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THE NSW doctor

AMA NEW SOUTH WALES

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDIC/

BUILDING TRUST
DURING COVID

PPE APP
ELIMINATES HUMAN ERROR

HOSPITAL HEALTH CHECK 2021

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From the Editor

In this issue of *The NSW Doctor*, we feature the results of the 2021 Hospital Health Check survey.

The annual survey provides a wealth of statistical information that helps us track the performance of hospitals in NSW across a number of measures relating to the working conditions of doctors-in-training.

Numbers are great, but they really only tell half the story.

This year, we asked doctors-in-training to tell us what they value most about their hospital, as well as three things that would improve their working experience.

In both big and small hospitals – rural, regional or metro – doctors-in-training repeatedly said that what they value most about their hospital are their colleagues.

They told us that despite long hours, the uncertainty created by COVID, the training programmes that have been disrupted, and the leave plans that had to be cancelled, that the one thing that made it worth coming to work everyday was collegialty.

In terms of suggestions on what doctors-in-training would improve or change at their hospital, the message was loud and clear: more staff, more staff, more staff.

What does this tell us? That the one thing doctors-in-training value most, is the area where there is the greatest need.

As this is the last edition of year, we're starting to focus on 2022. With a Federal election looming, we'll be putting health at the centre of the debate and making workforce resourcing the top priority.

Andrea Cornish, Editor

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President's Word

THANK YOU

DR DANIELLE MCMULLEN
PRESIDENT, AMA (NSW)

As we reach the end of 2021, I want to say 'thank you' to my colleagues – for all you have done throughout the COVID crisis to keep patients alive, safe and vaccinated.

WELL, LIFE'S BEGINNING to look a bit like normal! NSW is well on its way to becoming one of the most highly vaccinated jurisdictions in the world. At the time of writing, we are at 91% fully vaccinated, and just shy of 95% first dose in the over 16s. This is an incredible achievement, and I want to thank you all for the part you have played. Whether it was manning busy COVID clinics, caring for COVID patients, or answering the unending questions from family and friends (because everyone who knows a doctor asked us, thank you)!

I know that it hasn't been easy. The questions from family are tough, the anxiety from the vaccine hesitant can be stressful, and the abuse from some has been unacceptable. We know that demands for vaccination exemptions have been high in some areas. Many of these people have actually decided to have a vaccination after discussion with a doctor to allay their fears. But some haven't, and some have pressured GPs and their reception staff.

It has been a difficult time for general practice as we navigate patient anxiety, vaccine supply and the "usual care" for our patients in a health system that's operating far from usual.

Many have gone above and beyond to ensure those most in need get access to a vaccine.

The *Sydney Morning Herald* recently ran an article about how Blacktown became one of the most vaccinated LGAs in the NSW and it is a testament to the grassroots efforts of local community leaders. Blacktown is one of the most multicultural communities in Australia, with 40% of its residents born overseas and up to 188 different nationalities represented in a population of less than 400,000. During the outbreak, leaders from the Nepalese, Sri Lankan, Sudanese, Afghan and Bhutanese communities formed an emergency taskforce to help educate the residents in the area about the COVID measures and the vaccines.

They worked tirelessly, reaching out to the community through virtual doorknocks and social media.

We're pleased to include the story of Dr Sohair Ali in this edition of *The NSW Doctor*. She is a general practitioner in Lakemba who was also one of the 'vaccination heroes' of the rollout. She helped organise a team of medical professionals to conduct a health outreach service to the South Sudanese community in Sydney.

I want to acknowledge the community leaders, like Dr Ali, for their commitment during the outbreak and the vaccine rollout. Keeping communities connected and informed during a period of isolation and confusion takes an incredible amount of time, energy, and dedication. But without their efforts, we wouldn't be on the cusp of achieving a vaccination milestone that few other places in the world have yet achieved. dr.

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DO YOU FEEL VALUED?

FIONA DAVIES
CEO, AMA (NSW)

This year we surveyed both doctors-in-training and senior doctors – and when it comes to our new wellbeing measurement, the results were surprising.

FOUR SHORT WORDS but so crtitical to everything. Over the years, we have asked thousands of doctors thousands of survey questions. We have asked if you felt engaged, we have asked if you understood your budget, we have asked if you have been bullied, we have asked if you are working too hard ('yes' is the answer to that). However, this year was the first time we have asked both doctors-in-training and senior doctors, "Do you feel valued?"

We were prompted to ask the question from the number of meetings we were having with senior doctors who would say, "we just don't feel valued." Being valued is a strong question because it's relevant. It is not asking if you feel happy – because being happy is a emotional judgement and not always relevant to the work you do. It is not asking if you feel engaged, because who knows what that means. Instead is it asking a combination of those things. It gets to the heart of what matters to many doctors – do you feel the contribution you are making to your hospital is seen to be valuable? Being valued is not just about money – although that helps. It is about being listened to. It is about having the resources and support to do your job, and it is about the feeling that your being there and doing your work means something.

While we were aware of the concerns of senior doctors, we were still somewhat surprised to find that out of a survey of 1023 doctors in our Senior Doctor Pulse Check, only 31% said they felt valued. By contrast, in the recent hospital health check, 63% of doctors-in-training said they felt valued.

Unfortunately, the Hospital Health Check also indicated an increase in bullying with 50% of doctors-in-training reporting being bullied and senior doctors being reported as the main contributer. While not in any way excusing inappropriate or bullying behaviour, it still seems relevant to consider how much of an impact being overwhelmed and undervalued as a senior doctor is contributing to being able to be the strong and suportive supervisor our doctors-in-training need.

Each year, we watch as the demand for health services grows. Each year we marvel at the capacity of the NSW Health system to respond to that demand, including during COVID. For 2022, the question has to become – who is paying the price of that growth and should it continue? dr.

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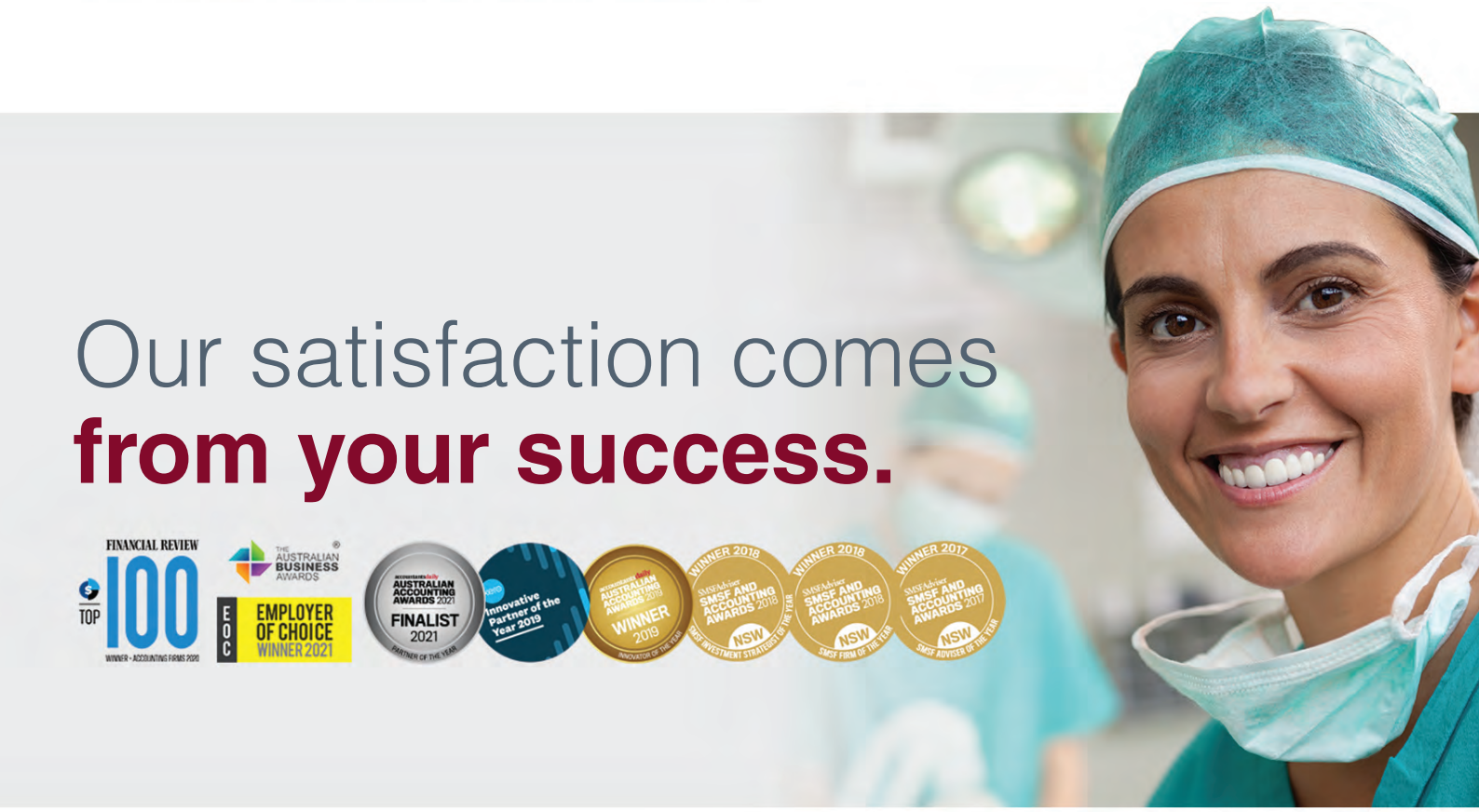

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HOSPITAL HEALTH CHECK 2021

This year's Hospital Health Check results reflect the increased workload experienced during the COVID-19 outbreak, as well as some rather unexpected results in the wellbeing measurements.

EVERY YEAR, we ask doctors-in-training to tell us about the hours they're working, how much overtime they're claiming, and if they're being paid. We also look at bullying, discrimination, and fatigue. Your answers have been pivotal to our advocacy. As a result of previous Hospital Health Check (HHC) surveys, AMA (NSW) has been able to advocate for significant improvements to your working conditions. We know hospitals pay attention to the survey results and over the years chief executives have actively looked at ways to improve their scores across the domains.

This is our fifth year of producing the HHC. Every year, we look at ways to improve the survey, so that it provides greater value to DITs and hospitals. We wanted the 2021 survey to not only look at the measures that have been central to our reporting over the years – like rostering, overtime, access to leave, etc – but we also wanted to give DITs an opportunity to tell the story about the experiences in a different way. As a result, we asked you questions such as: Do you feel valued? What do you like about your hospital? What would you improve?

We're hoping that by incorporating these questions (and answers), we will gain a more complete picture about the experiences of DITs at their hospital and provide a better guide for hospitals on what they can do to improve.

COVID-19

It's impossible to talk about this year's survey without mentioning COVID-19. After the uncertainty of 2020 and concerns about whether we had adequate PPE and respirators, or if our hospitals would be overrun, we came into 2021 feeling much more secure. Fast forward to June 2021, and we realised it was a false sense of security.

We ran the 2021 HHC survey from 23 July to 3 September. On the day we launched, there were 159 new cases in NSW. Six weeks later, when we closed the survey, there were 1,516 new cases.

Our surveying period coincided with the heightened concern around rising numbers of COVID transmission in a population, which at the time, had very low vaccination rates. Doctors-in-training were under extreme pressure. Many delayed annual leave plans. Others were furloughed as a result of hospital outbreaks. Training programs were disrupted by the suspension of elective surgery, and the air of uncertainty across NSW was palpable.

Suffice it to say, we expected this year's results to reflect the atmosphere of the reporting period and we were not particularly surprised to see very little improvements across the board.

However, despite this, overall scores for hospitals did not dramatically drop, which – considering the circumstances – is quite remarkable.

Grades

The overall grades for hospitals were largely consistent with 2020. Twenty-three of the hospitals we reported on this year (out of 35) recorded the same overall grade as last year.

Since HHC started in 2017, there has been a steady improvement in grades. In 2021, hospitals didn't improve to the same extent that they had in previous years, but given the pressures the system faced during COVID, the fact that they have managed to hold their standing is positive.

This year, only one hospital, Hornsby Ku-ring-gai, achieved an overall 'A'.

Blacktown & Mt Druitt, Manning Base and Wyong hospitals all managed to move their mark higher than last year's result, while Concord, Dubbo, Lismore, Orange, Prince of Wales, Sydney Children's Hospital – Randwick and Wagga Wagga hospitals all came down slightly from 2020. The lowest overall

Do you feel valued?

63%

On average, **63% of respondents** indicated they feel valued by their hospital.

Would you recommend your hospital?

75%

Almost **three-quarters of respondents (75%)** said they would recommend their hospital to another doctor-in-training.

Intimidation at work

37%

of respondents **felt intimidated** at work, with the main culprits being (in order):

1. Patient's families (the dominant source)
2. Senior medical colleagues
3. Nurses

Unrostered Overtime Worked

60%

of respondents reported **working more than 5 hrs** of unrostered overtime in an average fortnight.

Bullying

50%

Half of all respondents reported experiencing bullying at work.

grade awarded was a 'D' which went to Concord.

Rostering and Overtime

One of the most interesting figures to come out of the 2021 survey was around unrostered overtime (UROT). In 2021, 60% of doctors-in-training reported working more than five hours of unrostered overtime in an average fortnight – this is an increase from 2020, where only 49% reported the same.

It is unsurprising that in 2021, rosters were less likely to match expectations as they were in previous years.

Only 1 in 4 (25%) said their roster almost always matched expectations, while almost half (46%) said it sometimes did, and 29% said almost never.

Fatigue

In 2021, almost half (47%) of doctors-in-training said they felt their personal safety was at risk due to excessive hours, while 38% of participants reported that they had made a fatigue-induced error.

UROT Claimed and Paid

We note that there has been an increase in amount of unrostered overtime claimed. In 2021, 72% of doctors-in-training claimed more than half or all of their unrostered overtime, compared to 65% in 2020.

Who's not claiming unrostered overtime? Further analysis revealed the medical registrars and unaccredited registrars are more likely to claim none of their overtime than other doctors-in-training.

We also looked at the amount of unrostered overtime that is getting paid. This figure was on par with 2020, at 74% who reported all UROT was paid. In addition, we found PGY1-3 are the most likely to have their overtime paid.

Gender differences

Over the years, we've applied a gender lens to overtime issues. We found in 2021, only a quarter (25%) of women claim all of their overtime, compared to 36% of men.

It's a disappointing drop from 2020, but interestingly, there was a drop in both men and women claiming all their overtime in 2021 from the previous year. We found in 2020, a third of women and 45% of men claimed all of their overtime.

Among surgical trainees, there is less of a difference. We found 35% of women claim all of their overtime in 2021, compared to 39% of men.

Meanwhile, only 9% of emergency medical trainees claim all of their overtime, less than half of males – 19% of whom claim all of their overtime.

Unacceptable workplace behaviours

The other measurement that jumped out of the 2021 results, was the significant increase in doctors-in-training reporting increased bullying, with senior medical colleagues the most likely source. In 2021, this figure rose to 50%, from a low of 32% the previous year.

There was a slight increase over last year in the number of respondents who indicated they felt intimidated at work – 37% in 2021, compared to 30% the previous year. The main source of intimidation was reported to be from patient's families.

There was also an increase in the percentage of doctors-in-training who experienced discrimination – 32% in 2021, up from 27% in 2020.

More than a third (35%) of women experienced discrimination, while one quarter (26%) of men experienced discrimination (an increase from 2020 – 15%). The top reason women cited for discrimination was gender. The top

Fatigue

47%

Almost half (47%) of all respondents had felt concern for their personal safety due to fatigue associated with long hours.

Discrimination

32%
of **doctors-in-training** experienced discrimination.

35%
of women experienced discrimination.

26%
of men experienced discrimination.

Women don't claim as much overtime as men.

Overall

25%
of women claim all of their overtime.

36%
of men claim all of their overtime.

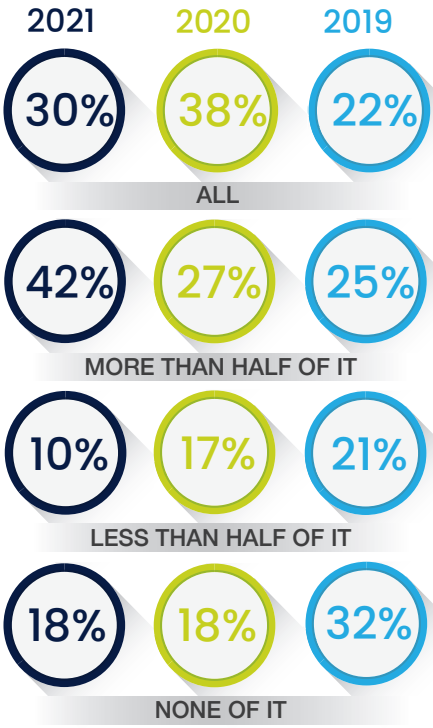
Surgery

In 2021, 35% of women claim all of their overtime, just slightly behind their **male colleagues, 39%** of whom claim all of their overtime.

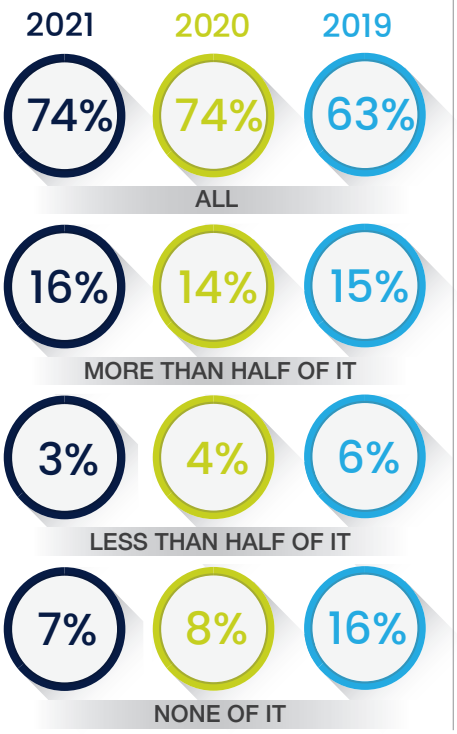
Emergency

Male emergency med trainees are twice as likely (19%) to claim all of their overtime, compared to **female emergency med trainees (9%)**.

UROT Overtime claimed



UROT Overtime paid



reason men cited discrimination was race.

Wellbeing

This year, in addition to looking at previously-reported measurements such as rostering, overtime, leave, and unacceptable workplace behaviours, ie. bullying and discrimination, we focused on a new wellbeing measurement.

In response to the question, 'Do you feel valued by your hospital?,' 63% of respondents responded 'yes'.

The number of respondents who said they would recommend their hospital to another doctor-in-training was also quite positive – with three-quarters of respondents (75%) giving the thumbs up on this measurement.

Hospital facilities

Something else we wanted to drill down on in this year's survey was hospital facilities – with a view to finding out what additional amenities could be offered to improve the working lives of doctors-in-training.

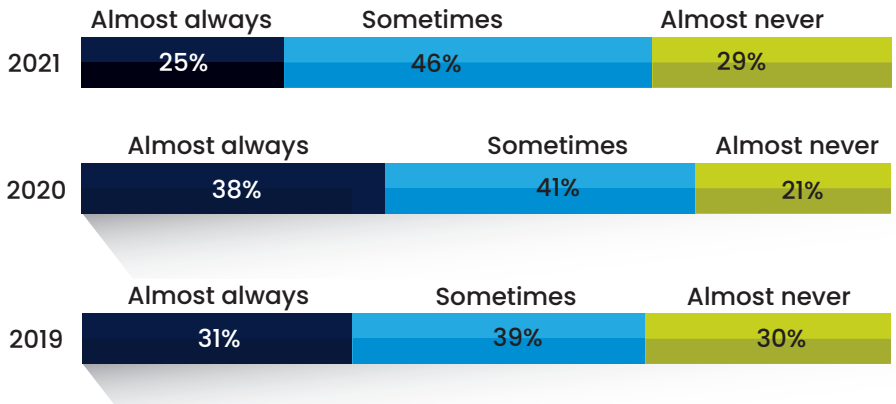
You told us what was on offer at your hospitals and in the comment section, many of you indicated what could be done to improve these facilities.

▲ **Dr Sanjay Hettige and Dr Jacqueline Ho, AMA (NSW) Co-Chairs, Doctors-in-Training Committee**

Many of the requests were very reasonable – such as making fresh food available after hours, or adding a few more computers to common areas. These are small, but feasible changes we are hoping to add to our advocacy that will improve your working lives.

To find out more about the 2021 Hospital Health Check, please go here: www.amansw.com.au/hospital-health-check-2021-key-findings. dr.

Rosters matching expectations



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THE FUTURE OF PPE

Macquarie University surgeon, Professor Michael Wilson has co-created a video coaching app that improves the protection of healthcare workers.

A smart new app has been created that uses artificial intelligence to coach healthcare workers through safely putting on and taking off personal protective equipment (PPE) – and could help to reduce the spread of COVID-19 and other infectious diseases. The technology can even pick up the slightest bit of insufficient hand washing.

The app was developed by Macquarie University cardiothoracic surgeon Professor Michael Wilson, in collaboration with software developer Terry Carney from Futureantics, and has been trialled at Macquarie University Hospital with medical students and nursing staff.

Prior to the development of COVID vaccines, PPE was the only protection healthcare workers had early in the pandemic. While we now have effective vaccines against serious illness and death, PPE still plays an integral role in reducing transmission of COVID in healthcare settings. PPE is also necessary in fighting the spread of other viruses.

"There's going to be other viruses and problems coming out – so being able to manage PPE safely for healthcare workers is paramount in minimising the effect of whatever pandemic it is, whether it be Ebola in some remote part of the world or COVID in downtown Sydney, it's going to be a common problem," Professor Wilson says.

▲ **Macquarie University cardiothoracic surgeon Professor Michael Wilson.**

"The noble feature of the app is that it is looking at the items of PPE as they're put on and taken off and doing so in such a way that it can give immediate feedback – whether there's been a breach or potential contamination."

Professor Wilson says the technology helps eliminate

human error and improves on the standard procedure where you have someone observing the healthcare worker donning and doffing PPE, adding that mistakes often happen when people are rushing or if they are unfamiliar with the PPE protocols.

He adds, "we've looked at this in terms of mechanistic ways of potential phases of PPE, and we've seen multiple areas and instances where the PPE process can break down – so having a back-up like this is clearly a good thing, but it's also an educational tool."

The app took six months to develop and has been trialled at Macquarie University.

> "It's like anything – nothing works the first time. It took a long time to train the machine learning the process of correct PPE."

Professor Wilson says, "It's like anything – nothing works the first time. It took a long time to train the machine to learn the process of correct PPE. It was constant backwards and forwards between programming and testing," Professor Wilson says.

Users can currently access the software via a laptop/webcam, but Professor Wilson says it will be available for mobile devices soon. He envisions the app could be used across all hospitals in Australia.

"The app has potential to be rolled out to standardise PPE protocols nationally, and to train and reskill people across all healthcare units," he says. dr.

BUILDING *trust*

Dr Sohair Ali, a general practitioner in Lakemba, organised a team of medical professionals to conduct a health outreach service to the South Sudanese community in Sydney during the COVID crisis.

COMMUNICATION AROUND COVID-19 transmission and the importance of vaccinations has been critical to controlling the outbreak that gripped NSW in 2021.

However, for communities with language and cultural barriers, there are unique challenges to accessing healthcare services, including limited information, a lack of awareness of the services available, and eligibility to access them.

Recognising the need to address these barriers, Dr Sohair Ali organised a health outreach service to assist the South Sudanese community in Sydney during the COVID outbreak in 2021.

Despite an already busy schedule working for an afterhours health service, Dr Ali and other Sudanese colleagues volunteered their services to educate and vaccinate members of the community.

It started with a WhatsApp group chat with other Sudanese doctors who were worried about the growing numbers of COVID-19 cases in South Western Sydney. The group gathered names of families in need of help and reached out to them.

She said that speaking the same language and understanding the culture was invaluable in educating the community about COVID-safe measures and vaccinations.

"We know Arabic, and we know how to deal with and talk to our people from Sudan – speaking our mother tongue plays an important role in the communication between them and the information that they are given. We make the information about COVID-19 very simple. We explain what COVID-19 is, the importance of staying safe from COVID, the current stay-at-home orders and restrictions, and to get the vaccine."

After witnessing the care that the group of doctors was delivering to families affected by COVID, more people in the community gradually began to trust the doctors, allowing them to have daily follow-ups regarding symptoms and calling an ambulance if necessary.

> "We know Arabic, and we know how to deal with and talk to our people from Sudan."

Dr Ali, along with the Sudanese Australian Medical Professional Association (SAMPA) and other community groups, also made sure families in isolation had access to groceries and other needs.

In addition, the doctors contacted pharmacies to distribute masks, sanitiser, and medication where it was needed.

"We began like this, and slowly saw families recover from the ICU. After they left, we made more WhatsApp groups for daily follow-ups. We also asked them to record messages about the impacts of COVID-19, so that we could spread it around as a warning to the Sudanese people so they can know its dangers firsthand," she said.

Following this COVID care outreach, Dr Ali began a vaccination campaign.

"Because of the contact between us they believed in us, and all forms of distrust and reluctance was removed. The idea of vaccination was very distant from them, but because of our work we were able to get them to take part in the vaccination process. We did well – we went from zero to hundreds getting vaccinated with their first dose in a few weeks."

Dr Ali is looking to organise webinars in Arabic that focus on mental health and vaccination information. This would complement the videos that both Dr Ali and SAMPA have done in conjunction with NSW Multicultural Health in Arabic about stay-at-home orders, self-isolation, and vaccination. She is urging other CALD colleagues to join the effort.

Dr Sohair Ali, general practitioner

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OVERCOMING *barriers in medicine*

Southwest Sydney dermatologist, Dr Monisha Gupta is an advocate for gender equity and equal opportunity in medicine.

DR MONISHA GUPTA is an International Medical Graduate (IMG) from India who obtained her specialist dermatology qualifications in 1993.

After practicing in India for 10 years, she later moved to Australia in 2006 where she underwent two years of upskilling and then took fellowship exams in 2008 to become an Australian dermatologist.

Dr Gupta currently works in Southwest Sydney juggling private practice in Leumeah, working as a senior staff specialist and Head of Department at Liverpool Hospital, and running a complex medical dermatology clinic specialising in pigmentary disorders, psoriasis, and eczema at The Skin Hospital in Westmead and Darlinghurst.

▲ Dr Monisha Gupta, dermatologist and gender equity advocate.

Dr Gupta didn't choose to become a doctor – rather medicine chose her. Her childhood dream was to be a textile designer. However, after ranking in the top 10 in her Year 12 exams, she automatically obtained admission at Dayanand Medical College in India.

Dr Gupta is a passionate advocate for equity in medicine. She believes in equal opportunity – irrespective of a doctor's country of training, age, gender, or ethnicity.

According to Dr Gupta, Australia gave her a "fair go", offering her the opportunity to upskill, take the fellowship exam and prove her competence to work as a dermatologist once again, at the age of 42.

She moved to Australia to achieve a work-life balance that wasn't available to her in India.

"I worked over 70 hours a week in India juggling work and family. I did not take time off for childbearing or childrearing in my career," she said.

Being a leader herself, Dr Gupta wishes more females and IMGs would apply for higher positions.

"Women and IMGs form a large part of the medical workforce in Australia, but few are seen in leadership positions. We need to create opportunities for equity not equality alone as these people often lack the networking support and start from a lower base.

"I have fortunately faced no barriers in the support for the leadership roles I have desired within the dermatology community. I feel that this would be partly due to my having gone through the training program and taken the exam thereby 'proving' my ability and winning over support along the way."

While she was supported in her ambitions, Dr Gupta says this isn't the case for all IMGs/women in medicine and argues that a larger support system for doctors with diverse backgrounds is needed.

"I luckily have been well supported by my colleagues, especially men, middle-aged white men who still wield power in Australia. It is important to have male allyship towards women in medicine. Even in 2021, men outnumber women in positions of power.

"Dermatology has over 70% of women in the training program currently, but that also creates an imbalance.

"From a workforce perspective, as women work fewer hours, having to take time off for childbearing and caregiving responsibilities; for every male dermatologist retiring, we likely need twice the number of female dermatologists to replace the 'man hours' of work to meet the demands of service delivery," she says.

"I also believe we shouldn't be talking about 'maternity leave' but 'family leave'. When two people of any gender or sexual orientation wish to extend their family, they need flexible workplace arrangements to meet their responsibilities."

When asked how we can work on improving gender equity, Dr Gupta states, "We must acknowledge and accept differences and aim for inclusions to benefit from diversity. Creation of 'equal opportunity' workplaces is needed. For inclusivity in training and delivery of care we have to overcome the ethnocentricity in medicine." dr.


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FOR A
holiday bonus?
It's time to renew your AMA (NSW) membership for 2022. Renew and convert our subscription payment to monthly by 31 December 2021 and go into the draw to win a $500 Coles/Myer gift card.*
To learn more about our member benefits call our Member Services Team on
02 9439 8822
www.amansw.com.au
* Terms and Conditions apply
AMA
NEW SOUTH WALES

payroll tax AND MEDICAL PRACTICES

Are you concerned about the potential impact of payroll tax on your practice? Here is the latest information on the situation in NSW…

SINCE LAST YEAR AMA (NSW) has been actively encouraging members to seek professional advice regarding their arrangements and potential payroll tax liability following the Optical Superstore decisions in Victoria. The recent NSW Civil & Administrative Tribunal decision in Thomas and Naaz Pty Ltd v Chief Commissioner of State Revenue has again highlighted the potential issue for medical practices engaging medical practitioners under independent contractor arrangements.

Further to meetings held last year with Revenue NSW, AMA (NSW) has continued a dialogue with Revenue NSW regarding the issue of payroll tax for medical practices. Following those discussions, AMA (NSW) has written to the NSW Premier regarding our ongoing concerns about Revenue NSW's position concerning the relevant contract provisions under the Payroll Tax Act 2007 and the potential consequences for medical practitioners in NSW.

Revenue NSW has indicated its intention to issue a Practice Note to assist medical practices understand what arrangements are likely to be subject to payroll tax. AMA (NSW) has met with Revenue NSW regarding the proposed Practice Note and expressed concern about the approach Revenue NSW has foreshadowed regarding the range of arrangements that Revenue NSW contends may be relevant when calculating the payroll tax liability for medical practices, including in relation to arrangements that until recently have not been captured for the purposes of payroll tax.

Under the provisions of the Payroll Tax Act 2007 (NSW) payments made under relevant contracts may be considered wages for the purposes of payroll tax. A relevant contract is one under which a person:

- supplies to another person services for, or in relation to, the performance of work; or
- has supplied to him or her the services of persons for, or in relation to, the performance of work.

The current payroll tax threshold in New South Wales is $1.2 million.

There are some exemptions to the relevant contract provision, including:

- where the contract is a contract for services of a kind ordinarily required by the principal for less than 180 days in a financial year;
- where the contract is a contract for the provision of services by a person providing the same or similar services to a principal under the contract for no more than 90 days in a financial year.

In the Thomas and Naaz decision, the contracts between the medical practices and medical practitioners were found to be relevant contracts. The features of those contracts included:

- reference to shifts, work hours and rosters;
- the medical practitioners were required to comply with protocols of the practice;
- the medical practitioners were on occasion remunerated by the practice on the basis of an hourly rate;
- restraint provisions;
- the practices owned the medical records;
- leave was subject to approval by the medical practice;
- the medical practitioners were required to promote the business of the medical practice.

While there are and have always been some practices that operate on the basis that medical practitioners are engaged to, inter alia, provide services to the medical practice and the medical practice's patients, other medical practices do not engage medical practitioners to provide services to the medical practice or the practice's patients, but rather under the contract the practice provides services to the medical practitioner to support the medical practitioner providing services to his or her own patients. Given these contracts are not contracts for the

performance of work, this arrangement has, until recently, been understood to be arrangements that do not fall within the relevant contract provisions of the Payroll Tax Act 2007.

Revenue NSW has conveyed its view to AMA (NSW) that regardless of what the contract between a medical practice and medical practitioner may say, a medical practice cannot only be providing services to a medical practitioner but must necessarily be also in the business of providing services to patients, and in order to provide services to patients, it contracts with medical practitioners to provide those services.

Over the last 20 years, regulatory bodies, professional and accreditation bodies, and governments have all encouraged medical practitioners to move away from models of solo medical practice to models where a number of medical practitioners practice from the same location. In general practice, practitioners are rewarded for doing so in the form of incentive payments paid by the Federal Government.

Practitioners conducting their medical practice from a common location is seen as beneficial for patients and for practitioners. Practising from the same location as others ensures there is professional support available to medical practitioners, and patients benefit from the opportunity for colleagues to confer with one another, and they also benefit by being able to readily access care from another practitioner at their regular practice if their regular practitioner is on leave or otherwise unavailable.

Government funding models reward general practitioners who practice from the same location. Practice Incentive Payments and other government funding is increasingly important to ensure the financial viability of general practices, given the failure of MBS rebates to keep pace with the actual costs of providing medical services. Some members have expressed the view that the requirement to pay payroll tax will effectively mean the reallocation of Federal Government payments to the State Government and have a negative effect on the viability of many practices.

AMA (NSW) encourages members to seek professional advice regarding their arrangements following the Optical Superstores decisions in Victoria and the Thomas decision in New South Wales. Members should speak with their accountant and seek review of their contracts. AMA (NSW) has arranged for members to access a one-hour consultation with HWL Ebsworth Lawyers to seek advice about their existing contracts and / or obtain an updated agreement for $500 inclusive of GST. If you wish to access this service, please email workplace@amansw.com.au. dr.

SUPPORTING MEMBERS THROUGHOUT 2021

DOMINIQUE EGAN

DIRECTOR OF WORKPLACE RELATIONS, AMA (NSW)

The COVID-19 outbreak and vaccination rollout presented many challenges to the medical profession, but our Workplace Relations team worked steadily to help members throughout the year.

AMA (NSW)'s Workplace Relations team has had an extremely busy year, handling more than 2,800 member matters regarding a variety of concerns, including the COVID-19 vaccination rollout, Public Health Orders, payroll tax, practice management issues and much, much more. 2021 is not yet over, and we are looking forward to a busy end to the year as our members adapt to COVID-normal and make the necessary adaptions to their practices to ensure they are able to continue to provide safe and high-quality care to their patients and provide safe working conditions for their staff.

Providing individual workplace support and advice is one of our core offerings to members and we encourage all members to take advantage of the support and advice available from our experienced team of advisors. We know you have many competing demands – in addition to providing clinical care, many of you also teach, supervise, mentor, or run your own practice. That's where we can help. We're here to not only make your professional life easier, but we're also here to make it better. We understand you and the competing demands on your time.

In this special edition of *The NSW Doctor*, we want to showcase the breadth of expertise and resources available from our Workplace Relations Team when it comes to supporting our members in private practice. The following articles cover information on Medicare compliance, HCCC complaints, medical record keeping and privacy obligations, sexual harassment in the workplace, employing staff and understanding the National Employment Standards.

We hope you find this information useful and that if you require assistance and support, please email workplace@amansw.com.au or call (02) 9439 8822. When you contact us, please let us know when the best times are for us to contact you and we will accommodate you. dr.

Please note: You can also find more articles from our Workplace Relations Team on our website: amansw.com.au as well as exclusive 'member-only' content and webinars.

UPCOMING WEBINARS

MEDICO-LEGAL ESSENTIALS FOR PRIVATE PRACTICE

Please join the AMA (NSW) Workplace Relations Team on Saturday 27 November as we explore Medico-Legal Essentials for Private Practice, from 10am to 3pm.

Register here:
https://www.amansw.com.au/event/medico-legal-essentials-for-private-practice/

MEDICARE COMPLIANCE PRIORITIES 2021 – 2022

What will the Department of Health be paying extra attention to in the next 12 months?

The Department of Health has released the Health Provider Compliance Strategy, which identifies their compliance priorities for 2021-2022.

To facilitate patient access to subsidised health services across Australia, providers may obtain public health funding through the Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS), the Child Dental Benefits Schedule (CDBS) and Practice Incentive Programs (PIP). These programs operate on the expectation that providers will adhere to legislated rules, including eligibility requirements for practitioners providing services or medicines, and patients who receive them.

The Department of Health continues to prioritise the interests of patients and the integrity of the health payments system by monitoring any incorrect claiming, inappropriate practice and fraud. Action will always be prioritised to address practices that may:

- Expose patients to a risk of harm;
- Compromise the clinical independence of practitioners (e.g., in circumstances where claims do not reflect the provision of the clinically relevant service);
- Demonstrate repeated or wilful non-compliance by a person or entity;
- Involve fraud.

2021-2022 Compliance Priorities

In 2021-2022, the Department will focus on the following compliance priorities:

1. **Referrals, Requests and Prescriptions**
   Valid referrals, requests and prescriptions are fundamental in safeguarding patient care and preventing the fraudulent obtaining of funds from health programs. The Department prioritises action in relation to the claiming for services or dispensing of medication without a valid referral, request or prescription, or beyond what was stipulated.
2. **Telehealth and Vaccination Administration**
   The Department's evaluation of claims is essential to ensuring that the requirements for telehealth arrangements and vaccine administration are being met, in the context of the pandemic. This responds to the current needs of Australian patients and ensures these services are being used for their intended purpose. Trends in the claiming data, for example, the use of telehealth items for 'pre-consultation screenings' or the co-claiming of attendances and vaccine services without clinical justification, indicate instances of service misuse.
3. **Practice Incentive Payments**
   Analysing claims for incentive payments, in order to ensure the requirements for these payments are met and health outcomes for patients are not compromised, is a priority for the Department. This involves supporting policy reforms and improvements to the payment system, heightened eligibility checks and compliance post-payment.
4. **Corporate Compliance**
   A further priority for the Department is reforming the compliance program in support of enforcement action for organisations or corporate health providers that over-service or provide low value care, for the purpose of maximising Medicare revenue. These kinds of arrangements compromise a practitioner's control over their claiming, jeopardise clinical independence and threaten the integrity of health programs.

If you receive correspondence from the Department or have any enquiries regarding Medicare compliance, please contact the Workplace Relations Team at workplace@amansw.com.au or (02) 9439 8822.

Article contributed by Dominique Egan & Cassie Christopher

MEDICAL COMPLAINTS

COVID contributed to a spike in the number of complaints received by the HCCC in 2019–2020.

In 2019-2020 the number of complaints received by the Health Care Complaints Commission increased by 7.6%.

Complaints regarding medical practitioners made up 51.9% of the 5,131 complaints received and the number of complaints regarding medical practitioners increased by 12% on the previous year.

- 44% of the complaints related to general medicine (47.2% in 2018-19)
- 8.8% of the complaints related to surgery (10.3% in 2018-19)
- 4.5% of the complaints related to mental health care (5.2% in 2018-19)
- 3.9% of the complaints related to psychiatry (2.2% in 2018-19)
- 2.4% of the complaints related to cosmetic surgery (2.3% in 2018-19)

Of the total number of complaints, 457 concerned COVID-19 issues and 61.7% were regarding or involved medical practitioners.

Subject matter of complaints

The most commonly raised issue about medical practitioners were:

- Treatment (51.2% of complaints): Two thirds of all treatment-related issues regarding doctors involved inadequate treatment, inadequate care and inadequate or inappropriate consultation.
- Professional Conduct (17.1% of complaints): Competence, impairment and breaches of guidelines / law accounted for 46.4% of the professional conduct complaints.
- Communication (13.7% of complaints). Medical practitioners were the subject of over half of communication complaints.

Outcomes

The most common outcome for complaints regarding medical practitioners was a discontinuation of the complaint after initial assessment.

The proportion of complaints that were discontinued with comments increased marginally, from 17.5% to 19.2%. Across all health professions, this result is most common in complaints regarding doctors.

The proportion of complaints referred to the Medical Council of NSW decreased from 15.6% (2018-19) to 13.1% (2019-20). However, the proportion of complaints referred to another body increased significantly from 3.2% (2018-19) to 4.9% (2019-20) (attributable to COVID-related complaints).

Whilst the vast majority of investigations (94.1%) related to individual registered practitioners, only 4.8% of complaints about medical practitioners were referred for investigation. This is notably lower than last year (6.6% in 2018-19). The HCCC noted that it is possible that the number of medical practitioners referred for investigation was less because of the impact of COVID-19-related delays in section 150 processes.

The proportion of pharmacist complaints investigated was four times higher than medical practitioners. The increase is attributed to the increasing attention to the management of highly addictive medications, the potential diversion of medications, and the risks associated with poor practices.

Whilst there was a decrease in the number and proportion of medical practitioners referred for investigation, the trend of individual practitioners being the subject of multiple investigations continued. Of the 187 individual registered practitioners referred for investigation in 2019-20, 124 (66.3%) generated two or more investigations. Of the investigations into registered practitioners, 7.8% resulted in no further action.

The most frequent outcome of an investigation of a complaint involving a registered practitioner is referral to the Director of Proceedings for a decision as to whether a disciplinary complaint should be prosecuted before a Tribunal or Council.

COVID-related complaints

As noted above, 61.7% of COVID-related complaints were made regarding or involved medical practitioners.

Forty percent of those complaints were made about health organisations:

- 26.9% were about public hospitals
- 22% (one in five) were about medical centres
- 10% were about pharmacies or government departments/officials

Approximately one third of the assessed COVID-19 related complaints were referred to another body – AHPRA (the most referrals), NSW Ministry of Health, the NSW Ombudsman, NSW Police, other government departments and the Federal Aged Care Quality and Safety Commission.

Approximately 5% of the assessed COVID-related complaints were referred to a Professional Council. dr.

Article contributed by Dominique Egan & Cassie Christopher

SEXUAL HARASSMENT

Are you aware of changes to sexual harassment laws?

The *Sex Discrimination and Fair Work (Respect at Work) Amendment Act 2021* ("Respect@Work Act") commenced on 11 September 2021.

The Act amends the Fair Work Act 2009 ("FW Act"), allowing the Fair Work Commission (FWC) to make an order to stop sexual harassment in the workplace.

The 'stop sexual harassment' order will operate side-by-side with the existing 'stop bullying' orders under the FW Act.

The Respect@Work Act also amends the Sexual Discrimination Act 1984 (Cth) (the SD Act).

Amendments to the Fair Work ACT and sexual harassment

Under the amendments to the Fair Work Act, the definition of serious misconduct has been amended to include sexual harassment. Sexual harassment in connection with the person's employment can be considered a valid reason for dismissal.

Before moving to dismiss an employee for sexual harassment, practices should seek advice and investigate.

The amendments to the Fair Work Act enable an employee to make an application to the FWC for a Stop Sexual Harassment Order to stop sexual harassment in the workplace. This will operate in much the same way as the Stop Bullying Orders in relation to bullying and harassment.

Before making a Stop Sexual Harassment Order, the FWC must be satisfied that the employee has been sexually harassed by one or more individuals and that there is a risk that the sexual harassment will continue. The orders are intended only to prevent the risk of future harm.

It is important to note that the FWC can consider sexual harassment that has taken place prior to the commencement of this new provision as long as the FWC is satisfied that there is a risk of future harm. Only

SEXUAL HARASSMENT *CONTINUED...*

current employees can make a claim before the FWC.

Finally, there is an acknowledgement that sexual harassment need not always be repeated or continuous for an order to be made.

The application for a Stop Sexual Harassment Order is not accompanied by a right for an employee to seek compensation. That said, a breach of an order made by the FWC will amount to a breach of a civil remedy provision and there are significant penalties for such a breach.

Applications for a Stop Sexual Harassment Order may be made from 11 November 2021.

Complaints regarding sexual harassment

The changes to the SD Act mean that it is now illegal for employees to be harassed on the grounds of sex.

It is already illegal for persons to be discriminated on the basis of sex.

In New South Wales, employees seeking compensation for harassment on the grounds of sex may make an application to the Anti-Discrimination Board of New South Wales. Claims for compensation can also be pursued through the Australian Human Rights Commission (AHRC). Employees have two years following the alleged sexual conduct to file a complaint in the AHRC. If a complaint under the Sex Discrimination Act cannot be resolved through a conciliation process, a complainant may then make an application to the Federal Court of Australia or the Federal Magistrates Court to hear and determine the allegations.

Sexual harassment & WHS laws

The Government did not legislate to place a positive duty upon employers to take reasonable measures to eliminate sex discrimination and sexual harassment in their workplaces. It has been suggested that this was unnecessary, as the positive duty already arises under work health and safety legislation and therefore this would have resulted in duplication.

Sexual harassment has been recognised as a workplace hazard that is known to cause psychological and physical harm. As such, managing the risks of sexual harassment in the workplace should be part of your overall approach to work health and safety.

What does this mean for you and your practice?

Employers must take sexual harassment and discrimination seriously.

We recommend that you undertake a review of your sexual harassment policy (or prepare a policy if you do not already have one). Consider whether training should be undertaken in your practice to ensure staff understand what is and is not appropriate behaviour.

You should ensure, as a part of your regular risk assessment process, you include an assessment of the risks of sexual harassment in your medical practice and record sexual harassment risks in your risk register.

Consequently, it is critical for employers to take reasonable steps to ensure their policies, training and systems are up-to-date and fit for purpose. As an employer, you must ensure your practice has systems in place so complaints can be dealt with expeditiously and confidentially. dr.

More Information

Please contact the Workplace Relations Team for advice and assistance on 02 9439 8822 or via email at workplace@amansw.com.au.

Contributed by Evelyn Sheppard Castillo & Natalie Rouillon-Thomas

HIRING THE RIGHT PEOPLE

Finding an employee that is qualified, competent, and a good fit for your practice can be tricky.

Planning upfront to recruit the right people can save you time and money down the track.

Here are some simple tips and things to consider before you dive in.

Right people, right roles

Before you begin, ask yourself a series of questions.

- What is it you want the person to do?
- What tasks will they undertake?
- What will be their key responsibilities?
- What qualifications or experience will they need?

The answers to these questions will form the basis of the position description and you will need this before you start recruiting.

Once you have decided what roles you need, you need to think about the 'when'.

- What type of employment do you need?
- Will you need the employee to work full time, part time or on a casual basis?
- What hours and days will you need the employee to work?
- Do you need them to work on an ongoing, temporary, or as needed basis?

Before you advertise the position, consider what you are prepared to pay. Schedule A in both the Health Professionals and Support Services Award 2020 and Nurses Award 2020 set out the minimum rates of pay. Selecting the correct classification and meeting the minimum rate of pay is ultimately your (the employer's) responsibility.

Attracting the right candidates

Advertising can be done on one of the online employment sites, such as Seek, LinkedIn, Indeed or CareerOne. These sites allow you to upload your own text for a digital advertisement and in some cases manage responses from candidates. You may also like to utilise personal referrals using your own network, or advertising in the local paper or community notice boards, or industry magazines such as *The NSW Doctor*. As an alternative, you may engage a recruitment agency to source suitable candidates for you.

When advertising your role, use the position description that you have drafted to outline the requirements of the role including your expectations of previous experience and the type

HIRING THE RIGHT PEOPLE *CONTINUED...*

of employment (full time, part time or casual).

Interviewing Candidates and Reference Checking

Once you have identified a shortlist of three to four potential candidates, you will need to interview them to assess their suitability, skills and experience. We recommend you develop a set of behavioural interview questions to ask each candidate, which focus on the requirements of the role. Do not ask questions that may be considered discriminatory.

After selecting your preferred candidate/s, we recommend conducting a reference check. A verbal reference check is better than a written one. It allows you to ask questions that specifically relate to the type of work the employee will be doing as well as providing you with the opportunity to drill down on any concerns that you may have. Again, it is a good idea to develop a standard set of questions that you can ask the referee, to ensure an equitable process.

When looking for good staff, it is important to act and respond quickly. Good candidates get snapped up quickly and if you find the right person you don't want to lose them to a competitor.

Employment offer and documentation

Although there is no legal requirement to have a written employment contract in place, having a document that clearly outlines the terms and conditions of the employment offer is likely to minimise any future disagreement between you and the employee. A contract can help protect both you and the employee. AMA (NSW) provides template contracts of employment for members, which are available on our website – amansw.com.au. Make sure your employee returns a signed copy of the contract, ideally before their commencement date, and keep the copy on file for future reference.

All new employees must be provided with a Fair Work Information Statement, or if a casual employee, they should be provided with a Fair Work Information statement and a Casual Employment Information Statement. Ideally this should be provided to new employees before they commence work or as soon as possible after they start their new job. Both statements are available on the Fair Work Ombudsman website.

Inducting new staff and reviewing their progress

Set your new employee up for success by providing them with a thorough induction. Make sure they have access to systems and equipment from day one. Develop an induction checklist and/or training schedule which you can share with the new employee. Make sure you include a tour of the office, introductions to staff, as well as ensuring you meet your WHS obligations, by explaining emergency and first aid procedures.

Once the employee starts work, check in with them on a regular basis to see how they are going. Consider if they need any additional training or resources. Are they meeting expectations in terms of the role? If you have any concerns, raise them early, don't wait, as they are best dealt with during the probation or minimum employment period. Getting on top of workplace issues early can save you a lot of time and effort down the track.

The Workplace Relations has resources to assist you including draft position descriptions, wages guides and template contracts. Please contact the Workplace Relations Team at workplace@amansw.com.au or (02) 9439 8822. dr.

Contributed by Lisa Bennell and Jessica Rankin

NATIONAL EMPLOYMENT STANDARDS

Is your practice complying with the National Employment Standards? Here is a helpful guide for employers to ensure your practice meets the minimum employment entitlements.

The National Employment Standards are 11 minimum employment entitlements that apply regardless of what a contract or award may say. They apply to all permanent employees – full-time and part-time, employed in private medical practice. Only certain entitlements apply to casual employees.

1. **Maximum weekly hours**
For full-time employees this is 38 hours and for part-time and casual employees this is either 38 hours or the employee's ordinary weekly hours, whichever is less. An employer must not request or require an employee to work more than their maximum hours of work per week unless the additional hours are reasonable.

2. **Request for flexible working**
Eligible employees may make requests for flexible working arrangements. This may include changes in hours such as start and finish times, patterns of work such as split shifts or job sharing, and location of work such as working from home. The request must be made in writing and employers are required to respond in writing within 21 days. A refusal can only be made based on reasonable business grounds.

3. **Conversion from casual to permanent**
Employers must make a written offer to eligible casual employees to convert to permanent employment, within 21 days of their 12-month anniversary. Businesses with less than 15 employees are exempt from this requirement. Some casual employees may also be able to request that their employer convert them to permanent employment after they have completed 12 months of service.

4. **Parental Leave and related entitlements**
Parental leave includes maternity leave, paternity and partner leave, adoption leave, special maternity leave, and "no safe job" leave. Eligible employees are entitled to take up to 12 months of unpaid parental leave, with the option to request up to an additional 12 months leave. To be eligible, employees must have completed 12 months of continuous service, and this may include long term casual employees who work regular and systematic hours. When returning from parental leave, employees are entitled to the job they had before going on

NATIONAL EMPLOYMENT STANDARDS *CONTINUED...*

leave or if that job no longer exists, an available position nearest in status and pay for which they are qualified.

5. Annual leave

Full-time employees get four weeks of paid annual leave per year (pro rata entitlement for part-time employees based on their ordinary hours of work).

Casual employees are not entitled to paid annual leave.

Annual leave accrues progressively and does not expire if it's not used within a set time frame.

Employees will continue to accrue annual leave when they are on paid leave, including annual leave, personal/carers leave and long service leave.

Annual leave is taken by agreement between employer and employee.

Accrued leave must be paid out on termination of employment.

6. Other types of leave

Personal/carers leave:

Full-time employees are entitled to 10 days of paid personal/carers leave per year, with pro rata for part-time employees based on their ordinary hours of work. Casual employees are not entitled to paid personal/carers leave.

Personal/carers leave accrues progressively and accumulates from year to year.

An employee may take personal/carers leave when they are unable to work because they are sick or injured, to care for an immediate family or household member, who is sick or injured, or to help in a family emergency.

An employee is required to give their employer notice of the leave as soon as practicable. Employers are entitled to request evidence that would satisfy a reasonable person.

If the employee has no paid personal/carers leave entitlement accrued, there's an entitlement of two days' unpaid carer's leave per occasion which is also available to casuals.

Personal carer's leave is not paid out on termination.

Compassionate leave:

All employees are entitled to two days of compassionate leave per occasion. This is also known as bereavement leave and can be taken when an immediate family member dies or contracts a life-threatening illness or injury.

Family and domestic violence leave:

The entitlement is for five days of unpaid family and domestic violence leave each year. The leave does not accumulate if unused. Employers need to be aware of confidentiality around staff requesting this type of leave.

7. Community Services Leave

Under the NES employees can be absent from work to engage in a voluntary emergency management activity, such as firefighting, reservist duties and other rescue services. This leave also includes jury duty.

Community service leave is unpaid, except for jury duty.

8. Long service leave

The NES refers to the long service leave legislation in each state. Under the NSW Long Service Leave Act, an employee is entitled to two months (or 8.67 weeks) paid LSL after 10 years of continuous service. This also includes casual employees.

There are some situations where an employee may be entitled to a pro rata payment after five years of service.

9. Public holidays

Employees are entitled to be absent from work on a public holiday, and if their ordinary hours fall on that day, they are entitled to be paid. You may make a reasonable request for employee to work on a public holiday, but the employee may refuse the request if they have reasonable grounds.

10. Termination of employment

An employer must provide an employee with written notice of termination.

The minimum notice period depends on the employee's period of continuous service. There are times when notice of termination doesn't apply, such as for casual employees, true fixed term employees, and employees who are terminated because of serious misconduct. Redundancy pay may apply in certain circumstances and is also based on the period of continuous service.

11. Fair Work information statements

Finally, employers must give all employees a copy of the Fair Work Information statement, and if they are a casual employee, the Casual Employment Information Statement as well. This needs to be done before or as soon as possible after they start employment.

Felicity Buckley, Workplace Relations Advisor

MEDICAL RECORD KEEPING AND PRIVACY OBLIGATIONS FOR PRIVATE PRACTICES

All registered medical practitioners have legal and professional obligations to make and maintain medical records. Good medical records are also essential for the provision of good patient care.

All health information regarding a patient, including correspondence from other health professionals, forms part of a patient's medical record.

Medical practitioners must take all reasonable steps to protect the security of medical records.

A medical record should be sufficiently detailed to enable another medical practitioner to step in and take over the patient's care without the need to speak with the medical practitioner who created the entries in the medical record.

Medical Record Content

The following are the record keeping requirements registered medical practitioners are required to meet:

- Making and keeping records that are accurate, up to date and legible.
- Reporting relevant details of clinical history, findings, investigations, diagnosis, information given to patients, medication, referrals, and other management in a way that can be understood by other health practitioners.
- Ensuring that your medical records are held securely and are protected against unauthorised access.
- Ensuring that your medical records show respect for your patients and do not include demeaning or derogatory remarks.
- Ensuring that the records are sufficient to facilitate continuity of patient care.
- Making records at the time of the events, or as soon as possible.
- Dating any changes and additions to medical records, including when the record is electronic.
- Recognising patient's right to access information contained in their medical records and facilitating that access.
- Promptly facilitating the transfer of health information when requested by the patient or third party with requisite authority.
- Retaining records for the period required by law and ensuring they are destroyed securely when they are no longer required.

Retention of Medical Records

The minimum period of time for keeping medical records are as follows:

- For an adult – seven years from the date of the last entry in the medical record.
- For a patient under the age of 18 – until the patient attains or would have attained 25 years of age.

Destruction of Medical Records

Once the time for keeping medical records has expired, medical records may be destroyed. They must be destroyed in a manner that preserves the confidentiality of the information contained therein. For example, for physical medical records, practices should consider the use of a secure document destruction service, to securely dispose of the information and protect patient confidentiality. For electronic records, we recommend seeking specialist IT advice to ensure this requirement is met.

A register for the destruction of medical records should be maintained.

Requests for Medical Records

A legal and professional duty to uphold patient confidentiality and privacy exists for registered medical practitioners and practices.

MEDICAL RECORD KEEPING AND PRIVACY OBLIGATIONS FOR PRIVATE PRACTICES *CONTINUED...*

Medical practitioners may be asked to provide medical records to patients or third parties. Records should only be released if:

- **A valid authority is provided by a patient**
  A patient has a general right to access a copy of their records held by a doctor in private practice under Privacy Laws or may authorise disclosure to a third party.
- **There is a legal obligation to do so**
  This will usually be sought by way of a subpoena or summons. There may also be other situations where there is a specific legislative requirement to produce records, such as during an audit by Medicare Australia or as a part of an investigation by the Police. Patient consent is not required before releasing records when doing so as required by law.
- **There is a public interest exception that favours release**
  This typically involves a situation where there is a serious risk to an individual's life, health, or safety, or to public health, or safety.

If access to the medical records is given, we recommend keeping a written note of this request, which is dated and signed by the patient.

There are limited circumstances when a request for access may be refused. For example, where disclosure would cause a serious threat to the health or safety of a patient or third party. If access to the records is denied, we recommend advising the patient of this decision in writing and keeping this in the patient's file. It may be appropriate to facilitate access through a third party.

Fees

Practices have the discretion to request a fee which covers the cost of fulfilling a request for access to medical records, but this fee should not be excessive to discourage patients from their right to accessing their records.

Timing

The Office of the Australian Information Commissioner (OAIC) recommends that the total time for processing a patient request for access request should not exceed 30 days.

Amendment of medical records

Under Privacy Laws patients have a right to request the correction of information contained in a medical record.

If a request is made to amend information in an entry made in a medical record, the information must not be deleted, but instead make an entry noting the request made by the patient.

If you have any queries about your medical record keeping requirements, please contact the Workplace Relations Team workplace@amansw.com.au or (02) 9439 8822. dr.

Contributed by Dominique Egan and Sarah Morian

OBITUARIES

AMA (NSW) extends its condolences to the family, friends and colleagues of three highly valued and esteemed members of the association. We acknowledge their accomplishments in medicine and commitment to the profession.

Vale Dr George Repin

DR GEORGE REPIN will be remembered for his strong medico-political advocacy and his involvement in the Australian Medical Association. AMA (NSW) would like to acknowledge the achievements of Dr Repin, who received the Australian Medical Association Gold Medal in 1987, in recognition of his years of devoted and exceptional service to the Association.

Graduating in medicine from the University of Sydney in 1952, Dr George Repin also held other qualifications such as a Diploma in Public Health, and a Diploma in Industrial Health of the Royal Colleges of Physicians and Surgeons of England. During his incredible career, Dr Repin also became a Fellow of the Australian Institute of Management, a Fellow of the Australian College of Medical Administrators, and a Fellow of the Australian Medical Association.

Dr Repin served as a Secretariat at AMA (NSW) in 1970, then later moved on to become Deputy Secretary General of the Australian Medical Association in 1972. From June 1973 until his retirement in February 1987, Dr Repin was appointed Secretary General for the AMA.

Dr Repin brought to the role of Secretary General an exceptional analytical intelligence, and a ferocious appetite for work. Thorough and unyielding, when necessary, yet always controlled and polite, he became a highly respected and formidable advocate for the AMA.

Remembering Dr Michael Eagleton

AMA (NSW) would like to acknowledge the achievements of Dr Michael Eagleton, a VMO general surgeon and a strong advocate for the medical profession. Dr Eagleton served as President of AMA (NSW) from 1994 to 1996 and led the AMA during a period of membership expansion and growth.

Dr Eagleton was a passionate voice on issues facing the medical profession, such as managed care, self-regulation, and euthanasia. He led the branch during negotiations with NSW Health for a new agreement for fee-for-service doctors and helped settle a dispute between rural obstetricians and the NSW Health Department.

Dr Eagleton was also involved in addressing public health issues, including Aboriginal health; medical manpower, with particular regard to the rural workforce; and quality assurance.

Under his presidency, the AMA (NSW) launched the Charitable Foundation, which raised $30,000 for the Fred Hollows Foundation to be used on an Aboriginal health project in Far North Queensland.

Dr Eagleton was admitted to the AMA Roll of Fellows in 1995 for his service to the profession.

In memoriam: Dr Greg Kesby

DR GREG KESBY will be remembered by the profession and his patients for his expertise in high risk obstetrics and his commitment to ethics, accreditation and regulation in medicine.

Dr Kesby served as a subspecialist in maternal fetal medicine and worked as senior visiting medical officer in the Department of High Risk Obstetrics and Fetal Medicine at the Royal Prince Alfred Hospital in Sydney, a Director of the Australian Medical Council, and the former Chair of the New South Wales Medical Board of Australia.

In addition, Dr Kesby served as a Specialist for Sydney Ultrasound For Women since 1999 and has held appointments as Associate Professor in Obstetrics & Gynaecology at the Chinese University of Hong Kong, and for more than 10 years was an examiner and a member of the Council of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Dr Kesby started his career in medicine after earning a double degree in science and medicine at the University of New South Wales. He graduated with honours in both fields of study and was awarded the 'Union Award and Medal of the University of New South Wales for Leadership Combined with Marked Academic Proficiency'. He then became Australia's first Cambridge Commonwealth Trust (Packer) Scholar

OBITUARIES *CONTINUED...*

to read for a PhD in embryology at Emmanuel College and the Physiological Laboratory at the University of Cambridge, England, which he completed in 1992.

Driven by his interest in reproduction and human development and with a special interest in fetal medicine, maternal medicine, genetics, ultrasound diagnosis and obstetric diagnostic procedures, Dr Kesby started training in obstetrics and gynaecology at Addenbrooke's and the Rosie Maternity Hospitals in Cambridge and then King George V Hospital in Sydney. He was admitted as a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists in 1998.

Dr Kesby undertook further subspecialist work in high risk obstetrics and fetal therapy. He established Australia's first intrauterine fetal cardiac surgery group as a collaboration between high risk obstetricians at Royal Prince Alfred Hospital and paediatric cardiologists at Westmead Children's Hospital.

The Cardiac Group performed their first intrauterine procedure in 2006 on a 27 week fetus, successfully dilating the baby's narrowed aortic valve. In 2007, Greg travelled to centres of excellence in fetal therapy throughout Europe and America as a Churchill Foundation Fellow.

Dr Kesby is also recognised for his commitment to ethics, accreditation and regulation in medicine. He held many positions over the two decades of his work in these areas, including Chair of the Professionalism and Ethics Advisory Committee of the Royal Australian College of Obstetricians and Gynaecologists, Director of the Australian Medical Council, Chair of the Australian Medical Council Innovations Group, Chair of the NSW Board of the Medical Board of Australia, Deputy President of the NSW Medical Board and President of the Medical Council of NSW. dr.

GP SURVEY: COVID CONTRIBUTING TO WORKPLACE STRESS

MORE THAN 970 General Practitioners (GPs) responded to a national survey held by Healthed Pulse, about the impact on the mental health and wellbeing of Australians as a result of the pandemic. Survey results highlighted that the overwhelming disruption to the status quo of our day-to-day life has caused severe psychosocial and socioeconomic stress profoundly affecting almost the entire spectrum of society.

Ninety-three percent of GPs reported that there was some degree of deterioration in the mental wellbeing of their patients. Comments were generally consistent, noting that there exists a higher prevalence of general anxiety and hopelessness felt by isolation, financial difficulties, and other associated developments of the pandemic. Eight-five percent of GPs reported that this deterioration in mental wellbeing has caused a significant increase in the demand for mental healthcare related resources. GPs recognised that "enormous continuous change and learning across medical information, practice and Medicare structures, with appalling government direction and support," has decreased efficiency levels in the workplace.

As a result of this, GPs are also experiencing elevated workplace stress and anxiety – with 65.64% of GPs reporting some level of deterioration in the mental wellbeing of their own colleagues, and 25% of GPs reporting that this deterioration was significant. Whilst the majority of comments in this survey reflected that there were increased levels of frustration and anxiety, many GPs also noted that seeing the resilience of their colleagues throughout the pandemic has provided them with much needed support in the workplace. dr.

CARE PACKS FOR DITS

We're acutely aware of the risks of burn-out for all medical professionals in the wake of the pandemic, but we're especially concerned about the impact this is having on trainees due to training and career disruption and redeployment. AMA (NSW) delivered care packages in the month of October to physician trainee doctors across a number of networks, recognising the importance of doctors' wellbeing and promoting self-care. AMA (NSW) is advocating for better support for doctors-in-training and working towards ensuring that training opportunities are returned as soon as possible, recognising appropriate access to leave, supporting activities that improve wellbeing, engaging medical colleges and other stakeholders to address training concerns and providing more certainty about doctors-in-training career paths. dr.

Member benefits

AMA (NSW) Corporate Partners

aprilinvest

April Invest

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

Cutcher & Neale
ACCOUNTING AND FINANCIAL SERVICES

Accountants/Tax Advisers

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

doctors health fund
Avant mutual

Health Insurance

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

tyro

Tyro

At Tyro, we are the champions for better business banking. We've grown to become the largest EFTPOS provider outside of the majors. AMA (NSW) members receive special merchant service fee rates with Tyro's fast, integrated and reliable EFTPOS for business.

For information and assistance please call our member services team on 02 9439 8822 or email members@amansw.com.au. Visit our websites www.amansw.com.au or www.ama.com.au

Member benefits

Get rewarded for being a member

Alfa Romeo & Jeep

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

Audi

Audi Australia offers AMA (NSW) members a three-year manufacturer's warranty. With an Audi Extended Warranty.

BMW

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

Jaguar Land Rover

Free scheduled servicing for 5 years/130,000 kms, 5 Year Warranty, reduced new vehicle delivery costs, and more.

Mercedes-Benz

Mercedes-Benz

Enjoy the benefits of this Programme on selected vehicles, including Preferential pricing, access to the Corporate Rewards Portal and more.

Sydney City Lexus

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

Tesla Corporate Program

Complimentary 3-Year maintenance plan and waived delivery fee and energy product purchases for AMA (NSW) members.

Hertz

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

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.

Booktopia

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

Dell Technologies

AMA (NSW) members can now save on Dell's outstanding business class technology products! Members have access to an array of valuable benefits.

Emirates

Receive discounts when you fly with Emirates in Business and Economy Class.

Qantas Club

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

RendTech

We specialise in helping healthcare businesses work more efficiently by providing a range of IT solutions.

Samsung Partnership Program

Discounts on Samsung smart devices through an exclusive AMA / Samsung online portal.

Solahart

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

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

AMA NEW SOUTH WALES

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