent efforts for professional/medical education bodies to better recognise the value of non-clinical pursuits, and certainly the support of the AMA here would also be welcome," he says.

Dr Zachary Tan

CCIM doesn't receive any outside funding and the organisers run the entire organisation themselves.

"It's not about money for us – we spend a lot of time on it. But for me, this fills my cup up. You do things in your life that give you inspiration."

Dr Hansra said one particular doctor, who was on the brink of depression, was so inspired by CCIM they took a sabbatical to travel around the world for a year and pursue their creative interests.

"They stayed in touch and told me that coming to the conference was a life-changing moment. And that was when I thought – I can't stop now. Contributing to that one person – to help them stop feeling so despondent – means this movement has to continue." dr.

8000+ CCIM Members

600+ Facebook Followers

2,750+ Facebook Group Members

700+ Instagram Followers

300+ Twitter Followers

SPECIALIST WEALTH GROUP

FINANCIAL PARTNERS THROUGHOUT YOUR CAREER

Want to secure your financial future? We can help you at any stage of your journey by providing tailored expert advice.

Specialist Wealth Group understands your profession and can help you achieve your financial goals. We have the experience and knowledge to create the right solution for you.

With years of industry experience, we are experts in:

- **Financial Planning** :
  + Superannuation (inc. SMSF)
  + Life Insurance
  + General Insurance
  + Budgeting & Cash Flow
  + Salary Packaging
  + Estate Planning
  + Business Planning
  + Debt Structuring
  + Property Advice
- **Lending**:
  + 110% LVR with no LMI
  + Home/Investment
  + Equipment
  + Commercial Property
  + Fit-out
  + Goodwill
  + Motor Vehicle
  + Margin
  + SMSF
- **Insurance:**
  + Income Protection
  + Life/TPD/Trauma
  + Child Cover
  + Buy/Sell
  + Business Expense
  + Key Person
  + Business Interruption
  + Education Funds

Receive a FREE 2 hour planning & review session with one of our industry specialists.
Contact us on 1300 008 002

AMA NEW SOUTH WALES PREFERRED PARTNER

AMA (ACT) LIMITED

ROSE MAKIN / SHUTTERSTOCK.COM

RACISM IN HEALTH

Improving health outcomes for Aboriginal and Torres Strait people must start with combating racism and racial discrimination, writes Dr Gabrielle O'Kane, CEO of the National Rural Health Alliance.

BLACK LIVES MATTER protests in the United States have shone a spotlight on racial inequality across the world, and Australia is no exception.

In June, thousands of Australians defied social distancing restrictions and took to the streets to protest. Many were marching in solidarity with protestors in the US, but the majority were also marching to highlight the inequalities suffered by Aboriginal and Torres Strait Islander people.

The issues are different and have their own historical and cultural origins, but many of the issues rang true for Australians. The movement's focus on racism, racial profiling, incarceration rates and deaths in custody are all too familiar for Aboriginal and Torres Strait Islander people in Australia.

That's why the National Rural Health Alliance recently called for addressing racism against Aboriginal and Torres Strait Islander people to be

Column

a priority for the newly-formed National Cabinet, which replaced the Council of Australian Governments (COAG).

As a health organisation, we need to focus not just on the provision of health services but also on some of the causes of poor health outcomes among our Indigenous population.

The impacts of racism on health in Australia are well-documented. The Lowitja Institute highlights a few: unequal access to the societal resources required for health (such as employment, education, housing, medical care and social support), increased exposure to risk factors (such as differential marketing of dangerous goods), and racially-motivated physical assault. They also point out that racism can contribute to mental ill health through causing stress and negative emotional reactions, as well as other negative responses including smoking, alcohol, and other drug use.

Add to this that many Aboriginal and Torres Strait Islander people live in rural, regional and remote communities – and so often have poorer access to services and health professionals in the first place – and it becomes clear why addressing racism is a key issue for rural health.

We also need to address structural racism within the health system itself. According to a policy statement by the Australian Indigenous Doctors' Association, one of the Alliance's member organisations, past experiences of racism in the health system can mean that Aboriginal and Torres Strait Islander people avoid these situations for fear of being exposed to racism again.

It is vital that we work towards a culturally safe health system, which the Australian Institute of Health and Welfare refers to as "when the health system is a safe environment for

Dr Gabrielle O'Kane,
CEO of National Rural Health Alliance

Indigenous Australians, and where cultural differences are respected". We have seen progress made in this area and it's heartening to see many health practitioners and organisations strive for a culturally safe environment. But more can be done to make the entire health system culturally safe for all.

Addressing racism in the health system also includes building the Aboriginal and Torres Strait Islander health workforce and removing structural barriers to workforce participation. According to the Australian Indigenous Doctors' Association, Aboriginal and Torres Strait Islander doctors and medical students frequently report experiences of racism. Indigenous Allied Health Australia also point to the need to increase the number of Aboriginal and Torres Strait Islander people employed in allied health, with appropriate recognition of their cultural knowledge, skills and experience.

We are calling for the National Cabinet to take this on as a priority because this is an issue that requires a policy response from the highest level. It also requires coordination between the Australian Government and State and Territory governments.

After all, we all – individuals, organisations and governments – have a part to play in addressing racism. dr.

"Addressing racism in the health system also includes building the Aboriginal and Torres Strait Islander health workforce and removing structural barriers to workforce participation."

REFERENCES:

https://www.lowitja.org.au/content/Document/Lowitja-Publishing/Racism-Report.pdf

https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf

https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/summary

http://iaha.com.au/wp-content/uploads/2013/09/Position_Paper_Racism_in_Health.pdf

Cutcher&Neale
ACCOUNTING AND FINANCIAL SERVICES

Thank you for the work you do to help keep our communities healthy.

While you keep your patients healthy,
let us keep your practice healthy.

Our services

- Surgery acquisition strategies
- Medical practice structuring
- Tailored superannuation strategies
- Tax deductible debt strategies
- Effective practice service entities
- Cloud based record keeping
- Estate planning

AMA NEW SOUTH WALES PREFERRED PARTNER
Australian Society of Ophthalmologists PREFFERED PARTNER
aapm NATIONAL PARTNER
HRMOA Hunter Resident Medical Officers' Association PREFFERED PARTNER

Innovative Partner of the Year 2019
Australian Accounting Awards 2019 WINNER 2019 INNOVATOR OF THE YEAR
SMSF Adviser SMSF AND ACCOUNTING AWARDS 2018 NSW SMSF INVESTMENT STRATEGIST OF THE YEAR
SMSF Adviser SMSF AND ACCOUNTING AWARDS 2018 NSW SMSF FIRM OF THE YEAR
SMSF Adviser SMSF AND ACCOUNTING AWARDS 2017 NSW SMSF ADVISER OF THE YEAR

Innovative thinking. Traditional values. **p.** 1800 988 522 **e.** medical@cutcher.com.au **cutcher.com.au**

ENGAGING WITH MEDIA

Looking to create awareness about a particular health issue or advocacy campaign? Media Mentor's Director, Heidi Buchanan, shares insider tips on how to talk so journalists listen.

Heidi Buchanan

THE MORE we know about how the media think, operate, and what we can do to meet their needs, the better the outcome we have in trying to promote a specific interest or cause.

My years in the communications industry has given me a good sense of what works and what doesn't when we communicate with media. First off, let's look at why we need the media. The media is really an incredibly powerful platform from which we can communicate ideas and key messages. We can use the media to inform the public of a particular health issue, new medicines or treatments, ground-breaking research, or even to promote a doctor who is the spokesperson for a specific interest area.

If you are considering using mainstream media, I suggest you think strategically and make a thorough plan. This will help you to get the right message to the right people in the right way. It will allow you to target a specific audience, for example cancer patients, or patients with diabetes. It will also help you to set the agenda with well-crafted messages and give you maximum impact.

YOUR PITCH

There are many ways to get your message across. Ideally, the media will find the information you provide is new and original – and in turn, they will write an article with the content you have provided. Coverage from the right publication or media outlet can really help raise awareness of your issue.

This sounds fairly simple, but there are a few "secrets" that will help you. If we fail on this front, they won't even consider the information we have provided. For example, the information we are telling them needs to be new. It cannot have appeared in a medical journal last month or even last week. It can't be self-serving or salesy and it needs to be very relevant to the particular publication the journalist writes for.

You need to do your homework, research information about the journalist you have targeted, read the publication in hard copy or online, and look at the types of articles that are appearing in that publication to ensure your story is relevant.

Okay, so now we have information

Column

that is new, hopefully newsworthy, and you have researched the journalist and publication to ensure it is going into the right place. What else do we need to think about to make it appealing to this journalist? Statistics and case studies.

Try and incorporate lots of new and (always) approved statistics into your pitch information and if you have any real-life case studies that can help to bring your story to life, please include them. By case studies, I mean examples of patients affected by the health issue, or those who may benefit from a particular treatment or procedure that you are advocating for. Real people with real stories. This helps us to pique the audience's interest and to explain more about your particular area of focus.

Time is critical with journalists. If the media ask you to give them some background material and they need it in two hours, you need to ensure you have it back to them in two hours. As an industry, they often work to very tight deadlines, especially with so many stories appearing online. If you are pitching a story to a journalist, please ensure you have a good spokesperson who is credible, articulate and presents well, particularly if you are looking for broadcast media coverage.

And of course, all spokespeople need to consider media training before they speak to a journalist, because they need to ensure they are communicating effectively and are "on message" throughout the interview. If you have a spokesperson who rambles, is dull and wooden, and doesn't have the ability to capture an audiences' interest, the media opportunity is lost.

Media training also helps spokespeople get out of tricky situations when answering tough questions. It also helps to polish other performances, including telehealth presentations.

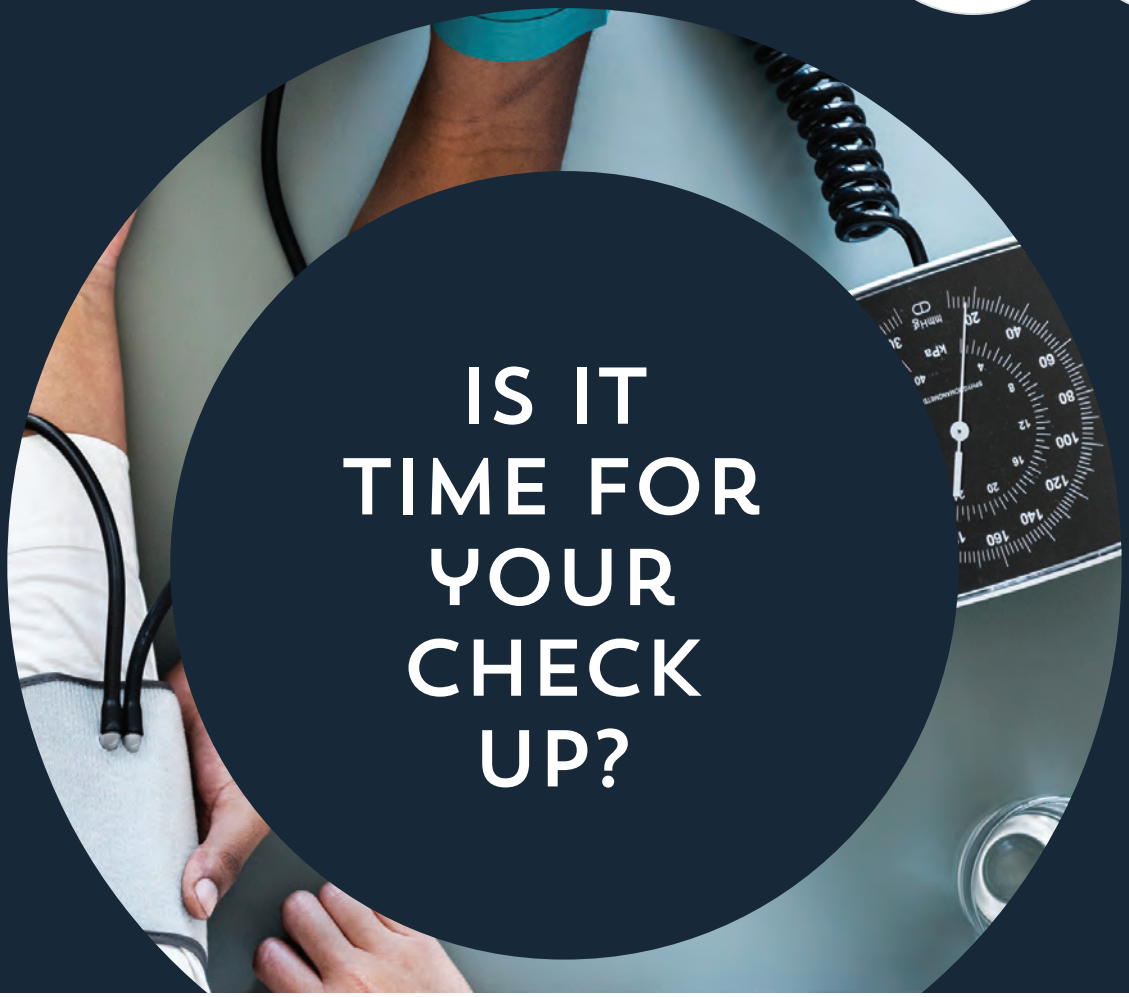
Remember to carefully plan your strategy, target your message, and incorporate media training into your program. dr.

Heidi Buchanan, Director
Media Mentor
Mediamentor.com.au

SPECIALIST WEALTH GROUP

AMA NEW SOUTH WALES PREFERRED PARTNER

AMA (ACT) LIMITED



IS IT TIME FOR YOUR CHECK UP?

AMA preferred partner for all your lending needs

Lending available up to 105% without Lenders Mortgage Insurance*

+ Home Loans
+ Investment Property Loans
+ Commercial Property Loans
+ Construction Loans
+ SMSF Lending
+ Goodwill Loans
+ Equipment Finance
+ Practice Fitouts
+ Overdrafts
+ Car Loans
+ Novated Leases
+ Share Loans

For more information, please contact us on

1300 008 002

*The provider of these services is Specialist Lending Group Pty Ltd (ABN 64 148 970 852) and credit licence No. 404291 and/or Specialist Wealth Group Pty Ltd (ABN 17 152 691 711) and is a Corporate Authorised Representative (No. 449142) of Dealership Services Pty Limited (ABN 91 612 252 801 & AFSL and credit licence No. 489 933). The product provider may be from a range of lenders. Lending criteria apply for approval of the above-described credit products. These product offerings may cease at any time without notice. Any information in this advert is general in nature. We have not taken into account your objectives, financial situation, or needs when preparing it. Before acting on this information, you should consider if it is appropriate for your situation. You should obtain and review any Terms and Conditions or Product Disclosure Statements, before making any decision about whether to acquire any loans or financial products. You should obtain independent financial, tax and legal advice as appropriate. Unless otherwise specified, the products and services described on this advert are available only in Australia.

AMA (NSW) BOARD OF DIRECTORS

AMA (NSW) announced the Board of Directors for 2020 – 2021 and welcomes its third-female President and two new members – Dr Kathryn Austin and Dr Sanjay Hettige.

NOMINATIONS to the AMA (NSW) Board and Office Bearers closed in May.

Dr Danielle McMullen was elected, uncontested, as President of AMA (NSW). She replaces outgoing President, Dr Kean-Seng Lim, and is the third female President in the organisation's history.

Dr McMullen, a general practitioner in Newtown, previously served as Vice President of the Board.

She's pledged to work in the best interests of doctors and patients as the COVID-19 situation develops.

"While coronavirus is unwelcome, some of the legacies it leaves on our health system don't have to be. The crisis we are currently presented with has provided us with better access to telehealth and accelerated electronic prescribing.

"These are things that provide benefits to both doctors and patients, and I look forward to working with AMA (NSW) and our members to drive system improvements as we emerge from this health crisis."

Dr McMullen is joined by Dr Andrew Zuschmann, an obstetrician and gynaecologist, who has stepped into the role of Vice President.

New to the Board is Dr Kathryn Austin, also an obstetrician and gynaecologist.

In the face of challenges presented by COVID-19, Dr Austin says, "We must seek to establish true work life integration across our profession as we readjust our delivery of care. This requires a particular focus on women in our profession to ensure strong female representation at these higher levels of government and in health organisations."

Dr Austin also stresses the importance of looking after the mental health of medical professionals.

"It is particularly important that AMA (NSW) looks at how the pandemic issues affect our doctors, as we must have a strong and resilient workforce to continue to deliver exceptional healthcare to our patients."

Joining the Board as the DIT Representative is Doctors-in-Training Committee Co-Chair, Dr Sanjay Hettige. He notes the impact of COVID-19 and the acceleration in telemedicine due to necessity.

"AMA (NSW) has an important role to play to make sure the right guidelines and standards are met in deploying telemedicine capabilities in GP, specialist and hospital settings to ensure that clinicians have access to tools that help and not unnecessarily hinder their practice.

He suggests the pandemic has also disrupted medical training and there is potential for new training bottlenecks to develop due to changes in assessments, competencies and limited clinical exposure in some specialities.

"AMA (NSW) will have an important role to play to ensure fair alternatives to traditional training and examination methods are employed and no trainee is unfairly disadvantaged during these tumultuous times."

AMA (NSW) thanks Dr Lim, who will remain on the Board, for his service and acknowledges Dr Brendan Steinfort, who has stepped down from the Board but will continue to contribute to AMA (NSW) Council. dr.

News

Dr Danielle McMullen
President

Dr Andrew Zuschmann
Vice President

Dr Kathryn Austin
Board Member

Dr Michael Bonning
Chair, Council

Dr Fred Betros
Honorary Treasurer
Chair Audit & Risk Committee

Dr Costa Boyages
Board Member

Dr Sanjay Hettige
DIT Representative

Dr Sandy Jusuf
Chair Hospital Practice Committee

Dr Kean-Seng Lim
Chair Professional Issues Committee

PRESTIGE DIRECT CAN SAVE YOU TIME & MONEY

Prestige Direct

THE PROFESSIONALS CHOICE

PRESTIGE AUTO is protecting customers during the COVID-19 pandemic, offering touchless vehicle delivery and pick up. We can arrange pick up via phone, and will conduct drop off procedures utilising social distancing measures and a designated table to exchange documents. Our showroom is sanitised after each appointment and we have instituted several other procedures to keep you safe.

Prestige Direct can arrange test drives at your home or work – saving you the hassle of meeting dealers and keeping you safe during COVID-19.

AUDI • BMW • CITROEN • HOLDEN
HYUNDAI • KIA • JAGUAR & LAND ROVER
LEXUS • MAZDA • MERCEDES-BENZ
PEUGEOT • VOLKSWAGEN • VOLVO

Prestige Direct have purchased over 5000 cars for their clients. To find out more call 0411 815 302 or Australia wide 02 9906 3355 or email us at info@prestigedirect.com.au

www.prestigedirect.com.au

**All purchases will need to be made through Prestige Direct to get benefits from corporate programmes & additional savings.*

TOUCHLESS VEHICLE DELIVERY AND PICK UP

INSTANT TAX WRITE-OFF
UP TO $150K UNTIL 31 DEC

AMA NEW SOUTH WALES

PREFERRED PARTNER

Prestige Direct is a proud partner of AMA (NSW) Ltd

QUEEN'S BIRTHDAY 2020 HONOURS

OFFICER (AO) IN THE GENERAL DIVISION

Professor Georgina Venetia LONG
NSW
For distinguished service to medicine, particularly to melanoma clinical and translational research, and to professional medical societies.

MEMBER (AM) IN THE GENERAL DIVISION

Dr Austin Mark CURTIN
Tregeagle NSW 2480
For significant service to medicine, and to health outcomes in regional communities.

Dr Jill GORDON
Roseville NSW 2069
For significant service to psychological medicine, and to professional medical bodies.

Dr Anthony Phillip JOSEPH

Bronte NSW 2024
For significant service to emergency medicine, to medical colleges, and to education.

Dr Richard George WALSH
Waterloo NSW 2017
For significant service to medicine, to anaesthesia and perfusion, and to professional societies.

Emeritus Professor Peter Julius Rice ZELAS OAM
Longueville NSW 2066
For significant service to medicine, to health administration, and to humanitarian medical initiatives.

MEMBER (AM) IN THE MILITARY DIVISION

Royal Australian Navy

Rear Admiral Sarah Edith SHARKEY CSC RAN
For exceptional service to the Australian Defence Force in the management of health care.

MEDAL (OAM) IN THE GENERAL DIVISION

Dr Peter CONRAD
Double Bay NSW 2028
For service to vascular medicine, and to professional organisations.

Dr David Rolla COOKE
Port Macquarie NSW 2444
For service to medicine, and to aviation.

Dr John Louis DANIELS
Birchgrove NSW 2941
For service to Indigenous health.

Associate Professor Hadia HAIKAL-MUKHTAR
NSW
For service to medicine, and to the Lebanese community.

Dr John Vincent NEWTON
Coal Point NSW 2283
For service to medicine, particularly to plastic surgery.

Dr Roger Hugh PILLEMER
Cammeray NSW 2062
For service to community health through medical advisory roles.

Dr Sithamparapillai Thava SEELAN
Baulkham Hills NSW 2153
For service to medicine, and to professional colleges.

COVID-19 and commercial leases

Negotiating new leases during the pandemic

It is recognised that for many businesses the pandemic has caused a reduction in, or complete loss of revenue and the mandatory code only provides partial relief for those businesses, not a remedy. For other businesses there will be a return to some degree of normality with the easing of restrictions. For a few, there has been no negative impact at all.

For those who can look to the longer term, office leases may be considered an expensive overhead and worth looking at differently in response to the pandemic. Returning to work will certainly require careful consideration and it is expected that a new mini industry develops around the reconfiguration of workplaces for staff in terms of both Health and HR requirements. In this paper, the opportunities that exist, despite the crisis, for a re-evaluation of the use of property and leasing are discussed.

KEY CONSIDERATIONS

1. Landlords need reliable, rent paying, tenants. The pandemic has caused the balance of power to shift, for now, towards tenants. Australia has been in a landlord favouring market for some years now. Vacancy rates have been at extraordinarily low levels in our largest cities. This, combined with limited new stock, has caused rents to increase and incentives offered to new tenants to fall. Moving, for many, has become a prohibitively expensive exercise.
2. Being forced to work from home has allowed most businesses to overcome, or at least re-assess, their aversion to adopting work from home as a potentially significant part of agile working. This aversion had its roots in mistrust. Working from home is widely expected to become a larger part of the working landscape going forward.
3. The pace of change in property use is increasing. Real estate is no longer perceived as the fixed asset it once was. Flexible workspace allows businesses to vary their requirement for real estate as the activity and requirements of their business vary. This permits expansion and contraction in space requirements in line with business needs. For example, conventional businesses can now more readily use coworking and serviced office space to build this flexibility into their day to day use of real estate.
4. As pandemic related restrictions are eased businesses may change their need for space as they consider social distancing and new requirements for hygiene.

The pandemic has provided corporate property users with both an opportunity and perhaps an imperative to consider adopting new methods of using real estate. As counterintuitive as it may seem, now is arguably the best time to begin the process.

In the current crisis the temptation is, understandably, to defer major decision making on events such as a lease expiry, instead adopting a wait and see approach. It is expected that many lessees approaching a lease expiry move onto a month by month arrangement, where an existing lease permits. For many, this may be the best way forward, if only because they lose eligibility for relief under the National Cabinet mandatory code of conduct for the treatment of commercial leases should they enter into a new lease. However, for those not eligible for relief under the code, it is worth noting that such an arrangement may mean that some of the negotiating leverage will subside along with the urgency of the pandemic situation.

A traditional approach to an office lease expiring in the next 12 to 18 months would be to condense the operational and facility elements of a current business plan into a property requirement. This requirement is then taken to the property market in the form of a brief, even if the preference is to remain in existing premises. The brief would seek submissions on suitable property, the intention being to create competition amongst landlords, including the existing landlord. Only by generating competitive tension in the market for the client's business as a tenant can the best lease terms be obtained.
This brief might specify traditional office space, under a five to 10 year lease, and perhaps incorporate an element of coworking to cater for the "flex" element of a requirement, i.e. that component that is not fixed. This may be used to cater for a demand for extra meeting or project space.

HOW DOES THE PANDEMIC CHANGE THIS?

Tenants have more leverage, more options and more diverse requirements. That process requires planning and strategy to achieve the best real estate solution. Planning is about the future, including the near term.

Office occupiers have extra needs brought about by the pandemic, specifically around distancing and hygiene. This requirement is unlikely to be long term, so dealing with it by way of traditional leasing models may be viewed as a mistake in two- or three-years' time.

The longer-term plan includes an organisation's requirements in terms of fixed and flexible space. Tenants need to establish what their fixed, or core, space requirement is and treat this as a traditional space requirement. The fixed requirement will need to cater for the workforce's new appetite for agility and focuses on providing what tenants truly seek from an office environment, collaboration and interaction.
The flex space is then catered for by way of flexible workspaces, i.e. coworking, serviced offices and short-term sub leases. These two, apparently disparate, requirements would be part of the same brief. Businesses are asking the market to cater to their needs, including those brought about by the pandemic. The market i.e. building owners, will be far more accommodating of changing needs going forward; market forces will ensure they have to be. Increasingly, building owners are catering to this demand for flexibility. This approach is not new. However, as with many aspects of the economy, the pandemic will speed up the change that was already afoot, while ruthlessly exposing any weakness where it exists.
The planning required around the use of commercial property has become yet more complicated, requiring a structured and robust approach to analysing tenants actual and perceived needs and then translating this into a strategy. This takes time and now is possibly the most opportune time to begin.

For further information on commercial real estate planning and strategy for property users please contact apatterson@thelem.com.au or call 0414 971 954.

thelem CONSULTING shaping future outcomes

Thelem Consulting is a specialist property and development advisory firm. Our Commercial Property team has secured and delivered new and refurbished offices, industrial property and retail premises for SMEs, listed companies and multinationals across Australia.

Disclaimer: The above information does not constitute legal or financial advice and should not be relied upon for investment or financial purposes.

A LONG & RICH HISTORY

LAURIE PINCOTT
FORMER CEO AMA (NSW)

Large golf gatherings have been on hold during COVID, but the long and rich history of the AMA (NSW) Golf Society suggests golf events will be back.

THE AMA (NSW) Golf Society had its beginnings early in 1989 following the election of Dr Bruce Shepherd as AMA (NSW) President the previous year.

Bruce was a perfectionist in every aspect of his life, obsessive about being fully informed of the workings of any group or organisation he led. This entailed a thorough inspection of the AMA (NSW) offices in St Leonards accompanied by his newly appointed CEO, Laurie Pincott. During the inspection, his attention was drawn to a very impressive silver trophy buried in a dusty corner of the office storeroom. He asked Laurie to ascertain its history.

The trophy, a large silver cup on a timber base, was the Rutherford-Darling BMA Cup. The Cup was donated to the association, formally known as BMA (NSW) in 1936 by a London physician, Dr H.C. Rutherford-Darling as a memento of the many friendships he made during his teaching tour of duty in Australia, and particularly the happy memories of the many opportunities he had to play golf with his hosts. In presenting the trophy he requested that the Cup be contested on an annual basis by members of the medical profession who must be members of the BMA (NSW). He insisted that the competition should be a Par event.

Bruce was so impressed by the significance of the gift that he asked Laurie to determine the current status of the event and ensure that the tradition was not lost in time. Bruce also suggested that an AMA (NSW) Golf Society be formed to ensure continuity of the event. Bruce's

Golf Events

directions were, as always, specific and unambiguous. He wanted the Golf Society to operate under the corporate umbrella of the NSW Branch of the AMA, insisting that it be funded by a separate modest membership fee for doctors who wished to be involved in social golfing with colleagues. His view was that while there were a number of AMA members who were keen golfers, there were certainly many members who were not, thus ensuring no valid criticisms from the latter group.

Laurie undertook the task, ably assisted by the branch's Communications Manager, Chris Thomas and the committed group of doctors who had ensured the survival of the event over the years, Drs Jack Burkhart, Neil Moroney and George Thomson.

Within a brief period, the Society had achieved a membership over 300. Events created, in addition to the BMA Cup, were the President's Cup, the Autumn and Spring Cups and the International Shield.

Support of these events rapidly increased, due mainly to the promotion of the Golf Society through articles in *The NSW Doctor* and word of mouth within the profession amongst the golfers.

Following sustained approaches by Society members, a category of Associate Membership was created. This was introduced to include partners of AMA members, representatives of AMA commercial partners, legal advisers, auditors/accountants and other associated groups.

The success of the Society also ensured that significant regular donations were made to the AMA Charitable Foundation which was established as an initiative of the Golf Society.

Bruce Shepherd soon became aware of the penetration and success of the Society and showed his support for its impact by donating a very significant perpetual trophy to be known in memory of his parents as the Albert and Mary Shepherd Trophy. Following Bruce's death in 2018 the Golf Society Committee agreed unanimously to rename it The Shepherd Trophy. dr.

Financial**Paracetamol**

July 2020

Cutcher&Neale
ACCOUNTING AND FINANCIAL SERVICES

Welcome to the July edition of Financial Paracetamol.

In this issue:

As always, if you have any questions relating to any of the articles in this edition, please don't hesitate to get in touch.

Jarrod Bramble
PARTNER

The way forward...

The health industry has gone through significant disruption over the last few months as a result of the COVID-19 pandemic.

Not only has it placed pressure on our healthcare system and medical professionals, but in a matter of weeks this disease forced many businesses to come to a screeching holt.

Both Federal and State Governments announced a range of stimulus measures focused on business sustainability and the adverse impacts on cashflow as a result of COVID-19.

On 30 March 2020, the government put forward its intention to provide businesses affected by COVID-19 with a subsidy to continue paying their employees. Both the JobKeeper Payment and the Boosting Cash Flow for Employers scheme are the most significant lifelines extended to business.

Of course, this was not the only support provided to businesses with other notable lifelines of support announced, including the NSW State Government Small Business Grant, the Codes of Conduct for requesting Rent Relief and partial Payroll Tax waivers.

Medical Practices should now be in receipt of JobKeeper payments but not without the burden of compliance, including ensuring all eligible employees are receiving a minimum payment of $1,500 per fortnight and keeping up with the monthly reporting obligations with the Australian Taxation Office.

So where to from here?

Eligible employers should continue paying employees under the JobKeeper payment program until it is finalised during September 2020, unless the government announces otherwise.

Telehealth has gained wide adoption during COVID-19 and will continue to attract more attention and be embraced by patients.

Practices need to prepare for the new normal as they navigate their way through the plethora of changes whilst still delivering quality care and remaining viable for patients into the future.

Telehealth: Can it be a permanent way of delivering healthcare in the future?

What a difference a few months in healthcare can make.

We have seen a massive shift in the way we deliver services via telehealth services and e-prescribing, something that practitioners and national organisations have been advocating for years.

This forced change in the delivery of services has proven that patients, regardless of their age, gender or social stance, have embraced this new way of receiving health care.

Use and accessibility of technology has made it almost seamless for both the provider and the patient to transition to non face-to-face consultations. For many parts of the world telehealth is the 'norm'.

So, if we have been able to prove that telehealth does in fact work for some consultations then why can't we continue this path?

There will always be a need for face to face consultations, no-one can argue with that, but there should be no reason why both types of services cannot work in unison.

Of course, at the centre of all decisions is the patient. The continuity of care for the patient must be at the forefront to ensure care does not become disjointed or fragmented.

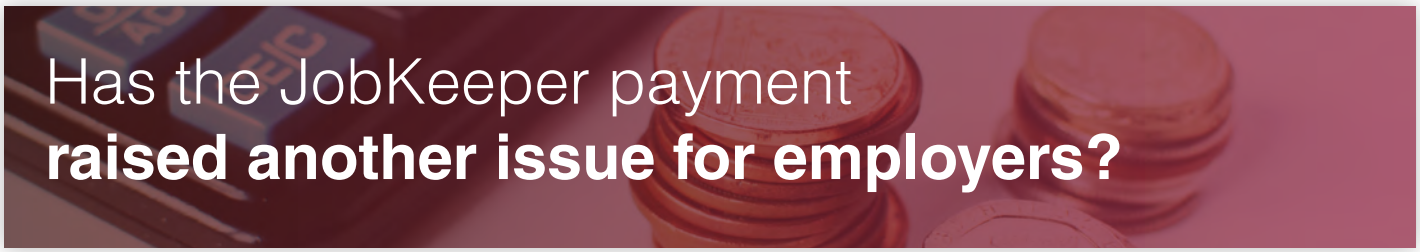
The patient – provider relationship is paramount. If telehealth was to become a permanent way of delivering health services, then there needs to be rigorous guidelines and criteria in place to ensure compliance.

Reliant and robust telecommunications systems need to be accessible all around the nation, not just in major cities.

Finally, practitioners need to be supported through appropriate remuneration for the delivery of telehealth consultations.

The nation and the community have proven that there is definitely a place for telehealth services, however without appropriate funding through the MBS then it is unlikely that providers will embrace this type of service.

If such significant implementation and change can happen in such a short period of time, imagine what can be done with more time for planning and consultation.



Has the JobKeeper payment **raised another issue for employers?**

As we all know too well, the receipt of the JobKeeper payment has been a welcome relief for some practices.

The JobKeeper payment ($1,500 per eligible employee per fortnight) has allowed practices to keep their staff engaged as well as assisting to ease the cashflow burden in recent months.

However, has the JobKeeper payment for all eligible employees, including long term casuals, raised another issue for employers?

Should your practice really have long term casuals employed? Is the flexibility in their arrangement going to ultimately come at the detriment of your practice?

The term "long term casual" refers to an employee who is engaged by the practice on a regular and systematic basis for a period of at least 12 months. In a recent decision (WorkPac v Rossato) the Full Federal Court confirmed that merely labelling an employment contract as "casual" doesn't automatically classify your staff as casual employees.

When looking at the classification of staff, like everything it comes down to the facts.

The current definition of a true casual employee is one who:

- has no guaranteed hours of work
- usually works irregular hours
- doesn't get paid sick or annual leave
- can end employment without notice, unless notice is required by a registered agreement, award or employment contract.

So what should your practice do?

- Review the terms of engagement with your long term casual employees
- Are these employees true casual employees as defined above?
- Have you provided these employees with the "Right to request casual conversion" clause under their applicable award and documented the outcome?
- Consider if you need to convert these employees to alternative employment agreements (Permanent or PPT).

As also seen in the Full Federal Court Case, it is important that staff also have clarity and transparency concerning their pay rate (including loading) under their agreements.

This means ensuring that the above documentation flows through to an employee's payslip. It is critical the casual loading for these employees is shown separately on each payslip for each pay period.

If you need help contact one of our trusted advisors or Sarah Buckton our Xero Hero with any payroll concerns.

Finding the **right software solution** for your practice can be a daunting task.

It is difficult to imagine running any medical practice today without using many types of specialised software solutions to help along the way.

The utilisation of the right software within a practice will increase efficiency, streamline processes and ultimately allows focus on patient care.

The first big question any practice needs to consider when looking at software solutions is whether you want to use the cloud?

The answer to this will depend on what you are trying to achieve and your need for connectivity, real time data output and even the capabilities of your IT support provider.

If you happen to run multiple practice sites, a cloud-based product would most certainly be the ideal option to provide a single source of truth as opposed to trying to piece together data from different locations or using expensive computer hardware.

With so many products on the market it is very important you do your homework to make sure that whatever you choose ticks most of the boxes (in an ideal world it would be all of them) for your practice.

Here are just a few benefits and features of software solutions that you should look out for:

Practice Management Software

- A desktop and cloud option
- Customisation - the display can be organised to suit the individual practitioner i.e. appointment bookings (type & time).
- Reporting - the reports are functional, accurate and give you the information you need for day to day operations and future planning.
- Risk minimisation - user access can be individualised to each staff member and practitioner to ensure no unauthorised access.
- Innovation – the developers are constantly striving to deliver new technology.
- Learning - access to a large support team, online learning, FAQs and forum.

Accounting Software

- Available anywhere, anytime - your data should be available wherever you are, on your smartphone, tablet, PC or Mac.
- Cashflow features - online invoices, which means they can pay online – speeding up the process, which also means you get paid faster.
- Automation - automated processes such as invoice reminders which can do the chasing for you.
- Integration - availability of apps to integrate with your accounting software to give you the ability to create a mix of software that meets your specific needs.

Cloud accounting is accessible online anytime, anywhere, from any device. This means you are no longer restricted to one computer; all you need is an internet connection.

It also allows you to have multiple users simultaneously accessing the one file including your staff, accountant and bookkeeper.

Rostering Software

- Replaces the manual spreadsheets, phone calls and emails that can come with managing and scheduling staff.
- Simplifies the process of rostering which reduces the time to be spent on rostering.

continued on next page...

- Reduces administration time, improves efficiency and keeps staff in the loop, leaving time to devote to the practice to help it grow.

- Assists in compliance as it keeps all rosters and timesheets captured in one single location.

Chances are you are already using these platforms or at the very least heard about them.

If you haven't made the switch and feel that this may benefit your practice, why not take the leap now?

When **Hubdoc** and **Xero** collide!

Keeping on top of your data processing and document storage just got easier!

Since 18 March 2020, Hubdoc has been available for all Business Edition Xero subscriptions and will be available to access right from within your Xero file.

The idea of knowing that all your financial documents can be stored in one place, automatically can even give the most organised of people greater piece of mind.

What is Hubdoc?

Hubdoc is a tool to capture source documents and store a digital copy in a secure place. It will file your documents in a virtual filing cabinet making it easy to see and access historical documents.

How can Hubdoc benefit my practice? Do you have a high volume of creditor bills? Do you or your practice manager currently spend a lot of time handling and entering bills into Xero manually?

Do you have a lot of receipts to collate and enter such as credit card and petty cash expenses?

Hubdoc can help streamline your bills process by saving data entry time and reconciling your bank accounts in a simplified, seamless process.

How does it work?

Bills and receipts imported into Hubdoc can be automatically pushed to your linked Xero file to create a bill awaiting payment or a paid transaction automating the whole process in a few clicks.

1. Hubdoc captures your bills and receipts via either your mobile device, documents saved to a desktop computer, email or even fetching data directly from the supplier.

2. Once these documents are in Hubdoc the key data will be auto extracted using OCR technology to digitally read the information. Dates, invoice numbers, totals and GST amounts are extracted and populated automatically for you.

3. Receipts and bills are then published and pushed to Xero in just a few clicks – creating either a bill awaiting payment in Xero with a copy of the source document attached or a spend money transaction - ready to match with your bank feed!

4. Click on your bank reconciliation screen and match the transaction to the bill entered in Xero - reconciling is just now one click!

Automating this process within Hubdoc and Xero will mean you or your team will have more time in the day to spend on your practice and improving practice efficiency, patient care and helping the practice reach its overall goals.

Interested in saving time and knowing that all of your important information is stored in one location?

Contact our office for more information on how to implement these software solutions today.

Private health insurance during COVID-19

Like most sectors, private health has had to adapt to the uncertain and fast-changing environment caused by the COVID-19 pandemic.

Doctors' Health Fund CEO Peter Aroney discusses how private health insurance has responded in this complex environment, its opportunities, challenges, and what he sees ahead for the industry.

Q1. Firstly, what has the private health insurance industry done to support customers during COVID-19?

A range of support measures have been introduced by the private health insurance industry in response to COVID-19, which include deferring of rate increases for six months, extending cover across products for COVID-19 related hospital admissions, financial relief for members suffering financial hardship and benefits for tele and video allied health services.

Q2. How has COVID-19 impacted the claiming trends and financials of private health insurance?

The COVID-19 pandemic has resulted in a unique set of circumstances for us all. The elective surgery suspension in particular, is not something many of us would have imagined, let alone planned for.

Health funds will have all seen reductions in claiming in April and May, due to social distancing measures and elective surgery suspensions. In turn, there will be an unplanned surplus in their short-term financials. Although, the extent in which this is a temporary aberration, and whether these claims will simply defer to a later period, are the biggest uncertainties we are still dealing with.

The return to 'pre-COVID-19' elective surgery is unknown territory. There have been varied predictions on whether we will see an influx of claims from surgery once we return to its full recommencement. Questions also remain around the capacity constraints of our private hospitals and clinical practices, waiting times, and the continuing possibility of a 'second wave'. While the public system would bear the burden of this care, the on-charging of these admissions to private health insurance would be probable.

With the financial year-end approaching, APRA, the prudential regulator of the health insurance industry, has already put the industry on notice that it will be scrutinising the financial statements of health insurers to ensure their reserving adequately caters for the projected bounce-back in claims. Such reserving would offset the surplus profits generated from the lock-downs.

As mentioned previously, health funds have responded with a range of financial measures to assist their customers, and many have guaranteed they will look to share any unplanned surpluses with members.

The industry has responded based on unfolding events, and time will tell if individual health funds' actions are in fact commensurate with the ultimate downturn in claiming.

Q3. What would you say to customers considering downgrading or even dropping their private health insurance completely, in response to COVID-19 restrictions on accessing health services?

During the height of restrictions in April and May to contain the spread of COVID-19, there were certainly limitations to claiming on private health insurance, particularly for non-urgent treatment and certain allied health services. Measures implemented across the industry were designed to support members during these short-term disruptions. However, our needs to access health services and the appeal to access these in the private sector haven't been removed completely during this pandemic, nor disappeared permanently.

Knee-jerk responses during this time could leave customers without the security provided by the private health system when they need it most. It is also important to consider potential tax implications, which may well outweigh any saving to premiums, and the need to re-serve waiting periods when they re-commence full cover once we return to some normalcy.

Commentary has been circulating that uses the events of COVID-19 to encourage customers to drop their private health insurance. While headline grabbing, this shows a fundamental misunderstanding of the role of private health insurance in Australia. While many of these commentators also acknowledge the benefits our dual private/public system brings to our population, its funding often gets conveniently ignored. We have a community rated system, with no discrimination, that requires a broad spectrum of the population to participate; healthy, unhealthy, young and old.

Q4. COVID-19 has changed the way we engage with services and it has shown how adaptable our society can truly be. How has private health insurance demonstrated itself as an adaptable industry, even beyond this pandemic?

COVID-19 has been a catalyst for us to reimagine how we can support the delivery and receiving of medical and allied health services, particularly in digital health. The coverage of tele and video consultations for allied health services has been a key initiative for us during COVID-19, and it has shown the possibilities and diversification available in the future of healthcare. Service providers within private health have also embraced digital health, from pregnancy care services to hospital in the home.

Collaboration will be key to maintaining this momentum beyond the pandemic, and it is important that we monitor patient responses and uptake to assess its viability as a supported practice. If anything, digital health certainly benefits our community by improving access to health services for those limited by their age, health or location.

Q5. What is the outlook for private health insurance?

Thankfully we have, to date, escaped the worst of the potential impact of COVID-19 on our population's health. There is no denying COVID-19 has showcased the quality of our healthcare system, which is testament to all those who work in it.

In the absence of a vaccine, we now face the challenge of how to safely return our population to some level of normality, amidst continuing uncertainties. This gives rise to a new set of challenges.

As a flow-on from the inevitable economic downturn, we may see greater numbers of Australians downgrading or dropping their private health cover. This will impact both the public and private health sectors. Governments could face increased pressure with more Australians dependant on our public system. In turn, private health could be left covering those of higher health risk, putting greater pressure on premiums.

The government's most recent industry reforms for private health insurance have been positive, however, there are elements of the private system that warrant further review to ensure continued sustainability. Our current fiscal situation could stall this progress as governments grapple with the fallout of their fiscal stimulus packages.

COVID-19 has shown that we can respond positively and adapt to jarring events in health when we have a clear plan, strong leadership and a resolve to unite behind a common purpose. There are learnings we can take from these events to carry into wider industry reform, to ensure we keep private health insurance a valued and sustainable part of our healthcare system.

Member benefits

PREFERRED PARTNERS

Specialist Wealth Group

Specialist Wealth Group understands your profession, and can help you accelerate your financial future, from interns to specialists.

April Invest

April Invest is a Property Investment Fund Manager who buys, manages and adds value to direct property investments within Sydney.

Cutcher & Neale

Medical accounting specialists dedicated to helping you put the right structure in place to ensure a lifetime of wealth creation.

Prestige Direct

Prestige Direct is a specialist in new and used car purchase enquiries or motor vehicle disposal enquiries.

Doctors Health Fund

Thousands of doctors trust Doctors Health Fund for better cover, better extras and better value health insurance.

Tyro

AMA (NSW) members receive special merchant service fee rates with Tyro's fast, integrated and reliable EFTPOS for business.

MEMBER SERVICES

AMA Training Services

Members receive a $500 discount off first Assisted Study Program term for yourself or nominated staff member.

Accor Plus

Discounts on Accor Plus membership. Accor Plus provides access to more than 600 hotels and 800 restaurants.

Audi

Receive AudiCare A+ for the duration of the new car warranty, free scheduled servicing for 3 years/45,000km, and more.

Alfa Romeo & Jeep

Alfa Romeo's® & Jeep's® Preferred Partner Program gives members significant discounts across both vehicle ranges.

BMW

Complimentary scheduled servicing for 5 years/80,000 km, preferential pricing on select vehicles and reduced dealer delivery charges.

Booktopia

Australia's largest independently-owned online bookstore. We stock over 650,000 items and have over 5 million titles for purchase online.

Emirates

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

Hertz

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

Make It Cheaper

A business energy broker, Make It Cheaper can help members save money on electricity.

Medical Staff

Medical Staff specialises in the recruitment and placement of Locum Doctors in Private and Public Hospitals, and more.

Mercedes-Benz

Free scheduled servicing for up to 3 years/75,000 km, preferential pricing on selected vehicles, and more.

Nespresso

Receive 10% off Nespresso Professional Zenius Machine and a accessories valued at $251. Valid ABN and business required.

Nungar Trading Company

Free shipping in Australia or free polish with purchase of Comfort Craftsman, Dynamic Flex, Adelaide or Sydney boots.

Persian Rug Company

AMA (NSW) members receive a significant discount on online and in-store purchases of beautiful handwoven rugs.

Qantas Club

Make your flight experience more enjoyable with access to the Qantas Club Lounge. AMA members save on Qantas Club fees.

Solahart

Receive 5% off Solahart systems tailored to your practice, and a $500 Coles Myer Gift Card* with a residential system purchase.

Sydney City Lexus

Preferential corporate pricing, 3 year/60,000km complimentary scheduled servicing, reduced delivery fee, and more.

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

Disclaimer: AMA (NSW) may financially benefit from its relationship with Preferred Partners.