VOL 12 – N 05 – SEPT/OCT 2020

THE NSW doctor

AMA NEW SOUTH WALES

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION OF NSW

SENIOR DOCTOR SURVEY: REMUNERATION, RESOURCING AND WORKLOAD

NO GAP MATERNITY ARRANGEMENTS MOVE TOWARDS MANAGED CARE?

HIGH COURT DECISION ON PAID PERSONAL/ CARER'S LEAVE

2020 HOSPITAL HEALTH CHECK: RESULTS REVEALED

Discover the benefits of Mercedes-Benz Corporate Rewards.

Introducing Mercedes-Benz Corporate Rewards, the exciting new addition to the Mercedes-Benz Corporate Programme.[1]

Enjoy even more benefits with the Corporate Rewards Portal, providing members access to a range of offers and products from an extraordinary selection of brands. The brand new portal features an array of handpicked offerings across many categories, including wine and dining, technology, beauty products and more.

The Mercedes-Benz Corporate Programme is designed to make ownership easier and more beneficial for you. Eligible members are entitled to receive the full suite of programme benefits, including:

- 3 years complimentary scheduled servicing.[2]
- Access to the Mercedes-Benz Corporate Rewards Portal.[3]
- Reduced retailer delivery fee.[4]
- Pick-up and drop-off or access to a loan car when servicing your vehicle.[5]
- Access to your own Corporate Sales Consultant.

Take advantage of the benefits today. Visit www.mercedes-benz.com.au/corporate.

[1] Corporate programme is available to approved corporations who meet the eligibility criteria and is available on new and demonstrator passenger cars only. The program requires a minimum commitment over 24 months. [2] Complimentary Scheduled Servicing is provided through a Service Plan and must be conducted at an authorised participating Mercedes-Benz retailer. Available for up to 3 years from the first registration date of the vehicle or the relevant mileage based service interval applicable to your model, whichever occurs first. [3] Available to customers who purchased a vehicle under the Corporate Programme on or after 1 January 2020. Access (including ongoing access) to Corporate Rewards is contingent on the customer holding a valid membership with the Mercedes-Benz Corporate Programme. Member Benefits is not a representative or agent of Mercedes-Benz and Mercedes-Benz accepts no legal responsibility for the Member Benefits website, any information supplied or any goods or services provided by Member Benefits. [4] Not applicable to all models. [5] Complimentary pick up and drop off of your vehicle may be provided up to 25 kilometres in each direction of the participating servicing Mercedes-Benz retailer and subject to availability. For further information (including vehicle eligibility and Service Plan terms) visit your authorised retailer. Terms, conditions and exclusions apply.

Mercedes-Benz
The best or nothing.

Contents

Regulars

AMA NEW SOUTH WALES
PREFERRED PARTNER

PROPERTY INVESTMENTS WHICH PROVIDE RECURRING INCOME.

At a time of economic uncertainly, opportunities arise. Value Add direct property investments which provide recurring income.

April Invest has a 10 year track record of sourcing off market property deals which consistently deliver above market returns.

We can help you generate passive income and capital gain.

For further information or to register your interest, please send your contact details to ama@aprilgroup.com.au

Proud pro bono 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

Why do people like surveys? Surveys about surveys (so meta) reveal people participate in this type of research because they like to make their voices heard and they want to effect change.

In this edition of *The NSW Doctor*, we present results from not one but three recent surveys: the Hospital Health Check, a senior doctor workforce survey, and a survey on no gap obstetric packages.

The impetus for doing the Hospital Health Check – now in its fourth year – has always been to create improvements for doctors-in-training. On the back of each survey, AMA (NSW) meets with hospital chief executives and NSW Health to discuss the results and look at ways to improve working conditions for DITs. Since the beginning, we helped make changes to online overtime claims, unsafe working hours, barriers to claiming overtime, and more.

This year is unique in that we have seen a significant positive shift with respect to individual hospital results.

DITs are not only rating their hospitals higher in categories such as overtime, rostering, and access to leave but there has been a reduction in the number of respondents who reported being bullied in their hospital, as well as doctors who reported feeling unsafe due to intimidation.

It is great to see this evolution and to know that we are helping the voices of doctors-in-training be heard.

We also hope to use the results from the senior doctor survey and no gap obstetric arrangements to guide our advocacy and make the changes members want to see. This is the power of surveys. dr.

Andrea Cornish,
Editor

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

DOG YEARS

DR DANIELLE MCMULLEN
PRESIDENT, AMA (NSW)

There is a lot of research into COVID, but has anyone looked at its impact on the space-time continuum?

I RECENTLY attended a forum with former NSW RFS Commissioner Shane Fitzsimmons to discuss learnings from the recent bushfire disaster and recommendations for a coordinated system response to natural disasters and emergencies.

As the beginnings of this event were seeded by the 2019/2020 bushfires, it was necessary to reflect on a period that feels like a lifetime ago – Pre-COVID – or 'PC' as it will soon be known on the Gregorian calendar.

It's as if COVID has completely warped all perception of time and we're now living in dog years.

When the realisation of how dangerous this virus is started to emerge in Australia, it was like a switch turned on and suddenly everyone was living with a new level of heightened anxiety.

There is perhaps less intensity now than there was in March – at least in NSW – but that switch has yet to be turned off.

There is a wearing fatigue that has set in, particularly amongst health professionals. We are used to being the carers, but this year is unique in that we personally share many of the same stresses and anxieties as our patients. We can't shrug off the work of the day as easily as we usually shrug off our scrubs.

RUOK Day is coming up on 10 September and our message to members is 'it's ok to not be ok.'

But it's important to know that resources and support exist specifically for medical professionals.

The Doctors' Health Advisory Service in NSW & ACT has a 24-hour helpline (02 9437 6552) that offers personal advice to medical practitioners and students facing difficulties.

They receive calls in relation to stress, mental health issues, drug and alcohol problems, career crises and personal and relationship difficulties. You don't need to be at crisis point to pick up the phone. A fellow doctor is always there to have a chat.

DHAS's experienced medical professionals understand the challenges you're facing. DHAS recently employed a new medical director, Dr Kathryn Hutt, who is passionate about creating not only awareness of mental health issues amongst medical professionals, but providing the necessary support when doctors need it.

The AMA (NSW) also supports the Medical Benevolent Association (MBA) which offers a supportive hand to help medical practitioners in need of counselling and/or financial assistance. Visit **www.mbansw.org.au/ for more information.**

And of course, we encourage all of you to have a regular GP. If you are looking for a GP who is interested in taking on doctors as patients, visit AMA (NSW)'s Doctors For Colleagues registry here **www.amansw.com.au/member-benefits/gps-for-doctors-in-training/.**

We are always looking for more GPs to volunteer to be on this list, so please contact us if you're interested.

So, as we trudge through a year that feels unbearably long and yet is also strangely zooming by, remember to carve out some space-time continuum for yourself. There's a fair bit to go in this marathon, I fear, and to look after our patients we must first look after ourselves. The basics of sleep and good food, exercise and time with loved ones remain key. But if you're finding it tough remember you don't need to do it alone. Together, we will get through this. dr.

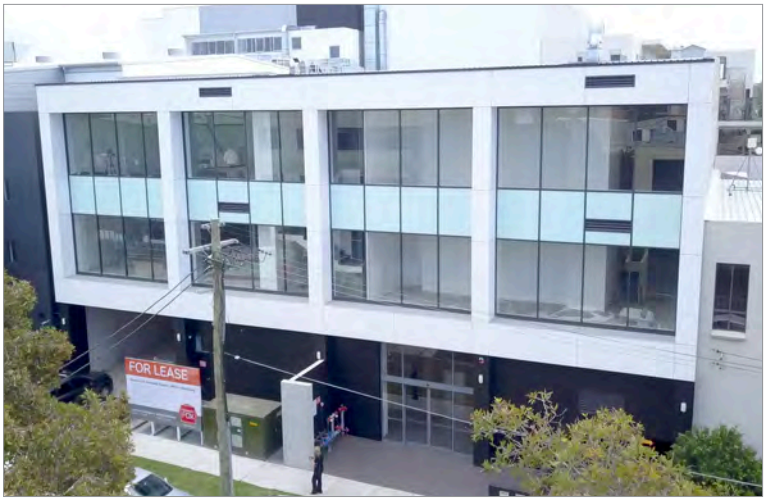
President@amansw.com.au
@_daniellemcm
www.facebook.com/amansw

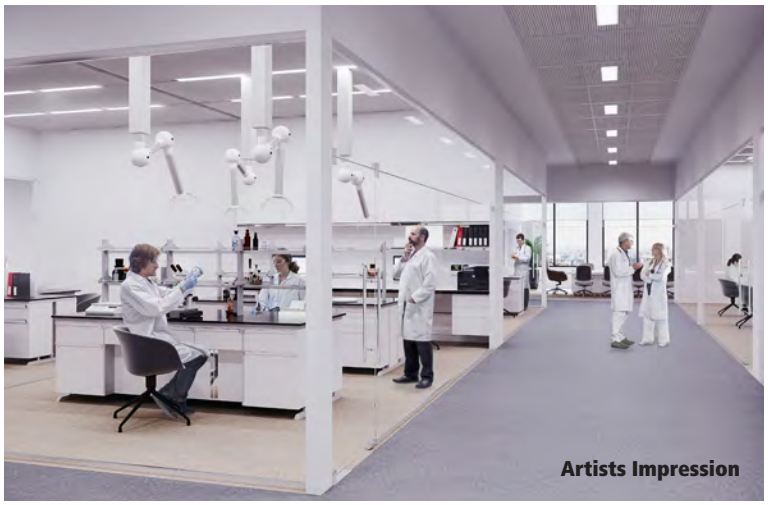
For Lease

51-57 Carlotta Street, Artarmon

This flexible property is just 15 minutes from the city, and just minutes from the Pacific Highway, Gore Hill Freeway and Royal North Shore Hospital. Perfect for a business looking to take advantage of this building's unique characteristics.

- **Recently built,** Total area from 800 sqm to 2,834 sqm.
- Up to 45 secure car parks including **high clearance suitable for Ambulance and Emergency Services**.
- **Warehouse** opportunity within building.
- **Multiple stretcher capable Lifts.**
- High availability of power with **substation** (1,000amps) **suitable** for uses such as **Radiology.**
- Close to **Royal North Shore Hospital** and **Mater Hospital.**
- Uses: **Laboratory** (such as pathology), **Research and Development, Medical Manufacturing, High Technology Uses**, **COVID related.**
- **Fibre** available to the building.





Click here for more details

Contact: Michael Wydeman on 0411 221 405 or michael.wydeman@propertyfox.com.au
Lachlan Worthington on 0421 777 889 or lachlan.worthington@propertyfox.com.au

IF THE CANARY DIES IN A COALMINE…

FIONA DAVIES
CEO, AMA (NSW)

There are many lessons to be learned in this crisis and AMA (NSW) has been fortunate enough to meet with some truly inspirational leaders who have shared their wisdom.

IT'S CLEAR that the buzzword of 2020 will be "unprecedented". We have spent most of the year fearful for our members and for their healthcare worker colleagues and patients. The rhythm of the day is defined by the COVID numbers and while NSW has not (at this time) faced the burden of cases we have seen in Victoria, anxiety of the unknown remains. Despite this, we have seen great engagement from doctors across NSW who have responded to the challenges of redesigning systems and changing the way they provide care for patients, both in their hospitals and in their rooms. In these difficult times, it's hard to find much inspiration. However, one of the best events of 2020 for me came one Saturday morning when I got to sit down at my computer and watch Dr Jack Cochran talk about organisational change in health. We have previously written about Dr Cochran here [https://www.amansw.com.au/developing-healthcare-leaders/].

Jack talks about the power of the Coalition of Courageous Colleagues – people who join together to look at new ways of doing things in healthcare to drive change. There were so many pieces of wisdom. Two key lessons that stood out were if the canary dies in the coalmine, you don't look for a more resilient canary. His other key message is that we are all custodians for the next generation – the next generation of doctors, the next generation of patients, the next generation of families, and that this obligation should guide and drive us all.

On a similarly inspiring note, AMA (NSW) and RDN NSW hosted a joint event as part of our work in responding to the bushfire recovery process. The purpose was to continue the conversation about what we need to do to bring together hospitals and GPs in a genuine, ongoing partnership. The webinar involved former Commissioner of NSW RFS Shane Fitzsimmons, now head of Resilience NSW. He was honest enough to say that he didn't like the name of the organisation initially but has since come to value it; 'resilience' means many things to many different people. Shane also provided great insight on leadership in a time of crisis. He said, in a deeply complex crisis such as bushfires or COVID, if you have not made any mistakes, you were sitting on the sidelines not making decisions.

Through all of this complexity, AMA (NSW) continues to support our members in their hospitals and their practices. We have significant resources available and will continue to host webinars with up to the minute information on this evolving situation and its impact on you. dr.

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

You've done more documenting than David Attenborough 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

Hospital HEALTH CHECK 2020

In a year that has been particularly difficult for the health sector, the 2020 Hospital Health Check results have revealed a hospital system that is improving for doctors-in-training.

THE RESULTS OF THE 2020 Hospital Health Check represent a significant positive shift in doctor-in-training sentiment about their workplaces.

It is likely this can be attributed to changes AMA (NSW) has successfully lobbied for, including increasing the types of duties that can be claimed as unrostered overtime without approval from supervisors, the NSW Health JMO support plan, and online overtime claims.

As a result of this, AMA (NSW) is delighted to be giving out more As and Bs to hospitals – particularly since we've only been running this campaign for four years.

For the first time since this survey began in 2017, more than half of hospitals rated were awarded a B or better and three hospitals received overall As: Dubbo, Hornsby, and Wagga Wagga.

This is a marked change from the first year, when fewer than one in five hospitals received an overall B rating or even 2018 and 2019, when the proportion was closer to one in three.

Given that the first overall A-rated hospitals did not emerge until 2019 (Wagga Wagga and Belmont) and the fact that, after four years, we still haven't seen a hospital awarded an A in the Wellbeing category, it shows how much achieving this kind of change is a marathon and not a sprint.

That said, Wagga Wagga did come painfully close to an A in Wellbeing this year – it ended up with a Wellbeing score of 74.05, just shy of the 75.01 or better it needed to get an A.

In the follow up meetings AMA (NSW) had with management at Wagga Wagga after the 2019 HHC, it became apparent they are very motivated to attain an A rank in Wellbeing, so it's a shame to see them fall just short for more than just the obvious reason that we want all workplaces to support DITs' wellbeing.

However, we hope that enthusiasm will continue undimmed and, now that it has some serious competition in the form of other hospitals with high Wellbeing scores, we will see some As in that category next year.

The other major development out of this year's results was an eight-point drop to 32 per cent of doctors-in-training who said they have experienced being bullied in their hospital.

While we still don't want a third of doctors-in-training being bullied, this is the first time the needle has moved significantly on bullying and we're pleased to see that it was a drop.

There was less of a drop in the percentage of doctors who reported feeling unsafe due to intimidation at work. Thirty per cent of respondents said this was the case in 2020, compared with 35 per cent in 2019.

A new follow up question about the source of that intimidation was asked this year and, by a wide margin, the most likely origin is from patients.

Further back in terms of numbers, were medical staff and nursing staff occupying the number two and three spots but only ten responses separated these two groups.

Another new question asked if hospitals have a system in place to report behaviour that doesn't rise to the level of serious misconduct.

It found that 71 per cent of respondents said 'yes' but there is clearly a gap in experience between men and women here as while 78 per cent

8 hospitals were given an overall B or higher, which is more than in any previous year.

3 overall A grades were awarded (Dubbo, Hornsby, and Wagga Wagga), which is also more than in any previous year.

Bullying

32%

reported a personal experience of being bullied **(down from 40% in 2019)**

of men answered 'yes' to this question, only two thirds of women did.

Forty-four per cent of respondents said they had felt their personal safety was at risk due to fatigue from work in 2020, down from 56 per cent in 2019.

These changes are an ongoing process and the 2020 results are not a capstone on our campaigns for better payment of overtime for doctors-in-training, lower rates of bullying in our hospitals, or the reduction of fatigue.

However, the results, even when you compare them with 2018, are significant improvements in many hospitals and in many of the things being measured.

In 2020, 49 per cent of respondents reported working five or more hours of unrostered overtime in an average fortnight, compared with 73 per cent in 2018.

The percentage of doctors-in-training claiming all of their unrostered overtime has increased from 16 per cent in 2018 to 38 per cent this year.

In 2019, we highlighted that women in surgical training were twice as likely to claim none of their unrostered overtime.

The 2020 results show not only are these women now more likely to claim all their overtime than men, they are also less likely than men to claim none of their overtime.

However, in other specialty training, women still trail men in claiming for overtime, as the gap between men claiming all their overtime compared to women is growing.

In 2020, 45 per cent of men claimed all their overtime compared with 33 per cent of women.

There was a smaller gap in 2019 between men and women's overtime claiming.

In 2018, only 52 per cent of respondents reported that they were paid for all of the unrostered overtime hours they had worked, while in 2020 that proportion has increased to 74 per cent.

There is a still a gap here between men and women, with men paid for all of their overtime 78 per cent of the time compared with 71 per cent for women.

The results for rosters matching expectations are essentially a mirror of how they were in 2018.

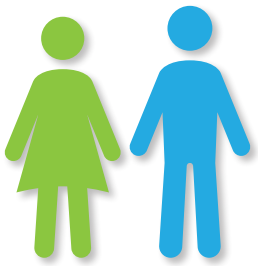
More than a third of respondents' rosters have gone from almost never matching expectations and a quarter almost always matching them, to the reverse being true.

There is much yet to be done but this Hospital Health Check, more than any other before it, demonstrates its value as an advocacy tool.

These improvements have been hard fought and we're grateful to all of our doctor-in-training members, not just for participating in the survey, but for helping us choose the direction of our campaigning.

We will continue our work through campaigning on the issues that have been raised in the HHC and ongoing meetings with hospital executives to ensure that beneficial changes continue to be made. dr.

Overtime claimed



33% of **women** claim all of their overtime

45% of **men** claim all of their overtime

> In 2018, only **52%** of respondents reported that they were paid for all of the unrostered overtime hours they had worked, while in 2020 that proportion has increased to **74%**.

Fatigue

44%

Felt their **personal safety** was at risk **(down from 56% in 2019)**

AMA NEW SOUTH WALES
PREFERRED PARTNER

We were made for you

doctors health fund
Avant mutual

Delivering value to doctors since 1977

Established in 1977 by the AMA to exclusively serve the medical community, thousands of doctors now trust Doctors' Health Fund for better value health insurance.

What does real value look like?

- High-quality products, like Top Cover Gold hospital which uniquely pays up to the AMA list of medical services and fees
- Generous extras benefits across our range of covers, and complete choice of allied health provider
- National ambulance cover for both emergency and medically-necessary ambulance services across all hospital covers
- Increased access to health services, with over 560 private and day hospital agreements[1]

Join on any Hospital only or Hospital & Extras cover by 30 September and get 8 weeks FREE. Plus we'll waive all 2-month Extras waiting periods.*

8 WEEKS FREE + 2 MONTH WAITS WAIVED ON EXTRAS*

Dr Victoria Phan, General Practitioner
Doctors' Health Fund member since 2019

It takes just 5 minutes to join

1800 226 126

doctorshealthfund.com.au

*Terms and conditions apply. Visit www.doctorshealthfund.com.au/8weeks_free_offer for full details.

1. Privatehealth.gov.au – Doctors' Health Fund 'Performance'

Seeking solutions for hospitals beyond Covid

COVID-19 has taken precedence in 2020, but AMA (NSW)'s senior medical workforce survey reveals issues around workforce planning, support, engagement and transparency will need to be addressed if the system is to improve post-pandemic.

ICU CAPACITY in hospitals, PPE, and healthcare worker infections have taken centre stage during the pandemic, but the biggest issues impacting our senior medical workforce are much more longstanding.

More than 300 members completed AMA (NSW)'s senior medical workforce survey in July, which asked respondents about arrangements at their hospital(s), including medical staff numbers, support for doctors, timeliness of the payment for remuneration, post-COVID preparedness, and more.

In addition to multiple choice questions, the survey included opportunities for respondents to provide open feedback on what they felt were the biggest challenges facing senior doctors in hospitals.

The survey was completed by 197 VMOs and 123 staff specialists.

SUPPORT

The survey revealed that less than a quarter of all respondents said NSW Health provides adequate support, resources and accommodation for senior doctors.

There were many wide-ranging comments from staff specialists which related to resourcing.

One staff specialist stated, "Lack of support from hospital administrators. Limited admin support. Administrators want staff specialists to use hot desks (code named "new ways of working"), so as to not provide appropriate office space. Lack of recruitment of additional SMO and JMO workforce to cope with increased workload in public hospital. Failure to replace non-functioning/outdated equipment because of budgetary constraints, leading to clinical risk. Increased (and often useless/stupid) bureaucratic requirements without any time available to fulfill them. Unachievable turn-around time for responses to communications from hierarchy/ Ministry of Health. Too many layers of

administrators and too much red tape!"

VMOs expressed similar sentiments. One VMO commented on, "the bureaucracy that we have to deal with and its multiple layers. The lack of funding to hospitals with lack of operating time which increases the waiting lists. The difficulty getting new equipment as there's no money for it. Being a VMO and head of department with no hospital secretarial services for all the extra paperwork that needs to be done."

In terms of hospital administration, both groups described a lack of meaningful engagement, limited transparency in decision-making, and multiple layers of bureaucracy.

ADEQUATE INFORMATION?

25%
VMOs

32%
Staff Specialists

About a **quarter of VMOs** said NSW Health provides adequate information about the workplace for them, while almost a **third of staff specialists** said the same was true for them.

WORKFORCE ISSUES

In terms of staffing, less than half of respondents (45%) said there are sufficient senior medical staff at their hospital(s). And just 41% said there are sufficient junior medical staff at their hospital(s). More than half of all respondents also said there were **insufficient non-medical staff at their workplace (52%).**

52%

One respondent commented there was a lack of "adequate support staff – particularly allied health for multidisciplinary work for complex patients; considerable delays in replacing staff creating significant inefficiencies in patient care, similarly admin staff."

IT

Both VMOs and staff specialists indicated problems with IT. Seven in 10 respondents said IT infrastructure at their workplace did not meet their needs, while six in 10 said IT support did not meet their needs.

WORKING CONDITIONS

About a third of all respondents said their on-call arrangements are onerous.

Staff specialists, in particular, commented on feeling overworked and burnt out. About 82% per cent of staff specialists reported regularly working additional hours.

"Excessive workload – [asked to] do more with less – more patients, more procedures, no increased resources (staffing)," commented one staff specialist.

When asked if their workplace supports flexible workplace arrangements for senior staff, the majority said their management was neutral but 30 per cent said their management was supportive.

More than three quarters of respondents said they had been required in the past three years to cover for colleagues while they were on leave and 44 per cent had been required to change their own leave plans.

Four in 10 had been required to change their leave plans or avoid taking leave in the past three years.

4 IN 10

CONTRACTS & REMUNERATION

When asked about overall satisfaction with contractual arrangements with NSW Health, the response from members was mixed.

Around 40% responded as being 'neither satisfied nor dissatisfied', while 37% affirmed they were satisfied.

Comments around remuneration appeared frequently in responses.

One staff specialist said, "As a recently appointed consultant I would say that over dependence on staff specialists due to fixed salary is the main issue. We are expected to do more work because we are cheaper than VMOs and this creates inequality where both are employed in the same department."

Another staff specialist noted,

"Declining remuneration because pay is linked to billings which I think is not appropriate in the public system – the Award needs to be overhauled. The current system for advancement to senior staff specialist is discriminatory to women, as it is based on paid FTE not merit and seniority of responsibilities."

VMOs also made numerous comments about remuneration. One stated, "Relatively inadequate remuneration. Amounts seem largely to have frozen for over a decade. VMOs are often sought to fill short term gaps, and less desirable locations. Once, the remuneration made it viable and worthwhile to undertake such work. No longer."

Just over a quarter of VMOs reported having been denied a claim under the VMoney system in the last 12 months.

Over one quarter of staff specialists said they had been paid incorrectly in the past 12 months.

And more than a quarter of VMOs said payments under VMoney had been unreasonably delayed, this compared to 16 per cent of staff specialists who said their salaries had been unreasonably delayed.

COVID MEASURES

"At the moment the biggest problem will be trying to catch up with the waiting list for surgery after three months of downtime in the public hospitals," commented one VMO.

When asked 'How prepared is your hospital for a return to activity post COVID-19?', around 40% said 'very well prepared' or 'well prepared' while another 40% gave a 'neutral' response.

Meanwhile, 45% of respondents indicated they were unsure if their hospital has appropriate plans in place to re-establish training of junior staff members and medical students once pandemic restrictions are lifted.

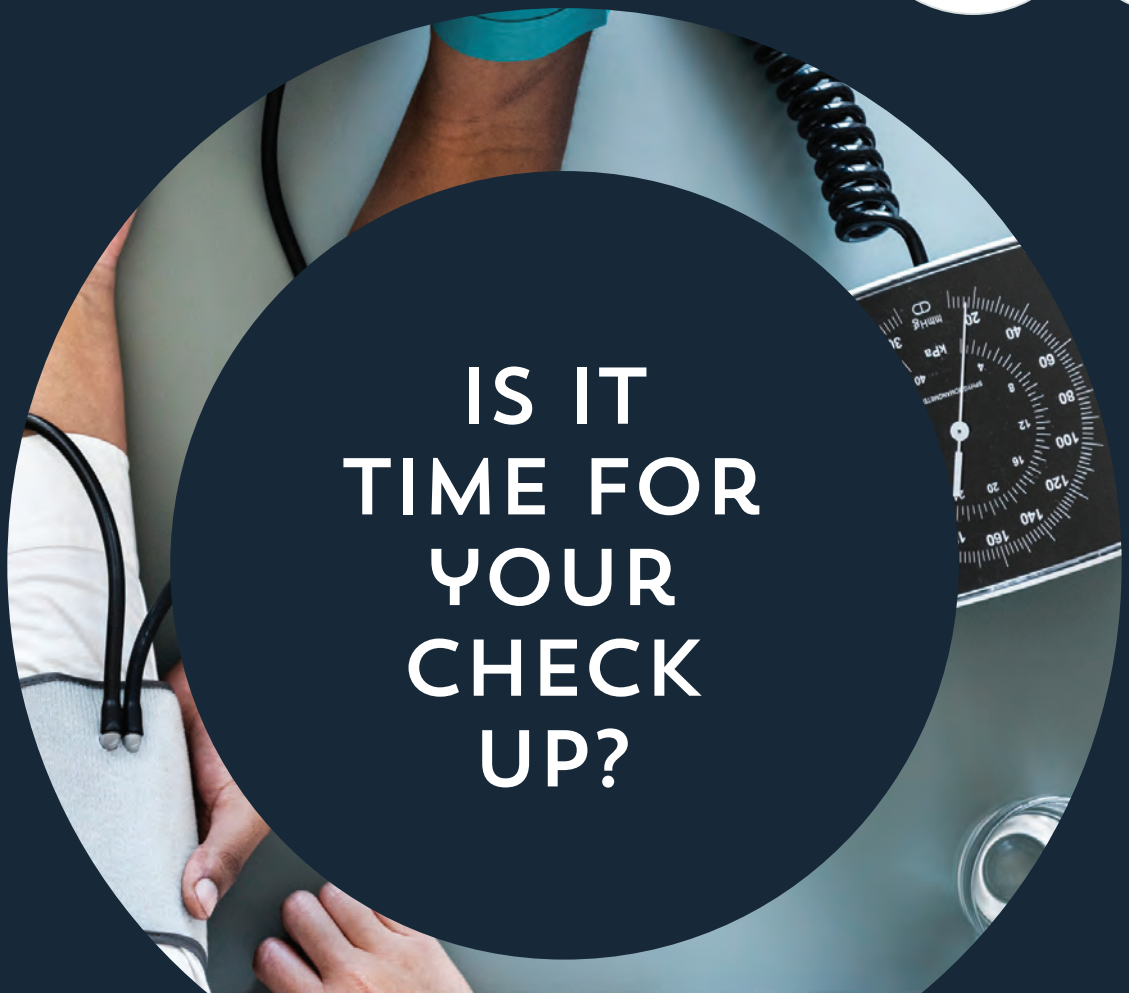
However, there was a clear majority - 68 per cent of respondents – who said they are willing to forego the usual January shutdown, if possible, to help clear the backlog of elective surgery patients caused by the pandemic. dr.

JANUARY SHUT-DOWN?

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.

NO GAP PREGNANCY PROGRAMS

Are no-gap maternity packages an opportunity to increase the uptake of private obstetrics or a gateway to managed care?

AMA (NSW) has been involved in discussions around the no-gap obstetric model since the beginning of 2020.

Clinicians have expressed an appetite to increase the utilisation of private obstetric services; however, there are concerns that this arrangement may put an end to the capacity of obstetricians and anaesthetists to determine their own fees for the care of their patients.

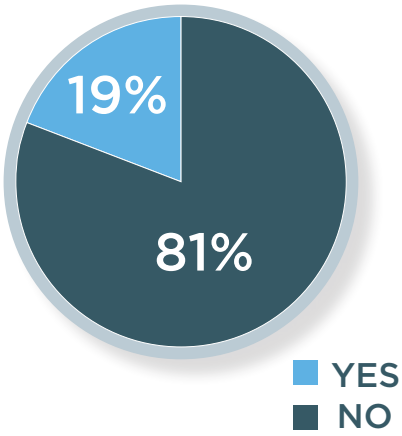
Under the Swaddle maternity package, there are no out-of-pocket expenses for the patient including for all standard antenatal appointments, pregnancy management and delivery fees. For those obstetricians who participate in Swaddle and agree to no-gap patients, they are paid an up-lift of approximately $2,200. Participating obstetricians are required to refer to, or involve, other medical practitioners and health services who have agreed to participate in the no-gap Swaddle arrangement.

AMA (NSW) surveyed 100 obstetricians in July about HCF's no-gap pregnancy program currently offered at the Sydney Adventist Hospital.

The results revealed four in five of those surveyed said they would not take part in the program if it was offered at their hospital.

One doctor noted, "I have had patients move laterally after starting to see me to the Swaddle model, hence would sign up though I am not a fan of the concept."

Have you or would you participate in HCF's no-gap pregnancy program if offered at your hospital/s?



Despite not agreeing with the model, more than a third responded they would feel pressure to sign up if the program was offered at their hospital.

Respondents noted the decrease in patients – many affected financially by the COVID crisis – had been a catalyst to signing up to a Swaddle arrangement.

"We did it because we saw that the numbers in the unit were decreasing by 7% a year so we needed something. I'm not completely sure this was it, but unpredictable costs were a problem for our patients, especially round epidurals."

If a no-gap pregnancy program is, or was to be, offered at your hospital would you feel obliged to sign up to participate?

37% YES

63% NO

A number of respondents noted the high costs of private obstetric practice, including substantial medical indemnity premiums, the differing degrees of complexity and the effect of same on the costs of care.

"I believe obstetrics should be affordable for everyone and the quality of care should be equal. We can have very complicated women and very uncomplicated women and I do not believe they should be placed in the same category."

More than half of those who answered the survey expected that participation in a no gap pregnancy model would result in a significant reduction in the fees they would otherwise receive.

"The cost of rooms fees, medical indemnity insurance and, for the better practices, the cost of a full-time midwife makes no gap options for pregnancy care not cost effective in Sydney unless you are delivering 400-500 babies per year. At that delivery rate, work/life balance becomes non-existent and patient care inevitably suffers," noted one doctor.

Eighty-six per cent of those surveyed said they believe the no-gap pregnancy program devalues the care that obstetricians provide to their patients.

"I think any obstetrician who signs up to these models is de-valuing our profession as well. I will not be dictated to by a health fund. If these models become the norm then the only sensible way forward is to be in a group practice to help cover the costs and the on call."

Respondents expressed concern about a move towards managed care.

"Private care means constant on call and tremendous responsibility and the practitioners need to be compensated for the services provided. We should resist a 'managed care' model. Private health firms charge the public so much and provide so little and they should not be allowed to skin off the healthcare providers' livelihood as well," said one respondent.

Another said, "Obstetricians should stand united and not let the private funds bring managed care into Australia."

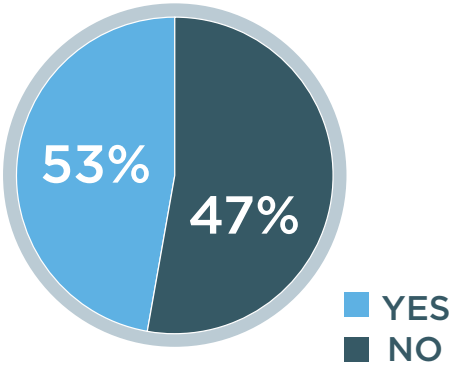
Rather than moving to a US-style model of care, many expressed support for ensuring the viability of a system based on doctor-led and patient-centred care.

"Any program for arrangement of fees needs to be doctor-led and not compromise decision-making that is patient/doctor-led. As private insurance becomes more expensive and "less value" to families there will be increasing pressure to look at different models to deliver care in a private setting."

While respondents were not supportive of HCF's no-gap pregnancy model, more than half of participants are not averse to no or known-gap schemes, with 53 per cent saying they would consider alternative proposals, acknowledging that the decline in private health insurance was a challenge for medical practitioners.

"Less patients are accessing private insurance and a cost viable way of maintaining private obstetrics is important. Partnerships with anaesthetics, paediatrics, ultrasound and pathology services in a coordinated way could benefit the patient and be palatable to the insurer but not in the current no gap model." dr.

If you would not sign up to the Swaddle arrangement, is there a no-gap / minimal gap proposal that you would be agreeable to?



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


Dr John Sammut

MEDICAL BOARD: What's on the horizon?

As the new Medical Council President, Dr John Sammut is passionate about making the regulatory body as effective, efficient, consistent, timely and transparent as possible.

MORE THAN 6% of doctors will face a complaint at some point in their career – or 1 in 20 doctors.

According to Dr John Sammut, who took over as President of the Medical Council in July 2020, there are several factors driving the rise in complaints against medical practitioners.

"I think there is a change in society. I think people are willing to have a voice. I think people feel more empowered to complain. We certainly make it easier to complain and I don't say that to be critical, but it's a reality. Anybody can make a complaint by hopping on their computer and it's accessible – far more accessible than it's ever been."

And while doctors are still well respected and valued in society, Dr Sammut says there's greater awareness in the public when doctors do not perform to satisfactory

standards, as these stories are often the grist of talkback radio or current affair TV programs.

Complaints are stressful and confronting, and it's not uncommon for doctors to feel like they are being attacked professionally and personally.

However, Dr Sammut says doctors should take comfort that, "Two-thirds of those complaints were discontinued in the initial assessment stage because they weren't part of our remit, which is about protecting the health and safety of the public. They were complaints about waiting times or waiting lists or fees, and I think practitioners need to know that."

In the 2018/19 financial year, the Medical Council received 2,518 complaints about 2,051 doctors. Complaints are made not only by patients, but also by their family, friends, as well as doctors' colleagues and workplaces.

There are three broad categories that complaints fall into: impairment, conduct and performance.

According to Dr Sammut, about half of all complaints relate to clinical care or concerns around professional competence. These include a variety of issues relating to inappropriate or inadequate treatment or missed or delayed diagnoses.

Another 20% of complaints relate to communication. This could include communication between the practitioner and patient, or poor communication between treating practitioners. It could also include communication during a physical examination or be related to patient privacy.

The other area of complaints is around prescribing. Complaints about prescribing and medications come from patients, as well as other regulators and health professionals who must notify the Council if they believe a doctor is prescribing in a way that constitutes a significant departure from accepted professional standards.

"The big one that has been looming on our horizon has been the prescribing of S4 and S8 drugs," Dr Sammut says.

"What's brought our attention to it has been the number of complaints that are coming to us from either people that become addicted, from family members who witness the addiction of their loved ones, from the pharmaceutical regulation unit that is alerting us, and from the broad data we see that tells us about the number of prescriptions and the volume that is being used."

Australia has tightened regulations around pain killing drugs and Dr Sammut says there is an awareness gap among some practitioners about the laws on prescribing S8 drugs.

"It's a complex area and we are just really starting to engage with the profession around these changes and alerting practitioners to them."

Dr Sammut says there is still confusion around the remit of the Medical Council, which is to act as a regulator for the protection of the health and safety of the public. The Medical Council staff are part of NSW Health and the Council includes experienced lay members. However, what differentiates the Medical Council from other regulators is that doctors are significantly represented and heavily involved as Council members. In addition our hearing and panel members all involve experienced and skilled medical practitioner peers.

"As medical practitioners we have useful insights informed by many years of clinical practice. Whether we're talking about how we organise our complaints, or our response to the system, the kinds of interventions we might consider when we have an impaired practitioner or the kinds of important standards that we really want to reflect, these are all coming from a leadership of experienced medical practitioners augmented by community members. It is a productive, effective balance in which the profession and community can draw reassurance."

Dr Sammut joined the then Medical Board as a health program assessor in 2009 and continues to work as the Director of a Level 4 Intensive Care Unit at Canterbury Hospital, as well as working as an Emergency Physician in the ED there. He's also the Senior District Advisor for Emergency Medicine for Sydney LHD.

"It's a great privilege to do the work that we do in the Medical Council, because the medical profession invests in us to maintain the standards that enables the public to be safe.

"And it's very important to hold onto that public trust and make sure that that trust is not eroded by poor standards or bad practice, or impairment." dr.

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**

PANDEMIC LEAVE AND OVERTIME FOR CASUALS

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

Will recent Award changes and a decision that confirms casual employees are entitled to overtime changes affect your employees?

AS PART of their four-yearly review of modern awards, the Fair Work Commission (FWC) has made a substantive change to the Health Professionals and Support Services Award 2020 (HPSSA) and Nurses Award 2010 regarding casuals' overtime. Pandemic leave has also been extended in both Awards. Changes were also made to the HPSSA in June 2020 that are mainly editorial.

Calculation of overtime for casuals

The FWC will publish draft determinations to vary the Health Professionals and Support Services Award 2020 and Nurses Award 2010 as a result of their decision 18.8.2020 on overtime for casuals.

Health Professionals and Support Services Award 2020

The full bench of the Fair Work Commission has confirmed that casuals should receive overtime calculated on their hourly rate plus the 25% loading. The word 'time' in the Award expressed as "time and a half" and "double time" is taken to mean the rate payable in ordinary hours, which for casual employees includes the casual loading. The Commission has indicated they will expedite the variation of clause 24.2(d).

Nurses Award 2010

The full bench of the Fair Work Commission has confirmed that '… casual employees are entitled to overtime when they work in excess of 38 hours per week, 76 hours per fortnight or 152 hours in a 4-week period, or where they work in excess of 10 hours in one day.'

Currently, casual employees don't have an entitlement to overtime for work in excess of "rostered hours" where this does not exceed 10 hours.

Extension of unpaid pandemic leave (Schedule X)

Unpaid pandemic leave has been extended indefinitely for employees covered by the Health Professionals and Support Services Award 2020 and Nurses Award 2010, until further, or other, order of the Fair Work Commission. In both Awards, schedule X.1 provides for up to two weeks' unpaid pandemic leave to be taken where an employee is prevented from working due to having to self-isolate (as a result of government or medical authorities or medical advice … in response to the COVID-19 pandemic), provided the leave starts before 29 October 2020.

Annual Leave

In both Awards, schedule X.2.2 provides for employee and employer to agree on employees taking twice as much annual leave on half pay, as long as the leave starts before 29 October 2020.

Paid pandemic leave (Aged Care only) (Schedule Y)

From 29 July to 29 October 2020, up to 2 weeks paid pandemic leave is available, per occasion, to employees in the aged care industry who are covered by the Health Professionals and Support Services Award 2020 and Nurses Award 2010. Schedule Y in the respective award details this.
Paid pandemic leave does not extend to employees who are not engaged in the aged care industry.

HPSSA (June 2020 changes)

The HPSSA 2020 was previously HPSSA 2010, and changes were primarily to layout, language, clause numbers and the addition of an hourly rates summary in Schedule C. dr.

If you have any questions about the above, please contact the Workplace Relations Team on (02) 9439 8822.

CLARITY ON PERSONAL/ CARER'S LEAVE

LYNDALL HUMPHRIES

SENIOR EMPLOYMENT LAWYER, WORKPLACE RELATIONS, AMA (NSW)

The High Court decision is welcome news for employers. AMA (NSW)'s Lyndall Humphries explains why...

THE HIGH COURT handed down its much awaited and welcome decision in Mondelez Australia Pty Ltd v AMWU & Ors [2020] HCA 29 on 13 August 2020 which clarified recent uncertainty concerning how the entitlement to paid personal/carer's leave is calculated under the National Employment Standards (NES) in the Fair Work Act 2009 (Cth).

The High Court decision determined that:

- the entitlement to 10 days of personal/carer's leave under the NES is calculated based on an employee's ordinary hours of work, and not working days;
- 10 days of personal/carer's leave can be calculated as 1/26 of an employee's ordinary hours of work in a year.

The High Court decision reverses the controversial decision of the Full Federal Court in Mondelez Australia Pty Ltd v AMWU & Ors [2019] FCAFC 138 on 21 August 2019 that personal/carer's leave was calculated in working days, and not hours.

BACKGROUND

The case involved two employees who worked 36 ordinary hours per week, being three 12-hour shifts averaged over a four-week cycle. The dispute concerned the paid personal/carer's leave entitlement for these employees. The union argued that the employees should be entitled to 10 days of personal/carer's leave at 12 hours per day (i.e. 120 hours of paid personal/carer's leave per year of service). The employer argued that like other employees who worked 36 hours per week, these employees were entitled to 10 days of personal/carer's leave at 7.2 hours per day (i.e. 72 hours of paid personal/carer's leave per year of service).

Full Court decision

In its controversial decision on 21 August 2019, which the High Court has since reversed, the Full Court found that the employees were entitled to 10 working days of personal/carer's leave for each year of service, a working day being the portion of a 24-hour period that an employee would otherwise be working.

The Full Court decision meant that the employees in this case were entitled to 120 hours of paid personal/carer's leave per year of service. This decision changed the status quo as it represented a departure from the generally understood method of calculating personal/carer's leave entitlements.

Appeal to High Court

Employers across Australia viewed the Full Court decision as problematic because of the cost impacts for employers. It also created barriers to part time and flexible working arrangements for employees.
The Australian Government and the employer applied to the High Court to appeal the Full Court decision. The High Court granted these applications on 13 December 2019 and an appeal was heard in the High Court on 7 July 2020.

High Court decision

On 13 August 2020, the High Court handed down its decision to allow the appeal. It found that the Full Court's interpretation was not consistent with the purpose or stated objectives of the Fair Work Act of fairness, flexibility, certainty and stability. The High Court rejected the Full Court's construction, finding that it would lead to inequalities between employees with different work patterns, and so would be unfair.

The High Court instead found that the employee's entitlement to 10 days of personal/carer's leave for each year of service should be calculated by reference to an employee's ordinary hours of work where 10 days is two standard five-day working weeks or, because patterns of work do not always follow two week cycles, 1/26 of an employee's ordinary hours of work in a year.

What does this mean for employers?

The High Court decision is welcome news for employers. It is now no longer necessary to change how leave is calculated, adjust employee leave balances or review your exposure to potential underpayment claims.

The status quo before the Full Court decision prevails. Employees will continue to accrue personal/carer's leave based on their ordinary hours of work. When leave is taken it is deducted from the employee's accrued paid personal leave on an hourly basis.

You should check your payroll system and employee records to ensure that the entitlement to personal/carer's leave is in line with the High Court decision. dr.

HOW CAN AMA (NSW) ASSIST?

If you have any questions about personal/carer's leave or any other workplace matter, contact the AMA (NSW) Workplace Relations Team by emailing workplace@amansw.com.au.

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.$5.6m pa
- Completely renovated in 2017
- Immediate proximity to Central Station Precinct renewal

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

Proud pro bono Property Partner for Meals on Wheels (NSW)

_APRIL INVEST

Registered NSW Licence No: 34514142542 Australian Financial Services Licence No: 505959

ONLINE ALCOHOL SALES & DELIVERY

AMA (NSW), along with other health stakeholders, are campaigning for stricter regulations around online sales and delivery of alcohol products.

LIQUOR & GAMING NSW has been consulting with the public and stakeholders on the draft Liquor Amendment (24-hour Economy) Bill 2020, which is expected to go to Cabinet in September, after which the Bill will likely be introduced to Parliament in November 2020.

These amendments will remove some of the imbalance in legal requirements between online and 'bricks and mortar' establishments.

AMA (NSW) has been advocating on the issue of online alcohol sales and delivery, and views this Bill as an opportunity to close some of the loopholes that allow underage and intoxicated people to purchase alcohol from online operators.

Currently, there is minimal regulation for online sales and delivery of alcoholic products. Many online alcohol retailers do not verify age, despite this being an established legal requirement in pubs, clubs and bottle shops.

A 2020 UNSW study found a majority of Australian alcohol delivery websites have no adequate safeguards to prevent sales to minors. Many sites advertise they can leave alcohol unattended.

A second loophole in current regulations is that it is an offence in NSW to supply alcohol to a person who is intoxicated, but not if it is done by delivery.

There are concerns that online delivery services present risks to people with alcohol dependency, those at risk of suicide, and those experiencing family violence.

Alcohol consumption at home has increased during the COVID pandemic. Unfortunately, there has also been a corresponding rise in the number of calls to the National AOD Hotline from people seeking help with alcohol and drug use, and a significant increase in reports of alcohol's involvement in family violence situations in NSW since COVID-19 restrictions began.

Research published last year revealed rapid delivery was leading to the supply of alcohol to people already intoxicated, bypassing responsible service of alcohol (RSA) provisions that are required for on-premises and takeaway liquor outlets.

Rapid delivery increases the availability of alcohol and subsequently heightens the potential risk of alcohol harms. Rapid delivery enables people to extend drinking sessions and drink at risky levels.

A VicHealth study found 40% of people would have stopped drinking if on-demand alcohol delivery wasn't available. A FARE 2020 poll found 70% of Australians who use rapid alcohol delivery drank alcohol at a risky level (over four standard drinks) on that occasion.

Rapid alcohol delivery in the evening is of particular concern. Evidence suggests alcohol-related assaults increase between 6pm and 3am, with more than one-third (37%) of alcohol-fuelled assaults occurring in the home and 57% of those assaults being family violence.

There is also evidence which suggests suicides and sudden or unnatural deaths involving alcohol predominately happen at night in the home.

The risks of increasing excessive alcohol consumption, domestic violence and suicide, do not outweigh arguments around the convenience of rapid alcohol delivery. If rapid alcohol delivery was allowed to continue in NSW, AMA (NSW) recommends the cut off time be made earlier (8pm to 10am).

Under the current regulation you can order alcohol online without inputting identification details, have it delivered to your door within 30 minutes and have it left unattended or receive it without needing to show your identification. dr.

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

The health and well-being of you

The COVID-19 pandemic has introduced a new set of challenges many doctors have not experienced in their lifetimes. As we continue to live through this extraordinary global event, it becomes increasing important that you continue to look after your own health while caring for the health and safety of others.

The COVID-19 pandemic has placed a significant toll on our community and has caused uncertainty and fear around what is currently happening, and of what's to come. This uncertainty and fear have been heightened for medical professionals who are dealing with the impact of COVID-19 on a daily basis.

As the pandemic continues, anxieties among doctors and health professionals are continually evolving.

Dr Kym Jenkins, psychiatrist and immediate past president of RANZCP, says tangible worries that have troubled many healthcare workers include safety issues, such as the resourcing of PPE for staff and whether hospitals are able to accommodate an influx of COVID-19 patients. There also remains the possible risk of contracting the virus while responding on the front-line.

"One of the most challenging things to work out from a mental health point of view is whether the healthcare worker is suffering from a mental health illness or whether they're experiencing an understandable response to a completely abnormal situation," explained Dr Jenkins.

Although an increase in stress and anxiety has occurred across the healthcare profession due to COVID-19, those with a previous history of anxiety are more vulnerable at this time. Generally speaking, many of us have an increased level of baseline anxiety during COVID-19. The initial worries that were keeping us awake at night are to do with the fear that the worst is yet to come, not dissimilar to the devastating scenes observed overseas.

Doctors in private practice are also under significant pressure, adequately safeguarding their practice and staff, dealing with patients every day who may or may not be infected, shifting from face-to-face consults to learning how to navigate effectively through telehealth, and deciding whether to distance themselves from their family to avoid contaminating their loved ones in case they were infected, to name a few.

The financial impact on private practice and allied health services is also becoming apparent, due to the temporary reduction of non-urgent elective surgery and social distancing measures restricting access to certain services. Those with families are having to juggle more roles, such as having to home school children and the stress that comes with blurring personal and professional lives.

THE CURRENT SITUATION AND BEYOND

As we continue through more changes and disruption, we have witnessed parts of the economy gradually reopened and social restrictions slowly lifted. Although uncertainties around Victoria's increase in cases, as well as clusters in parts of Sydney and regional NSW, continue to cause uncomfortable and uncertain times.

This means also learning to deal with the consequences of living through a pandemic.

"As time goes on we're going to see more depression and despondency become apparent. The source of anxiety is going to be less in how people are handling things but a shift to those secondary considerations that aren't directly related to the virus. It will be regarding the impact it's having on their lives in areas such as relationships, career and income," says Dr Jenkins.

As the world adapts to contain and fight the virus, the medical profession will have to accept COVID-19 as a longer-term, evolving event. This may mean that social norms will not go back to how it was pre-COVID-19, the general public will conform to a heightened sense of hygiene, and we will deal with evolving sets of anxieties as they unfold.

LOOKING AFTER YOUR OWN MENTAL HEALTH WHILE YOU LOOK AFTER THE COMMUNITY

As we remain optimistic, the medical profession will emerge stronger together after having survived a pandemic. Not only are doctors faced with the enormous task of caring for others' health and safety, but it is essential that you continue to look after your own mental health alongside your patients'.

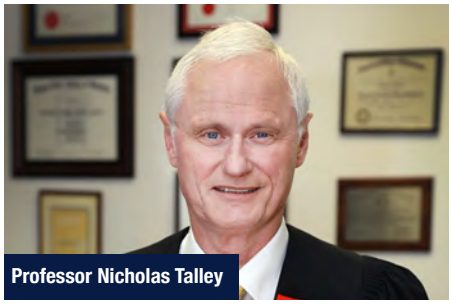
A wide range of mental health resources, support groups for health professionals, and COVID-related forums for doctors are available through various organisations and are updated on a regular basis. Some of these resources include **Pandemic Kindness Movement Hand n Hand** and **Mentate**.

All Doctors' Health Fund policies provide cover for services to help you look after your mental health and wellbeing, if and when you need to reach out for support.

This article was originally published in Avant's 'Connect' magazine, with slight variation -'**Managing your health during a crisis'** written by Doctors' Health Fund member and Avant Senior Medical Advisor Dr Richard Wilson.

AMA ROLL OF FELLOWS 2020


Dr Kean-Seng Lim


Professor Nicholas Talley

AMA (NSW) CONGRATULATES Dr Kean-Seng Lim and Laureate Professor Nicholas Talley, who were inducted to the AMA Roll of Fellows 2020 during the AMA National Conference held in August.

Dr Kean-Seng Lim, the immediate Past President of AMA (NSW) and Deputy Chair of the AMA Council of General Practice, is a specialist GP with particular interests in sports medicine, nutrition and lifestyle, and integrated care.

His practice in Sydney's western suburbs is built on a multidisciplinary approach, integrating doctors, nurses, allied health practitioners, and a non-dispensing pharmacist, using the Patient Centred Medical Home principles.

Dr Lim used his AMA (NSW) presidency to focus on measures to reduce overweight and obesity and helped develop the schools-based obesity prevention and lifestyle education program – SALSA.

Dr Lim has passionately campaigned for increased primary care funding, arguing that early intervention and better management of long-term health problems is a more sustainable healthcare strategy.

Professor Talley is a world-leading neurogastroenterologist, educator and researcher, and is widely recognised as one of the most influential clinician-researchers in the world, with more than 1,000 papers published in peer-reviewed literature.

Prof Talley has been Editor-in-Chief of the *Medical Journal of Australia* since 2015, and was previously co-editor-in-chief of *Alimentary Pharmacology and Therapeutics*; and editor of American *Journal of Gastroenterology*. He is also the author of the authoritative textbooks *Clinical Examination* and *Examination Medicine*.

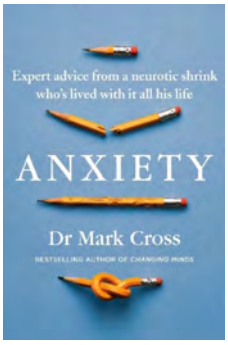
Professor Talley was one of the first 15 Fellows of the Australian Academy of Health and Medical Sciences (FAHMS). In 2018, he was honoured with the Companion of the Order of Australia.

Professor Talley has contributed to AMA (NSW) and to Federal AMA through his commitment to excellence in medical education and the standards he has established for students, doctor-in-training, and doctors. As *MJA* editor, he has contributed to a highly valued member resource. dr.

Queen's Birthday 2020 Honours List

AMA (NSW) would like to acknowledge Conjoint Professor Paul Walker as a recipient of the Medal (OAM) in the General Division for his service to paediatric medicine, and to professional organisations. dr.

BOOK REVIEW



CONSULTANT psychiatrist Dr Mark Cross's recently published book, *Anxiety*, demystifies one of the most common mental health conditions in Australia. Dr Cross shares his perspective on anxiety, not just as a psychiatrist, but as someone who has dealt with it his entire life. The book explores the different types of anxiety, causes and common triggers, therapies and treatments, anxiety at work, navigating the health systems and much more. dr.

By Chris Richardson
National Lending Manager at Specialist Wealth Group

The Lending Market during COVID-19

Is it business as usual for the lending market? Specialist Wealth Group's Chris Richardson explains…

A large number of questions have been coming in to discuss the impact of COVID-19 on the finance sector and, in particular, the ability for individuals and businesses to lend in this environment.

The simple answer to this is the lending market is still open for business. Financial institutions have not closed their doors on the market.

They have embraced (as would be expected) the idea of providing meaningful solutions to their clients around the need to provide flexible terms and repayment holidays to assist clients to navigate these times.

In saying this, it would be remiss of me to say that nothing has changed.

Through navigating these headwinds, the banks and financial institutions have generally increased the timeframes for applications and settlements. In some cases, prioritising urgent files relating to purchases over a simple refinance, for example.

This is expected though, as they have had to redeploy a huge amount of resources across the business to handle the phenomenal workload that the repayment deferrals and other assistance packages were creating to assist the whole economy.

But it is important to understand your timeframe requirements upfront and match them to a lender that can deliver the desired result.

As well, a number of banks have reviewed their policies and made changes to their comfort levels on a number of security-related matters, whilst others have held their position awaiting further data.

For example, a number of larger apartment developments where there is too much exposure or the market may potentially be saturated with new stock in the near future has caused a review of Loan to Value Ratio's (LVR) for some of these specific assets. There are also the areas around Australia whereby they feel COVID-19 may impact harder, such as tourism-related regions whereby LVR's again have been impacted or are under review.

Another impact of the COVID-19 pandemic on the lending world is the increase in compliance and documentation requirements, in particular around income. Currently, most lenders are seeking to hold the most recent pay data (less than 14 days old in most cases) or in the case of self-employed, seeking FY20 financial information and business activity statements (BAS) to compare periods to last year's performance levels.

This has a lot of people worried that the banks are only assessing them on current earnings, which in the case of a medical professional aligned heavily to elective surgery has them worried they may need to wait for a full recovery, and then wait a year or two to show the banks actual income levels through a full tax return.

This is not completely true. Lenders have acknowledged the current position as an isolated event and are seeking to confirm that the borrower is showing signs of or has returned to their previous earning capacity to allow lending at these levels.

In addition, banks are also continuing to look favourably across a number of sectors that are key to the nation's recovery, and of course medical is at the centre of this.

IMPORTANCE OF SUPPORT

The one thing that is evident during this pandemic is the need to have your support network in place and working for you. In the case of Residential and Business Lending, it is important to have experts in the area who can assess the situation quickly and move to guide you through the headwinds to achieving your goals.

It is even more important to have a team that specialises in the medical industry to understand your position and also have access to the right lenders and policies that will help you move forward.

For example, to ensure you are covered during this period, can your current lender allow you to provide projected income letters from your accountant? These policies are discreetly available to only a few medical specialised finance and accounting firms that have a long history of lending to this market.

We know this time has been challenging for most people and as the world soldiers on opportunities will present themselves in the market for the people that are ready.

To start your obligation-free lending and financial review please contact the experienced team at Specialist Wealth on 1300 008 002 or ama@specialistwealth.com.au

SPECIALIST WEALTH GROUP

AMA NEW SOUTH WALES PREFERRED PARTNER

Disclaimer: Information provided via this article and all services provided by SWG are not the responsibility of, nor endorsed by AMA (NSW). The information provided here is intended to provide general information only.

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.

Financial**Paracetamol**

September 2020

Cutcher&Neale
ACCOUNTING AND FINANCIAL SERVICES

Welcome to the September edition of Financial Paracetamol.

In this issue:

- **Extension of the JobKeeper Program.** During July and August 2020, the Federal Government made an announcement regarding the JobKeeper payment.
- **Service agreements are again in the spotlight.** A recent decision in the Full Federal Court has again put service agreements to the test with a decision that is likely to widely impact the medical profession.
- **Instant Asset Write-Off Extension.** During June 2020 the $150,000 Instant Asset Write Off end date was extended from 30 June 2020 until 31 December 2020.
- **Choosing a superannuation fund.** Making the right choice can have a significant impact on your financial future.

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

Extension of the JobKeeper Program

During July and August 2020, the Federal Government announced that the JobKeeper Payment, which was originally due to run until 27 September 2020, will continue to be available to eligible businesses (including the self-employed) until 28 March 2021.

In addition, it was also announced that the relevant date of employment under the existing and the extended scheme will move from 1 March to 1 July 2020, increasing eligibility for employees.

The extension announcements also come with a reduction in the payment rate as well as a lower payment rate being introduced for those who work fewer hours from 28 September 2020.

The JobKeeper Payment Rate

The payment rate of $1,500 per fortnight for eligible employees and business participants will be reduced to $1,200 per fortnight from 28 September 2020 and to $1,000 per fortnight from 4 January 2021.
From 28 September 2020, lower payment rates will apply for employees and business participants that worked fewer than 20 hours per week in the relevant reference period.

These lower rates will be $750 per fortnight from 28 September 2020 and $650 per fortnight from 4 January 2021.

Businesses will be required to nominate which payment rate they are claiming for each of their eligible employees (or business participants).

The 20 hour assessment will be based on the four weeks of pay periods before either 1 March 2020 or 1 July 2020, and for eligible business participants who were actively engaged in the business for 20 hours or more per week on average.

Additional Turnover Tests

In order to be eligible for the JobKeeper Payment after 27 September 2020, businesses have to show an actual fall in turnover in the September 2020 quarter compared with a comparable period in 2019.

continued on next page...

After 4 January, businesses will have to show an actual fall in the December 2020 quarter compared to a comparable period the year before.

It is always important to keep in mind that the Commissioner will have discretion to set out alternative tests that would establish eligibility in specific circumstances where an employee's or business participant's hours were not usual during the February and/or June 2020 reference period and where it is not appropriate to compare actual turnover in a quarter in 2020 with actual turnover in a quarter in 2019.

There will be no change to the current required decline in turnover requirements in order to qualify.

If you need help with JobKeeper 2, the team at Cutcher & Neale are here to help you.

Service Agreements are again **in the spotlight**

A recent decision in the Full Federal Court has again put service agreements to the test with a decision that is likely to widely impact the medical profession.

The Full Federal Court has unanimously held that a dentist, Dr Moffet (the dentist) who operated under a service agreement was an "employee" under the Superannuation Guarantee (Administration) Act 1992, and not an independent contractor.

The dentist in question had sold his practice to Dental Corporation Pty Ltd on the agreement that he would continue to work in the practice.

Under his service agreement, the dentist was to provide dentistry services to his patients and was provided with administrative services, including staff to support him whilst he practiced at the surgery.

However, the service agreement also provided that the dentist was to compensate Dental Corporation Pty Ltd to pay a "shortfall" amount to the practice in the event the practice's annual cashflow fell below a specified amount.

The court ultimately found that whilst these two components were distinct from each other they could not be disentangled and the agreement was substantially "for" the purpose of the dentist's labour and relied on section 12(3) of the Act defining an "employee" to include a person working under a "contract that is wholly or principally for the labour of the person".

Dental Corporation Pty Ltd now has a liability under the Superannuation Guarantee (Administration) Act 1992 to make superannuation contributions for the benefit of, and given the nature of its contracting arrangements with, Dr Moffet.

"This case is a timely reminder of the importance of a well written service agreement and how superannuation guarantee (and other on costs such as payroll tax) can apply to independent contractors."

It is also important to note in this case that the dentist did not succeed in his additional claim for annual leave and long service leave as it was found that he was not an 'employee' for the purposes of the Fair Work Act and Long Service Act (NSW) respectively.

It is therefore important for practices to review their service agreements to ensure they are not going to be hit with any unanticipated employee related obligations.

There is potential that claims for superannuation may begin to rear their heads as a result of this case.

Instant Asset Write-Off Extension

During June 2020 the $150,000 Instant Asset Write Off end date was extended from 30 June 2020 until 31 December 2020.

This means that eligible businesses that purchase and install an asset costing up to $150,000 (by 31 December 2020) may be able to claim an immediate deduction in their 2021 income tax return.

When considering whether to utilise this deduction, it is important to understand that the asset must be installed and ready for use by 31 December 2020 and not just purchased.

This is especially an important consideration when placing any orders for medical equipment that may have a long lead time to delivery.

As it stands currently, from 1 January 2021 the instant asset write-off will again only be available for small businesses with an aggregated turnover of less than $10 million and the threshold will revert to $1,000.

Whilst initially this increase in threshold seemed a big win for the medical professional when first introduced, the reality of a pandemic and cashflow impacts meant this increase was not as widely utilised as first thought.

As we slowly return to a new normal now might be the time to take advantage of this concession.

Choosing a superannuation fund... **how to compare and make sure it's right for you!**

Choosing a superannuation fund is a big decision. Making the right choice can have a significant impact on your financial future.

Super will likely be the biggest investment you have in your lifetime after a house. So, it makes perfect financial sense to spend the time to get it right!

So where to start?

An important first step is to decide what benefits, features and options are important to you in a superannuation fund. Is it minimal time requirements from you or is it flexibility and control over your investments?

Firstly, when considering a ready-made superannuation fund product such as either an industry or retail fund it is important to compare "apples with apples" and review a few key items across the same investment option, such as:

Past performance of the fund.

Whilst this may seem to be obvious, it can be sometimes difficult to determine the true performance of a superannuation fund.

The long-term performance is a better indication of a superannuation fund's success rather than what it is doing right now. We would suggest you look at the rate of return for at least the last five years to see how a fund has performed.

However, importantly remember historical performance isn't everything.

continued on next page...

Fees and Charges.

Like many investments, fees charged by superannuation funds can be hard to determine. How much you pay in fees will impact the amount you end up with at retirement.

Fees can be either a percentage or a fixed rate, or a mix of both.
Always consult the product disclosure statement (PDS) which will show a full list of applicable fees and charges associated with a fund.

Insurance.

Always review the types of insurances on offer via a fund and importantly how much these premiums will cost. Larger funds can typically provide lower premiums as they cover many individuals.

However, sometimes these insurance products cannot be as transparent around their rules in the event of a payout. Importantly always read the PDS to ensure the cover is enough for your circumstances.

What about self-managed superannuation funds?

Generally medical professionals, with larger superannuation balances prefer to take more control over what their retirement savings are invested in, a self-managed superannuation fund (SMSF) helps to achieve this.

SMSFs represent a significant portion of retirement savings in Australia. One of the key drivers for the establishment of this style of fund is individuals wanting more control and flexibility over the investments providing for their financial future. A SMSF can be a flexible, cost effective and tax effective option.

A SMSF gives an individual optimum control over their superannuation. Trustees of SMSFs can essentially invest in any investment that they believe will provide them with the best retirement result (subject to various constraints imposed by superannuation laws). SMSFs are the most flexible superannuation retirement savings vehicle available.

The trustee of the fund will have the ultimate flexibility in executing various strategies, which are allowed by superannuation law but often not by commercial funds, as they are unable to provide a 'one-size-fits-all' product.

These can include holding business real property, such as your medical practice or surgery building in a SMSF.

For larger superannuation balances, a SMSF is generally more cost effective than a commercial fund. The reason being that administration fees are fixed up-front and do not increase proportionally with the balance of the fund.

No matter what type of superannuation fund you decide best fits you, it is important to consider all features as well as ensuring your retirement savings vehicle will meet your needs not only today but into the future.

FOLLOW US ON

 **www.facebook.com/amansw**

 **ama_nsw**

 **@AMA_NSW**

 **/company/ama-nsw**

AMA NEW SOUTH WALES

Australian Medical Association (NSW) Limited
AMA House, Level 6, 69 Christie St, St Leonards NSW 2065, Australia
PO Box 121 St Leonards NSW 1590
ABN 81 000 001 614

 **Phone:** 02 9439 8822 or
1800 813 423 from outside of Sydney.

 **Fax:** 02 9438 3760 or
1300 889 017 from outside of Sydney.

www.amansw.com.au

 **Workplace Relations:**
workplace@amansw.com.au

General enquires:
enquiries@amansw.com.au

Membership:
members@amansw.com.au