

THE NSW

doctor



THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION OF NSW

ADDRESSING VACCINATION CONCERNS

COVID Q&A IN
WESTERN SYDNEY

KIDS TARGETED ONLINE

JUNK FOOD
ADVERTISING

PATIENT VIEW: VIRTUAL CARE

DO YOU FEEL VALUED?

Senior Doctor Pulse Check
2021 survey results



Is your practice covered for COVID-19 vaccines?



As COVID-19 vaccines are rolled out nationally, your practice faces increased risks around vaccine safety and complications, administration and patient consent. Complaints, actions of non-medical staff, and lapses in training or privacy around vaccine management, could expose your practice to legal action.

With Avant Practice Medical Indemnity Insurance your practice and staff are covered[^]

for incidents arising from vaccine management and administration provided your practice normally administers vaccines, including:



Adverse reactions if staff have appropriate training and qualifications



Vaccine administration outside of the practice within Australia



Practices set up as a COVID-19 vaccination clinic

Avant Practice Medical Indemnity Insurance also covers your practice for the actions of staff, complaints, privacy breaches, employee disputes, Medicare audits, telehealth and a range of other risks[^].

Insuring your practice with Avant also means you have access to leading support



Avant Law

Protect your practice with the backing of Australia's largest specialist medico-legal health law firm



Avant Medico-legal Advisory Service

Expert advice when you need it most. Available 24/7 in emergencies.



Avant Risk Advisory Service

Minimise risk with advice on issues including communicating with patients, and privacy protocols within the practice.



Avant Cyber Insurance⁺

Complimentary cover for your practice's digital assets and operations

Vaccine rollout brings responsibility and risk. Protect your practice and team with Avant Practice Medical Indemnity Insurance.

Avant Practice Medical Indemnity Insurance

☎ 1800 128 268 🔗 avant.org.au/practices

 **Avant mutual**
by doctors for doctors

*IMPORTANT: [^]Cover is subject to the full terms, conditions and exclusions of the policy. [^]Avant Practice Medical Indemnity Policy is issued by Avant Insurance Limited, ABN 82 003 707 471, AFSL 238 765 (Avant). ⁺Avant Cyber Insurance cover is available up to 20/03/2022 to eligible Avant Practice Medical Indemnity Policy holders under a Group Policy between Liberty Mutual Insurance Company, ABN 61 086 083 605 (Liberty) and Avant. The information provided here is general advice only. You should consider the appropriateness of the advice having regard to your own objectives, financial situation and needs before deciding to purchase or continuing to hold a policy with Avant. For full details including the terms, conditions, and exclusions that apply, please read and consider the relevant Policy Document and the Cyber Group Policy Schedule, which are available at avant.org.au or by contacting us on 1800 128 268, before deciding to purchase or continuing to hold a policy or plan. Information in this document does not constitute legal or professional advice and is current as at the date of initial publication. MJN-679 04/21 (DT-1890)

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.

Views expressed by contributors to *The NSW Doctor* and advertisements appearing in *The NSW Doctor* are not necessarily endorsed by the Australian Medical Association (NSW) Limited. No responsibility is accepted by the Australian Medical Association (NSW) Limited, the editors or the printers for the accuracy of the information contained in the text and advertisements in *The NSW Doctor*. The acceptance of advertising in AMA (NSW) publications, digital, or social channels or sponsorship of AMA (NSW) events does not in any way indicate or imply endorsement by the AMA.

Executive Officers 2019-2021

President **Dr Danielle McMullen**

Vice President **Dr Andrew Zuschmann**

Chair of Council **Dr Michael Bonning**

Chair, Hospital Practice Committee

Dr Andrew Zuschmann

Chair, Professional Issues Committee

Dr Kean-Seng Lim

Board Member **Dr Fred Betros**

Board Member **Dr Kathryn Austin**

Board Member **Dr Costa Boyages**

Board Member **Dr Amandeep Hansa**

DIT Representative **Dr Sanjay Hettige**

Secretariat

Chief Executive Officer **Fiona Davies**

Director, Services **Kerry Evripidou**

Director, Workplace Relations

Dominique Egan

Editor

Andrea Cornish

andrea.cornish@amansw.com.au

Designer

Gilly Bibb

gilly.bibb@amansw.com.au

Advertising enquiries

Michelle Morgan-Mar

michelle.morgan-mar@amansw.com.au

Contents



20

JUNK FOOD ADVERTISING ONLINE

Kids face barrage of ads from unregulated social media platforms.

8

SENIOR DOCTOR PULSE CHECK SURVEY

Senior doctors report on engagement levels in public hospitals.

16

COVID VACCINE OUTREACH TO SCHOOL TEACHERS AND STAFF

Tackling vaccine questions and concerns in LGAs of concern.

21

WORKPLACE RELATIONS

Update for employers on casual employment and the Service Check Register.

23

DOCTORS FOR DOCTORS

Prof Bruce Robinson on being named First Patron of MBA NSW.

REGULARS

3

Letter from the editor

5

President's Word

7

From the CEO

25

News

27

Member Benefits

“AN INVESTMENT IN KNOWLEDGE PAYS THE BEST INTEREST.”

Benjamin Franklin

Direct Property Investment

Opportunities only available to registered investors. Diversify your investment portfolio. Receive passive income and capital gain. April Invest has a 13 year track record of sourcing off market commercial property deals. Our market **knowledge** and approach consistently delivers above market returns. New Investment Closing Q3.

www.aprilgroup.com.au

_APRIL INVEST

IMPORTANT INFORMATION - DISCLAIMER

In providing this document and any assessments, feasibility or any other financial analysis, neither April Group Pty Limited nor the author accept any liability, including any liability for negligence, for any loss, damage, cost or expense incurred by any person using or relying on the material. Where estimates of likely realisation are expressed, they are opinions and must be treated accordingly. It is noted that markets fluctuate and real estate values vary on a continuous basis, and ultimately any decisions made based on information provided herein are your own and not the responsibility of either April Group Pty Limited or the author. Whilst the information has been formulated with all due care, April Group Pty Limited and the author do not warrant or represent that the information is free from errors or omission, or that it is exhaustive. The information contained herein includes information directly derived from other sources, without verification, and accordingly April Group Pty Limited and the author do not warrant that such information is accurate or correct. Assumptions may have been made and the risk that such assumptions may be incorrect should be taken into account. We strongly advise that appropriate due diligence be carried out at all times.

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

From the Editor

I've been sitting in my car a lot lately. Don't worry, I haven't been going anywhere. But with two kids home schooling, my partner and I working from home and a little dog that likes to bark. all. the. time... I have a newfound appreciation for the driveway. It's also a few degrees warmer than the house, and a good place to listen to podcasts. I listened to one recently called 'How to Be a Better Human.'

I won't bore readers with a poor re-telling (I save that for my husband), but my big take-out from the episode was to change my default setting to kindness. It was a reminder to hit the pause button before I respond to a situation that would normally elicit a negative emotional response.

It also reinforced the message from NSW chief psychiatrist Dr

Murray Wright, who made a cameo appearance at the Premier's 11am briefing on 12 August. He reminded NSW residents that, "this is probably the most sustained and serious stress that many of us are going to face in our lifetimes" and that it is helpful to assume that "everyone you come into contact with is also dealing with the stress and is impacted by the stress and may not be responding to the things around them in their usual way."

I think most doctors have a natural default setting to kindness. I've witnessed this repeatedly over the pandemic by the urgent concerns expressed for patients on Twitter, Facebook, in our Council WhatsApp chat and our AMA (NSW) inboxes. But I've never been more struck by

this than when we put the call out for doctors to assist with vaccinations. Within 30 seconds of hitting the send button, we already had doctors putting down their details to help. It was both inspiring and encouraging. All of these acts, both little and big, will help us get through this crisis (and hopefully out of the driveway).



Andrea Cornish,
Editor

Dear editor,

The COVID-19 pandemic has changed the fabric and continuity of our lives and brought with it unprecedented levels of uncertainty, stress and, in some cases, severe anxiety and depression.

Much of that uncertainty is associated with the rollout of vaccinations and changing advice about who is eligible for what vaccine.

Now NSW GPs are at the forefront of efforts to vaccinate our population in a massive undertaking that will require all our determination, concentration, and co-operation until at least the end of the year and perhaps beyond.

We recognise and appreciate the vital role played by doctors in the effort to vaccinate as many people as possible, in the face of a relentless and potentially fatal virus.

It is also important to note that GPs are well-positioned to alleviate some of the uncertainty surrounding vaccination

stress in both the broader community and our culturally and linguistically diverse communities.

GPs seeing clients for vaccinations also have the opportunity to check their wellbeing.

Not only can GPs impart reassurances about the safety and effectiveness of vaccines, but they can also emphasise the acceptability of vaccines from cultural and religious viewpoints. Prominent faith leaders such as the Pope and Rabbi Dr Benjamin Elton the Chief Minister and Senior Rabbi from Sydney's Great Synagogue have made statements this year supporting the use and effectiveness of vaccines.

After researching and discussing COVID-19 vaccines with trusted and credible Muslim doctors and medical experts, the Australian Fatwa Council issued a COVID-19 Vaccine Fatwa in February. The Fatwa, an official

determination or verdict about an Islamic issue, advises Australia's COVID-19 vaccines are permissible according to Islamic Law.

The Fatwa council said: "the vaccine for the Coronavirus (COVID-19) is permissible according to the Islamic law as there is no known religious harm attributed to being vaccinated nor does it contain any forbidden substances".

The Mental Health Commission of NSW has Health Literacy resources available on <https://www.nswmentalhealthcommission.com.au/news/funding-announced-support-health-literacy-across-nsw> which may help GPs and health workers navigate the mental health aspects of the pandemic.

Sincerely,
Catherine Lourey, Commissioner
Mental Health Commission of NSW



The future's yours



The all-new Audi Q5 Sportback

With stunning, coupé-like design, combined with class-leading technology, the Q5 Sportback will draw you in before sending you into the future.

Future is an attitude

Overseas model with optional equipment shown.

President's Word

ONE EYE ON THE HORIZON



DR DANIELLE MCMULLEN
PRESIDENT, AMA (NSW)

NSW Health has called for 'all hands on deck' for its COVID-19 response, which is fine, as long as someone is still steering the ship.

TODAY'S CASE NUMBERS are scary. The lag between writing this column and when it's published means the situation could be different by the time you read this, but the upward trend indicates it's going to get a lot worse before it gets better.

NSW Health and the Commonwealth Government have shutdown non-urgent surgery in public and private hospitals. Unlike the elective surgery in the first wave, which was in response to PPE concerns and an unvaccinated workforce, this suspension is in direct response to workforce concerns.

It signals an all hands on deck response to the urgent COVID crisis. We support this. We recognise that we need to put the fire out first. We need to get as many people vaccinated as possible and we need to stop transmission in our healthcare facilities.

But we can't ignore the long-term impact this will have on our patients. Patients who have already been waitlisted for too long, face even longer delays to treatment.

This impacts throughout the whole system. We cannot have a situation where patients are unable to access care for months at a time. We need to put a plan in place for the medium and long-term.

We don't have all the answers yet, but we are asking the questions and we are working towards solutions.

The other aspect of this shutdown that needs consideration is the impact on training. It's an issue that many will be tackling at a facility level, but we hope we can find solutions by working with Colleges and NSW Health to put plans in place across the system.

While we're planning for the future, we also need to look at what pressure our hospitals will face in a post-lockdown

world. At some point, NSW will open up again. The Doherty Institute suggests if NSW were to open up at 70% adult vaccination with daily case numbers still in the hundreds, as they are at the time of writing, then we face 385,000 coronavirus cases and almost 1500 deaths in six months. There are a lot of variables to consider, but modelling suggests that even with higher vaccination rates and low or no cases, there would still be some infections and deaths.

Our public hospitals were under pressure before COVID, and it looks like there will be sustained pressure if and when the crisis abates.

In this issue, we present the results from our Senior Doctor Pulse Check. The loudest message from doctors is that while they feel valued by patients and motivated to provide high quality care, there isn't a corresponding perception of value from management or NSW Health. Lack of resourcing was cited as a major concern and a contributing factor to high levels of stress.

Any plan for our healthcare system needs to address these issues, which will undoubtedly become more acute as we move from the current crisis, to "living with COVID" and dealing with the flow-on effects of this elective surgery shutdown.

We need a map for the future, or we risk running aground. **dr.**



President@amansw.com.au



[@_daniellemcm](https://twitter.com/_daniellemcm)



www.facebook.com/amansw



EXCLUSIVE CORPORATE BENEFITS

Overseas model shown.

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 Pricing¹
- 3 year / 60,000kms complimentary scheduled servicing²
- Reduced delivery fee of \$995 (ex GST)
- Priority ordering and allocation
- **Lexus Encore Owner Benefits[^], including:**
 - Service Loan Car
 - Invitations to Exclusive Events
 - DriveCare Roadside Assistance
 - Luxury Hotel Partnership Benefits
 - Generous fuel offer
- **Encore Platinum (L-series & F models only):**
 - Encore benefits, plus:
 - Lexus OnDemand
 - Valet Parking

Find out more at [Lexus.com.au/Corporate](https://www.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 | MD53160



SYDNEY CITY

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.

[^] Full Encore terms and conditions apply. Visit [Lexus.com.au/Encore](https://www.lexus.com.au/Encore) for details. Encore Benefits apply on new and demonstrator vehicles sold on or after 01/01/2020 for a 3 year period from the date the vehicle is first registered. Inclusions may change without notice. Subject to availability. For full T&Cs and details see your Lexus Dealer or [lexus.com.au/Encore](https://www.lexus.com.au/Encore).

From the CEO

CONNECTING DOCTORS DURING ISOLATION



FIONA DAVIES
CEO, AMA (NSW)

To alleviate the challenges of lockdown, AMA (NSW) is promoting a discussion series via Facebook Live to connect doctors-in-training and foster a greater sense of community.

PEOPLE DON'T say 'hi' anymore. I've noticed that on my evening walks with the kids, the 'hey, how are you' greetings said in passing from people we meet on the sidewalk have dried up and at best we'll get a smile and nod of the head (or if they're wearing a mask, it's just a smize).

I don't think people are intentionally being cold. In fact, I suspect it's probably the opposite – that by not opening our mouths (and releasing a stream of aerosols) we're politely acknowledging the current risk that exists. As we are told on a daily basis during the 11am press conference, you have to assume that every time you walk outside you are exposing yourself to the risk of catching COVID.

Lockdown is isolating, but I had assumed that our members, who are going to work in hospitals or practices, are still finding ways to connect professionally and personally. So it was somewhat of a surprise when I heard from our doctor-in-training members that they are also struggling with feelings of isolation at this time, that is amplified by the emotional toll of the pandemic.




Consequently, we are organising online discussions for members. These 'Ask Me Anything' sessions will be Facebook live Q&A sessions, featuring a moderator and a speaker and focused around themes, such as COVID-19, medical leadership, wellness, and more. We're hoping these discussions will foster a sense of community and allow connections between doctors-in-training and senior doctors, as well as other experts.

We're also organising a program by which doctors-in-training can support

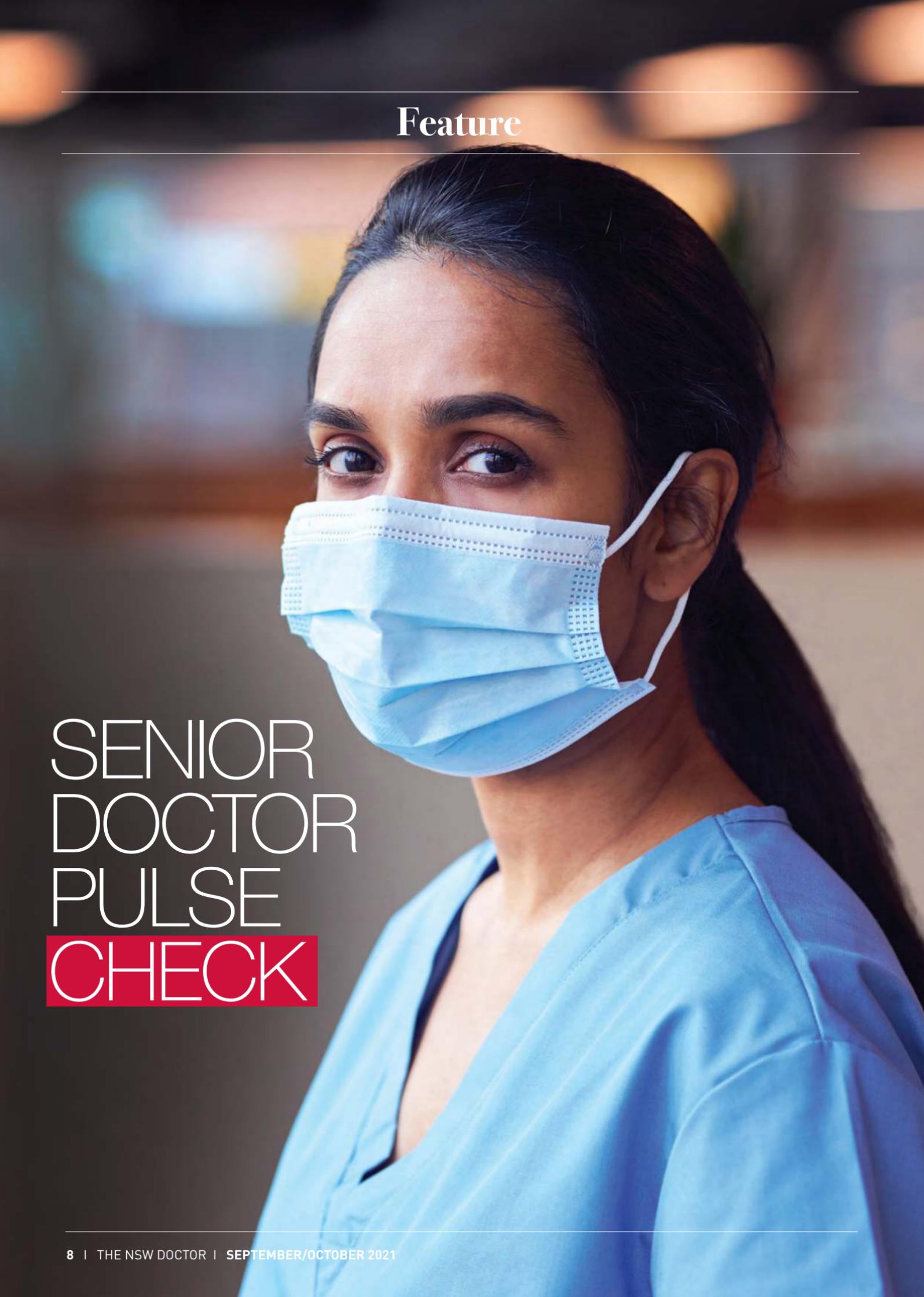
women's shelters in NSW. We'll be contacting RMOAs to come up with some localised fundraising ideas at their hospitals to run in September and October. AMA (NSW) will donate additional funds to the RMOA that raises the most funds during this period, that will go towards supporting their local women's shelter.

Again, we're hoping this initiative helps connect our doctor-in-training members and gives everyone something non-COVID related to focus on.

We've got a tough few months to get through yet before we start to see restrictions lift across the State and we know hospitals will still be required to do a lot of heavy lifting for COVID-patient care going forward. But we need to come together and look after each other as we go forward. AMA (NSW) is always here to support members and we look forward to finding new ways that we can look after you, your colleagues and the community. **dr.**

 fiona.davies@amansw.com.au
 [@FionaDavies8](https://twitter.com/FionaDavies8)
 www.facebook.com/amansw

Feature

A close-up portrait of a woman with dark hair tied back, wearing light blue medical scrubs and a light blue surgical face mask. She is looking off to the side with a thoughtful expression. The background is blurred, showing warm, out-of-focus lights.

SENIOR
DOCTOR
PULSE
CHECK

The results of the 2021 Senior Doctor Pulse Check reveal a workforce that is passionate about providing high quality patient care, but risks burn-out and feels unsupported by key decision-makers.

INTRODUCTION

The 2021 Senior Doctor Pulse Check surveyed 1023 senior public hospital doctors across NSW over a five-week period closing in June.

The survey was established to measure senior doctor engagement with management at hospitals and local health districts. The Pulse Check looked at leadership and alignment, culture and recognition, resourcing, wellbeing and satisfaction.

BACKGROUND

Following the Special Commission of Inquiry, headed by Mr Peter Garling (the “Garling Inquiry”) senior clinician engagement has been the focus of improving patient care and hospital efficiency.

The Garling Inquiry found, “During the course of this inquiry, I have identified one impediment to good, safe care which infects the whole public hospital system. I liken it to the Great Schism of 1054. It is the breakdown of good working relations between clinicians and management which is very detrimental to patients. It is alienating the most skilled in the medical workforce from service in the public system. If it continues, NSW will risk losing one of the crown jewels of its public hospital system: the engagement of the best and brightest from the professions who are able to provide world-class care in public hospitals free of charge to the patient.”

Since the Garling Inquiry, surveys were conducted in 2015 and 2018 to gain a better understanding of clinician engagement within the NSW public health system, identify trends and compare results between hospitals and LHDs.

The Senior Doctor Pulse Check is the latest survey to advance this work. It is noted that the COVID-19 pandemic has put unique stressors on the system and the timing of the 2021 survey occurred shortly before the Sydney outbreak that is contributing to current resourcing and management challenge.

OVERVIEW

Senior clinicians continue to play a critical role in steering hospitals through the COVID-19 pandemic. Whilst the pandemic is presenting significant challenges for the health system, AMA (NSW) was interested in gaining a more in-depth understanding of the other issues senior doctors are facing. Central to the Senior Doctor Pulse Check was the question – do you feel valued?

The survey revealed senior doctors across the state feel valued by patients and supported by their colleagues as they put their patients’ wellbeing ahead of their own.

It also affirmed that most senior doctors go above and beyond, taking on excessive workloads and navigating a lack of resources to deliver to patient needs.

Comments from respondents made clear that many senior doctors feel that the support they receive from most of their colleagues doesn’t extend to decision-makers within the hospitals, their LHD or the Ministry of Health.

While this is a perennial issue, senior doctors have called out a lack of supportive leadership, transparency, and trust as key inhibitors to a cohesive workplace culture.

With three in four senior doctors saying they don’t feel supported by their hospital or LHD in their efforts to secure funding, the survey again raises the issue of inadequate resourcing. Senior doctors are particularly concerned with a lack of medical staff and beds/services required to keep up with patient demand.

Unsurprisingly, results indicate that under-resourcing is the top driver of workplace stress.

The Senior Doctor Pulse Check is a barometer of clinician engagement and provides a strong platform from which AMA (NSW) can advocate for improvements at individual hospitals and within local health districts.

Feature

PERSPECTIVES ON ADMINISTRATION AND CULTURE

In line with previous surveys on senior clinician engagement, the Senior Doctor Pulse Check survey asked respondents questions around opportunities for medical leadership and decision-making, consultation, communication, and trust. Overall, the results reveal a distinct lack of trust and poor communication.

Research findings:

63%

About 63% of senior doctors **disagree** that their LHD/network **enables strong medical leadership** and cross-organisation participation in decision-making, while 16% agree, with 21% remaining neutral.

34%

One in three senior doctors agree (34%) that they can **openly and honestly discuss workplace problems** or issues with their hospital/LHD. Almost half (47%) disagree.

52%

Half of senior doctors (52%) do not believe **senior management** at their hospital LHD **consults doctors** on issues that concern medical staff.

66%

Two in three senior doctors (66%) **do not believe senior management** at their hospital/LHD **can be trusted to tell things the way they are**. Just 14% believe they can.

PERCEPTIONS OF VALUE AND WORK

The Senior Doctor Pulse Check looked at whether respondents felt valued by their hospital, as well as different groups they interact with, including patients, colleagues and the Ministry of Health. Results revealed that the vast majority of senior doctors feel valued by patients, doctors in their department and other departments, and to a moderately lesser extent, other health professionals in their department and other departments. However, most senior doctors don't feel valued by their Hospital, LHD/network or the Ministry of Health.

The results and comments also revealed respondents are feeling pressure from administration to perform, but there is not a corresponding acknowledgment of the hard work senior doctors do. Many note responsibilities to patients as driving them to go above and beyond, with little support from administration.

69%

Two-thirds of respondents (69%) **do not feel valued by their hospital**, and 31% do.

87%

Most doctors indicated they felt **valued or highly valued by patients**.

45%

Almost one in two senior doctors feel **motivated to go above and beyond** what is required of them at work (45%), whereas 38% do not.

90%

Senior doctors found **clinical work the most fulfilling** (90%), followed by teaching and mentoring (both 78%). Senior doctors are more likely to be neutral, or find research, quality assurance activities and medical leadership less fulfilling.

Feature

FUNDING AND RESOURCES

An important area of focus in this survey was support and resourcing. Respondents indicated there was little support by their hospital/LHD for funding to develop new services or improve existing services. Comments indicated promises for funding were “not being kept” and there was a “lack of urgency” to follow up on requests for resourcing.

Understaffing was also noted across a number of areas and only 1 in 10 respondents indicated the number of beds and services to meet demand are adequate.

75%

Three in four senior doctors (75%) believe they are **unsupported by their hospital/LHD** in securing funding to develop new services or improve existing ones. Just over one in 10 say they are supported.

57%

57% say the number of **nursing staff is inadequate** compared to ~20% who say it's adequate.

62%

Most senior doctors feel the number of medical staff is **inadequate** (~62%) compared to ~24% who find it adequate.

55%

55% of respondents say the number of **allied health is inadequate** compared to 16% who say adequate.

54%

About 54% of senior doctors find the number of **medical staff to teach and supervise** junior staff/medical students **inadequate** compared to ~27% who find it adequate.

44%

44% say **equipment is adequate** compared to 40% who say adequate.

40%

About 40% of senior doctors find the ratio of **permanent medical staff to locum/casual staff adequate** compared to 34% who say it's inadequate.

72%

While 40% say the number of **beds/services** to meet demand are **highly inadequate**, and a further 32% say **inadequate** (72% inadequate) compared to 11% saying adequate.

SENIOR DOCTOR WELLBEING

It is clear that the majority of senior clinicians are facing workplace stress, with many responses focussed on a lack of support from the Ministry.

When asked to specify, 69.03% said they are stressed due to lack of resources followed closely by 60.38% who are stressed because of excessive workload.

Despite workplace stressors and other concerns highlighted throughout the survey, one-third of respondents would recommend, or highly recommend their workplace as a good place to work. One in three would neither ‘encourage or discourage’ and another third would discourage or ‘strongly discourage’ others from joining their workplace.

80%

Eight in 10 senior doctors are experiencing **workplace stress**, with the majority citing excessive workloads (~60%) and lack of resources (~69%). This far outpaces conflict with colleagues and patient expectations as stressors in the workplace.

32%

Senior doctors are divided on whether they would recommend their hospital. Almost one in three would **recommend their workplace** (32%), and the same proportion would discourage others.

NB: Where the phrase ‘agree’ or ‘disagree’ is used, it implies ‘agree + strongly agree’ and ‘disagree + strongly disagree’

Feature

INDIVIDUAL HOSPITAL RESULTS

Respondents from 32 hospitals in 18 Local Health Districts are represented in the 2021 Senior Doctor Pulse Check. While individual results are included in overall NSW stats, the number of respondents from Armidale, Royal Hospital for Women, Shoalhaven and

Wyong was less than 10 and therefore not reported in individual hospital results (outside of the heatmap below).

DO YOU FEEL VALUED BY YOUR HOSPITAL?

The heatmap depicts the perception of senior doctors by hospital as to whether they feel valued. The NSW average of

doctors who indicated 'yes' they feel valued by their hospital is 31%.
See table below

SUMMARY OF HOSPITAL RESULTS

The following summaries provide a brief snapshot of the hospitals reported in the Senior Doctor Pulse Check.

Shoalhaven Hospital 83.33%	Concord Hospital 72.22%	Armidale Hospital 66.7%	Campbelltown Hospital 66.70%
Calvary Mater Newcastle 64%	Bankstown Hospital 62.50%	Royal North Shore Hospital 61.54%	Dubbo Hospital 50%
Wagga Wagga Hospital 42.86%	Prince of Wales Hospital 42.31%	Canterbury Hospital 40%	Hornsby Hospital 37.50%
Wyong Hospital 33.33%	Nepean Hospital 30.43%	John Hunter Hospital 29.85%	Royal Hospital for Women 28.57%
Royal Prince Alfred Hospital 28.57%	St Vincent's Hospital 28%	Gosford Hospital 27.78%	St George Hospital 27.78%
Sutherland Hospital 25%	Liverpool Hospital 24%	Westmead Hospital 21.88%	Lismore Hospital 20%
Orange/Bloomfield Hospital 20%	Sydney Children's Hospital, Randwick 20%	Coffs Harbour Hospital 18.75%	The Children's Hospital at Westmead 17.14%
Port Macquarie Hospital 16.67%	Blacktown Hospital 14.71%	Northern Beaches Hospital 14.29%	Wollongong Hospital 12.50%

Feature

RECOMMENDATIONS

Apart from Wagga Wagga Hospital, which had very positive results in almost all domains, most clinicians from other hospitals are experiencing similar challenges around clinician leadership and support, as well as resourcing. AMA (NSW) is preparing a detailed report of results for NSW Health, which will provide a platform from which to advocate change to improve senior clinician engagement. AMA (NSW) will be discuss opportunities to improve leadership opportunities for clinicians, with a focus on growing the role and scope of medical leaders in organisational activities.

Bankstown Hospital

Senior doctors at Bankstown Hospital are far more likely to feel valued by their hospital than the state average and moderately less likely (62.5%) to be experiencing workplace stress. The majority believe they are consulted by hospital/LHD management about medical issues but are divided on whether senior management can be trusted to tell things the way they are.

Blacktown Hospital

The vast majority of senior doctors at Blacktown Hospital do not feel valued by their hospital, with negative perceptions of trust in, and consultation with, senior management among the majority. An above average proportion (9 in 10 doctors) are feeling workplace stress principally because of workload.

Calvary Mater Newcastle

While a far higher than average proportion of senior doctors say they feel valued by their hospital and would recommend it to others, all respondents said they were experiencing workplace stress. Fewer than average said they are consulted about medical issues, but the majority were either positive or neutral (56%) when it came to trusting senior management to tell things the way they are.

Calvary Mater Newcastle: Workplace stress

- **100% said they are experiencing workplace related stress.**
- **Top workplace stressors**
 1. **Excessive workload**
 2. **Lack of resources**
 3. **Other (lack of encouragement and being heard by management)**
- ***“The more I give, the more is expected.”***
- **State average of experiencing workplace stress is 80%**
- **26 respondents**

Canterbury Hospital

A slightly above average proportion of senior doctors feel valued by the hospital and would recommend it to others as a place to work. However, sentiment around the level of consultation on medical issues and trust in senior management to communicate honestly was mixed. Only 1 in 10 agreed senior management could be trusted to tell things the way they are.

Campbelltown Hospital

Most senior doctors feel valued by the hospital and would recommend it as a place to work, which is supported by a perception of senior management regarding consultation about medical issues and honesty of communication that is significantly above average (45%).

Children's Hospital at Westmead

The vast majority of senior doctors (83%) feel unsupported by their hospital with an above average proportion experiencing workplace stress. Most said that senior management couldn't be trusted to tell things the way they are and that they felt unsupported in their efforts to secure funding.

Coffs Harbour Hospital

An above average number of senior doctors don't feel valued by the hospital, with many also saying they don't trust senior management to communicate honestly or consult with them about medical issues of concern. While the majority (69%) are experiencing workplace stress, the proportion is below the state average.

Concord Hospital

Senior doctors at Concord Hospital were among the most likely of all hospitals to say they feel valued. However, workplace stress was above average (88%), as was scepticism about being consulted on medical issues and perceptions of honest communication from senior management.

Concord : Advocacy for the hospital

- **35% of senior doctors would recommend their hospital to others as a place of work**
- **State average that would recommend their hospital – 32%**
- **23 respondents**

Dubbo Hospital

One in two senior doctors felt valued by the hospital and even more would recommend it as a place to work (60%). While the majority were experiencing workplace stress (70%), this was slightly below the average across the state.

Gosford Hospital

A below average number of senior doctors felt supported by the hospital. All respondents (100%) felt unsupported in their efforts to secure funding for new and improved services. That may be linked to the higher than average incidence of workplace stress, driven by a lack of resources as the top stressor.

Feature

Hornsby Hospital

The survey found that the number of senior doctors feeling valued by the hospital is above average when compared to other hospitals across the state. Pleasingly, the proportion of doctors experiencing some level of workplace stress is considerably lower than the state average (60%). Many, however, see room for improvement when it comes to open communication and consultation between senior management and senior doctors.

John Hunter Hospital

The survey found that the number of senior doctors feeling valued by the hospital is on par with the state average, while doctors experiencing some level of workplace stress is modestly greater. Similar to other hospitals, many see room for improvement when it comes to open communication and consultation between senior management and senior doctors.

John Hunter Hospital: Trust in senior management communication

- 69% Disagreed that senior management could be trusted to tell things the way they are. ~10% said they agree, and the rest were neutral.
- *"I used to feel valued but the utter lack of transparency in the communication around PPE & COVID has left me very cynical."*
- Compared to 66% of senior doctors on average across the state, who said they disagreed that senior management could be trusted to tell things the way they are.
- 73 respondents

Lismore Hospital

The survey found that just one in five senior doctors feel valued by the hospital – considerably lower than the average across NSW. The proportion of doctors experiencing some level of workplace stress is modestly above average (87%), and many see room for improvement when it comes to open communication and consultation between senior management and senior doctors.

Liverpool Hospital

One in four senior doctors feel valued by Liverpool hospital – lower than the average across NSW, and many see room for improvement when it comes to open communication and consultation between senior management and senior doctors. Pleasingly, the proportion of doctors experiencing workplace stress is marginally lower than average – 76% compared to 80% state average.

Nepean Hospital

The number of senior doctors feeling valued by Nepean Hospital is on par with the NSW average as is the proportion of doctors experiencing some level

Nepean: Do you feel valued by your hospital?

- 30% Say they feel valued by their hospital.
- *"Cost saving is the priority. There is no investment for the future with executives mainly interested in meeting budgets and KPIs that does not concern patients or clinicians."*
- *"As a staff specialist I am treated as a second-class citizen."*
- State average of 32% say they feel valued
- 27 respondents

of workplace stress. However, 79% disagreed that senior management could be trusted to tell things the way they are compared to the state average of 66%.

Northern Beaches Hospital

Just 14% of respondents indicated they feel valued by the hospital – far lower than the average across NSW, and many see room for improvement when it comes to open communication and consultation between senior management and senior doctors. Pleasingly, the proportion of doctors experiencing some level of workplace stress is significantly lower than average at 40% compared to the state average of 80%.

Orange/Bloomfield Hospital

The survey found that the number of senior doctors feeling valued by the hospital is significantly lower than the average across NSW, and many see room for improvement when it comes to open communication and consultation between senior management and senior doctors. While the proportion of doctors experiencing some level of workplace stress is greater than average, advocacy for the hospital as a recommended place to work is on par with other NSW hospitals at 30%.

Port Macquarie Hospital

The survey found that the number of senior doctors feeling valued by the hospital (17%) is significantly lower than the NSW average, and many see room for improvement when it comes to consultation between senior management and senior doctors. Trust in senior management communication is comparative to other hospitals across NSW as is the proportion of doctors experiencing some level of workplace stress (83%).

Prince of Wales Hospital

The survey found that the number of senior doctors feeling valued by the hospital is above average (42%) and

Feature

there were strong levels of trust in senior management (52%). However, many see room for improvement when it comes to open communication and consultation between senior management and senior doctors. Eight in 10 doctors are experiencing some level of workplace stress, which is comparative to the NSW average.

Royal North Shore Hospital

The survey found that most doctors felt valued by their hospital (62%), well above the state average, while under half agreed that senior management consult doctors about issues that concern medical staff. Just over one in two report they experience workplace related stress – well under the state average.

Royal Prince Alfred Hospital

The survey found that most did not feel valued at their hospital and 71% did not feel that senior management could be trusted to tell things the way they are. Almost half say senior management do not consult with doctors and anecdotal feedback suggests a lack of resources are a key issue and the top driver of workplace stress.

St George Hospital

The survey found most results were in line with state averages, despite anecdotal evidence being fairly negative. Seventy-two percent of doctors say they don't feel valued by the hospital and 58% disagree that management consult senior doctors on issues concerning medical staff.

St Vincent's Hospital

The survey found that the majority of doctors (72%) do not feel valued. The vast majority of doctors (65%) say they aren't consulted about issues concerning medical staff and senior management can't be trusted to tell things the way they are. However, advocacy for the hospital is moderately above average.

“Cost saving is the priority. There is no investment for the future with executives mainly interested in meeting budgets and KPIs that does not concern patients or clinicians.” – *respondent from Nepean Hospital*

St Vincent Hospital: Trust in senior management communication

- **78% Disagreed that senior management could be trusted to tell things the way they are.**
- **“Multiple attempts to improve outpatient service has fallen on deaf ears.”**
- **66% of senior doctors on average across the state say they disagreed that senior management could be trusted to tell things the way they are.**
- **29 respondents**

Sutherland Hospital

The survey found that results were broadly in line with state averages. Almost all (92%) are experiencing workplace stress, slightly above the average, while 3 out of 4 doctors say they do not feel valued at their hospital.

Sydney Children's Hospital, Randwick

The survey found more than half of respondents would recommend the hospital as a place of work, considerably above the state average. While the incidence of workplace stress was also below average, the vast majority of respondents say they do not feel valued by the hospital. And 100% said senior management couldn't be trusted to tell things the way they are.

Wagga Wagga Hospital

The survey found 2 out of 3 senior

doctors would recommend the hospital as a place to work – well above average. Seventy-five percent feel consulted about medical issues, well above the average, and the number experiencing stress is below average.

Westmead Hospital

The survey found that most senior doctors disagreed that senior management consult them about issues concerning medical staff, while the same cohort disagreed that senior management could be trusted to tell things the way they are. The vast majority did not feel valued.

Westmead: Workplace stress

- **79% Said they are experiencing workplace related stress.**
- **Top workplace stressors**
 - 1. Lack of resources**
 - 2. Excessive workload**
 - 3. Other (unrealistic management and bullying)**
- **State average of 80% experiencing workplace stress**
- **76 respondents**

Wollongong Hospital

The survey found that few respondents felt valued by the hospital (12.5%). The vast majority disagreed that senior management consult doctors about issues concerning medical staff, and anecdotal feedback suggests this lack of communication to be a critical problem.

dr.



COVID VACCINE OUTREACH TO school teachers and staff

Western Sydney GP Network, in partnership with PERU, organised a COVID vaccination information and Q&A zoom meeting for school staff to address concerns.

INTRODUCTION

New South Wales (NSW) is currently experiencing an outbreak of the COVID-19 Delta variant, with case numbers rising since June 2021. Residents of Greater Sydney are in lockdown, and 12 local government areas (LGAs) have been identified as areas of concern requiring additional restrictions on movement. Three of these LGAs are located within the Western Sydney Local Health District (Blacktown, Cumberland, and Parramatta).

The Delta variant is causing significant concern in our community. The NSW government has highlighted that vaccination is key to helping us move forward. However, the vaccination roll-out has been characterised by contradicting information about the preferred vaccine for people under 60 years old and lack of details about where / when / how to get vaccinated. At the beginning of Term 3, Principals contacted us regarding concerns for their school staff. They were advocating to get priority access to Pfizer vaccines, based on the information that was being relayed by the Federal Government, in order to protect not only themselves and their families, but their students as well.

To address their concerns, we planned a zoom meeting to offer a platform for teachers and school staff to meet with local general practitioners to discuss concerns and have their questions answered regarding the risks and benefits of Astra Zeneca, and access to Astra Zeneca and Pfizer vaccines.

METHODS

Prevention Education and Research Unit (PERU) Western Sydney Local Health District, in collaboration with the Western Sydney GP Network: COVID -19, hosted an information session titled **“Local access to COVID vaccinations: Q&A for school staff in Western Sydney”**. The session was promoted to all school staff in western Sydney via email and social media (Facebook, Instagram, LinkedIn, Twitter). Western Sydney LHD staff working with schools were also invited to attend. Teachers and school staff were asked to register via Eventbrite. The 60-minute information and Q&A session was held on Zoom, on the morning of Friday 30 July, from 7.30 to 8.30 am. Participants were asked to email any COVID vaccine questions for the presenters prior to the session and were encouraged to ask questions during the session using the group chat function

Feature

on Zoom. Questions submitted by participants were collated and grouped into themes at the end of the session.

The session was moderated by PERU staff, Associate Professor Smita Shah (Director), Mrs Kym Rizzo Liu (Project coordinator) and Associate Professor Michael Burke. The panel comprising of local general practitioners (GPs) Dr Kean Seng-Lim (Mt Druitt), Dr Hani Bittar (Glendenning), Dr Palu Malaowalla (Rosehill) and Associate Professor Michael Fasher (Blacktown) briefly presented on what they were doing in their practice to get people vaccinated and responded to questions from the audience. The session also included a short video about COVID-19 from Associate Professor Deborah Yates, a leading Respiratory Physician, and a recording of an interview from the Today show of Dr Kean-Seng Lim.

POST-SESSION PROCESS EVALUATION

A brief survey was distributed to all participants post-session via email with a link to SurveyMonkey.

The purpose of the survey was to assess:

1. How useful participants found the session;
2. What further vaccination information was needed; and
3. To determine what message would encourage participants to get vaccinated.

Participants were also asked three optional demographic questions (name, school, and age bracket). Survey responses were exported from SurveyMonkey into a Microsoft Excel document. Responses to the questions were coded and categorised into key themes.

RESULTS

Overall, 250 Eventbrite registrations were received. On the day, over 161 individuals participated in the zoom online

session, including primary and secondary teachers, school staff, university academics and health professionals.

Participant questions

Seven questions were emailed before the session, and 37 questions and/or comments were submitted by participants during the session via zoom “chat” option. The questions were grouped under four key themes:

Vaccine availability: The most common question received from participants was how to access the COVID vaccine, in particular the Pfizer vaccine. Participants reported being unable to book a vaccination, or being faced with long wait times e.g. “I am under 40, and it has been difficult to get the Pfizer vaccine. I have now got my name down to receive Pfizer, but the earliest I could book in is October. I’m nervous to return to school with students if I am unvaccinated and am putting my own family at risk every time I come to school.” Participants queried why they weren’t being given priority access to the Pfizer vaccine, particularly given the nature of their work and the availability of the vaccine to teachers in other local LGAs.

Vaccine administration: Questions were received about vaccine administration, including i) appropriate

wait-time between shots, ii) combining AstraZeneca and Pfizer shots, and iii) which vaccine schedule is most effective e.g. “My first shot was AstraZeneca, can my second shot be Pfizer? Would the efficacy be increased?”.

Vaccine safety: Participants also raised concerns regarding the safety of the vaccine in pregnancy, breastfeeding and for people with specific health conditions such as anaphylaxis and chronic health conditions such as diabetes.

Implications of students returning to school: Four questions were raised about the implications of sending children back to school for both the safety of teachers and school testing processes e.g. “What plans would you want to be in place at a school for rapid antigen testing of Year 12 students each day?”

Post-session survey

Overall, 44 participants completed the post-session survey on Survey Monkey. The majority of participants were aged 40 years and over (Figure 1).

Usefulness of the session

Almost two-thirds of the respondents reported that the most useful part of the session was the information provided by the GPs, e.g. “People had the opportunity to ask questions of medical

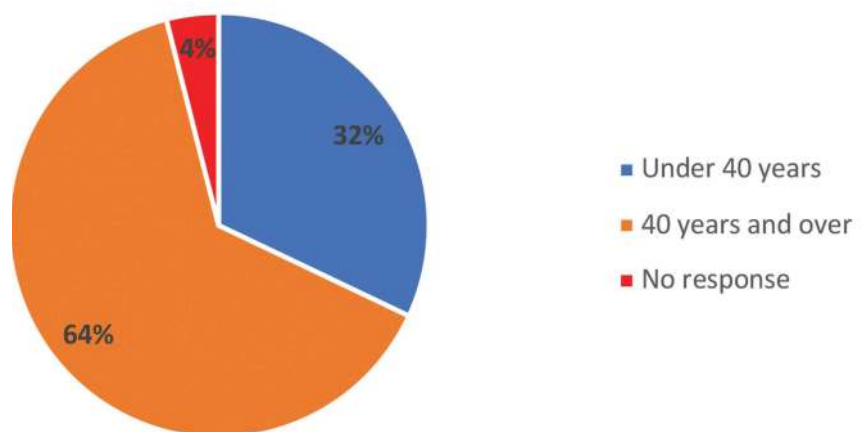


Figure 1. Age-group of survey respondents

Feature

experts, rather than grumble and complain to each other. We were given logical and empathetic information.” Many respondents considered the GPs to be trusted sources of factual information on the safety of the vaccines, particularly AstraZeneca.

Five participants who were wanting access to Pfizer vaccines reported that “not much” about the session was useful; they felt the session didn’t offer them any options other than to get the AstraZeneca vaccine, e.g. “The Drs seemed like decent people. But honestly, I switched off when I realised it was just a push for AZ. For medical reasons, some of us cannot have it so now we are just waiting 4-8 weeks for a Pfizer appointment.” Only one respondent felt the session “added to the confusion” regarding which vaccine they should get.

Further information needed

Just over a third of the respondents requested further information on how to access the vaccine, in particular the Pfizer vaccine, e.g. “Where can I get

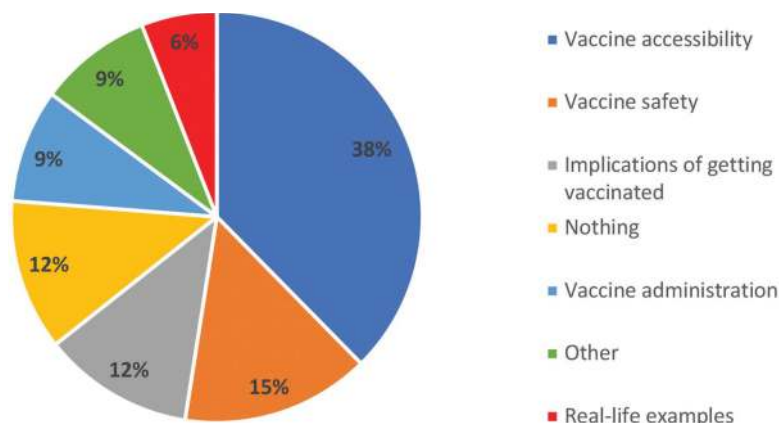


Figure 3. Participant responses to the question “What additional information would you like to know?”, grouped by theme (n = 34)

Pfizer earlier than Sept in the Blacktown area (Pfizer is still my preferred). I am 49 healthy female, mine is a choice.” Others requested an explanation for why teachers in Western Sydney had not been prioritised for the Pfizer vaccine.

Participants also requested additional information on the efficacy of one vaccination shot and wait-times between doses, and the long-term safety of the vaccine in general and for people with

specific health conditions, e.g. “Whether I’m able to get AZ due to my brain Aneurysm...” Two participants requested stories and real-life examples of people who have received the vaccine, whilst others requested information on what getting vaccinated might mean for our future freedoms and employment, e.g. “I know some of the staff do not want to be vaccinated. Will they still be able to go to work?”

Message to encourage vaccinations

Participant responses to the question “What one message would encourage you to get vaccinated?” were varied but could be categorised into five broad themes (Table 1). The most common theme was the safety of the vaccine (Figure 4). Five participants responded that they were already vaccinated, or were booked to receive their vaccination, and one participant responded that this information session was enough to encourage.

Discussion

The COVID information and Q&A session responded to the many questions and concerns western Sydney school staff had regarding the COVID vaccine.

Post-session survey responses indicate that participants found

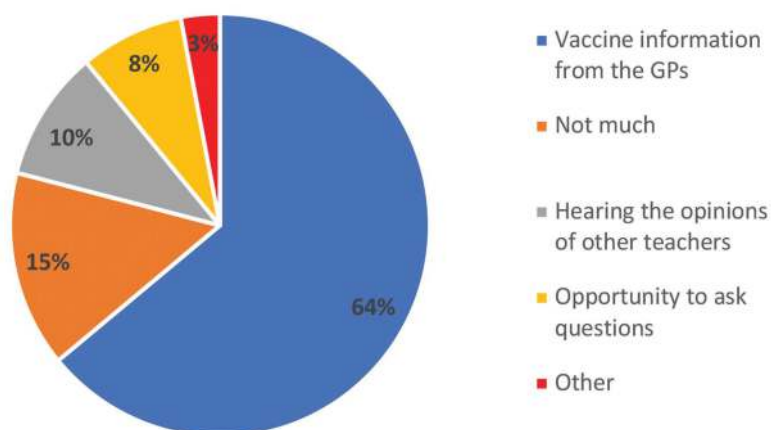


Figure 2. Participant responses to the question “What did you find useful about this meeting?”, grouped by theme (n = 39)

Feature

Table 1. Key themes in participant responses

Theme	Participant quotes
Safety of the vaccine	"That the AstraZeneca vaccine is as safe to take as the Pfizer. Currently the AZ has been demonised and people are scared to take it."
Availability of Pfizer	"No encouragement is required. It's simply a matter of limited access, limited venues to get the vaccination for Pfizer."
Benefits outweigh risks	"I liked the analogy of the house is on fire, are you going to wait for the Ferrari when BMW is ready to go now." [BMW referring to AstraZeneca and Ferrari to Pfizer vaccine].
Protecting the health of themselves and others	"Vaccinate to help yourself, your loved ones and friends you have not yet met."
Personalised advice	"To be encouraged to take the vaccine that suits my situation. Personal advice".

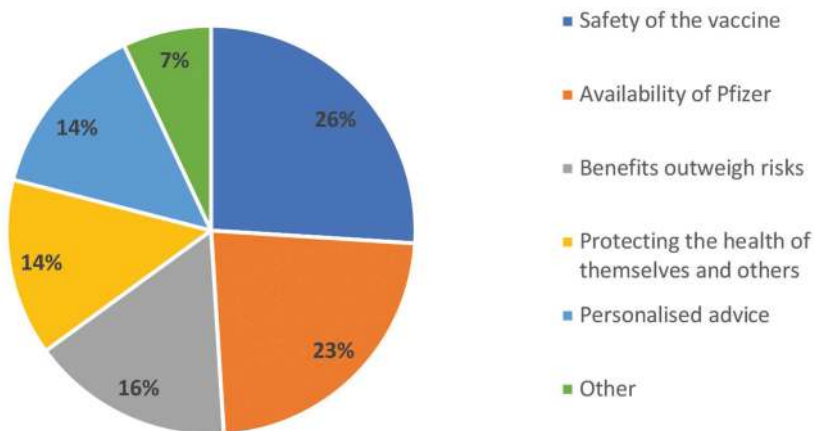


Figure 4. Participant responses to the question "What message would encourage you to get vaccinated?", grouped by theme (n = 43)

the session to be both useful and informative. Participants valued hearing from the local doctors about COVID vaccine opportunities. Although many of the vaccination questions were addressed during the session, Pfizer vaccine accessibility continues to be a significant issue for school staff. Due to time constraints, questions that were not addressed during the session were


collated and the responses were sent to all participants.

Conclusion

Overall, participants found the information and Q&A session engaging and informative. Session feedback highlighted the need for further community engagement and the importance of listening to the concerns

of workplace groups such as teachers and school staff.

On participant commented, "This session was absolutely brilliant. "It was extremely reassuring to hear local doctors answer the key questions and concerns that teachers are currently facing. Their ability to support all of their answers factually and authentically gave me great confidence (and I'm sure to everyone on the call) of the need to be vaccinated urgently. I have since changed my appointment to get the AZ rather than wait for 6 more weeks to get the Pfizer vaccine. It was a shame that more teachers weren't privy to such conversations," said Noelene Callahan.

Authors: Associate Professor Smita Shah, Emma Sainsbury, Kym Rizzo Liu, Associate Professor Michael Burke, Dr Kean-Seng Lim, Dr Hani Bittar, Associate Professor Michael Fasher, Dr Palu Malaowalla, Associate Professor Frankie Merritt. 

Feature

JUNK FOOD ADVERTISING ONLINE

New research reveals junk food advertisers are bombarding kids with unhealthy food promotions online.

NEW RESEARCH from the University of Wollongong has found that kids are exposed to more than more than 17 food and drink promotions for every hour they are online – almost nine times higher than their exposure to marketing via television advertising.

Over a week, children were exposed to an average of 168 online food and drink promotions, contrasted with an average of 19 a week when watching television.

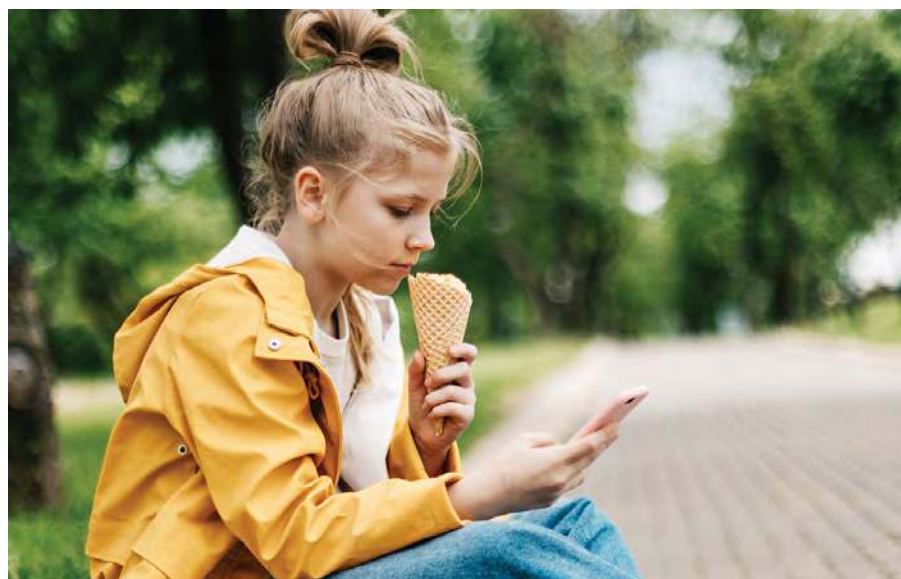
Associate Professor Bridget Kelly, the lead researcher on the study, said food and drinks are being marketed to kids via social media platforms such as Instagram, Facebook, Snapchat and YouTube.

Food and drink producers are promoting their products to young audiences through online social networks, with brands seemingly endorsed by peers or online communities, A/Prof Kelly said.

“Probably the most disturbing part is most is not what we would call traditional advertising. A lot of promotions were actually shared through online through meme pages or influencers, so young people don’t necessarily have their guards up.”

This type of marketing gives kids the impression that products are endorsed by peers and online communities. According to A/Prof Kelly, brands are tapping into networks of online followers and leveraging off influencers social cache – heightening the effects of marketing.

“This marketing normalises unhealthy foods, creates positive brand images, and encourages overconsumption.”



The study looked at nearly 100 children between ages 13 to 17 and surveyed their exposure to food and beverage marketing while using their mobile devices across a three-day period.

A/Prof Kelly, who is based in UOW’s School of Health and Society, said the food and drinks that are marketed online are almost exclusively high in salt, fat and sugar.

According to the research, the rate of promotions for unhealthy food and beverages was 50 times higher than the rate of promotions for healthier products.

This kind of marketing does influence kids’ eating behaviours. In previous studies conducted by A/Prof Kelly, children that viewed unhealthy food advertising were found to eat more following exposure.

Government policy has failed to keep pace with the digital world, and online data analytics has allowed advertisers to target kids using personal data, A/Prof Kelly said.

“The digital world is outstripping current legislation and policy to protect young people from inappropriate marketing.

“Policies needs to protect children from unhealthy food marketing through paid

advertising and paid content in posts generated through online communities, influencers and celebrities.”

According to A/Prof Kelly, there is good precedent overseas. The UK announced that by 2022, they will strengthen TV advertising restrictions and introduce a ban on unhealthy food marketing online to children.

A/Prof Kelly said industry is also pre-empting these kinds of restrictions by introducing their own policies. **dr.**



Associate Professor Bridget Kelly is the lead researcher of ‘Social online marketing engagement (SOMe) study of food and drink brands: Real time measurement of Australian children.’



The WORKPAC v ROSSATO decision is important for employers and helps clarify the nature of casual employment.

Workplace Relations

UPDATE: SERVICE CHECK REGISTER

The review of the Service Check Register has resulted in important changes for medical professionals employed by NSW Health.

THE SERVICE CHECK Register (SCR) is a state-wide database used to support effective recruitment screening and misconduct processes across all NSW Health organisations. The existence of a SCR record does not preclude a staff member from being employed or engaged.

The revised NSW Health Policy Directive, the Service Check Register for NSW Health (PD2021_017) sets out the mandatory requirements for creating, updating and removing SCR records. It replaces the 2013 NSW Health Policy Directive (PD2013_036). AMA (NSW) participated in the review process of the Policy Directive which resulted in a number of important changes.

Approval by whom?

The revised NSW Health Policy Directive requires that the Chief Executive or the Secretary personally approve the creation, update or removal of a SCR record. This function can no longer be delegated.

When will a SCR record be created?

The creation of a SCR record is based on 'serious misconduct' that has prompted specific action, for the purpose of mitigating any related risks.

Two types of SCR records have been introduced: interim records for alleged serious misconduct and final records for substantiated serious misconduct.

An interim SCR record is created when it is suspected on reasonable grounds, that a staff member may have engaged in serious misconduct and, to mitigate related risks, one of several specific actions have been undertaken:

- The suspension of a staff member from duty
- The decision to not use a staff member's services or renew their contract (provided they are a locum doctor or are employed on a casual/ agency basis)
- The variation or suspension of a staff member's clinical privileges

A final SCR record must be created when a finding indicates serious misconduct and one of several specific actions have been taken:

- The termination of a staff member's employment or engagement
- The decision to not use a staff member's services or renew their contract (provided they are a locum doctor or are employed on a casual/ agency basis)
- The variation or cancellation of a staff member's clinical privileges

A staff member cannot avoid a record being made simply by resigning or leaving their position, so long as any of the above actions "would have" been taken.

What is serious misconduct?

Serious misconduct involves:

- A serious sex or violence offence
- Reportable (i.e., child-related) conduct (inclusive of allegations relating to conduct outside the workplace)
- Professional misconduct
- A serious criminal offence directly relevant to and/or has an impact on a staff member's employment
- Conduct by any staff member that presents a serious risk to the safety of patients, other staff, or visitors

Will I be advised and when?

NSW Health organisations must advise staff members if they will be subject to the creation of a SCR record, or if the status of an existing record is to be updated. This advice should be provided to a staff member, together with information detailing what risk management action for alleged serious misconduct or action in response to findings of substantiated serious misconduct will be taken.

Once a record has been created or updated, the NSW Health organisation must send the person a printout of their information contained in the Register, in writing and within 10 business days.

Applicants must also be advised that they will be checked against the SCR during the recruitment process.

When will a SCR be removed?

A SCR can only be removed by the NSW Health organisation responsible for its creation.

A record must be removed if it was incorrectly created or, upon review, it does not meet the criteria of the revised policy directive.

Workplace Relations



Interim records must be removed if:

- The risk assessment is updated, and its outcomes no longer meet the criteria
- The investigation or management process is discontinued, closed or finalised (where the allegation of serious misconduct is not substantiated)
- A substantiated finding of serious misconduct has been made, but the action taken in response does not meet the above criteria

Final records must be removed if:

- Upon review, the NSW Health organisation is satisfied that the risks posed no longer exist or have been sufficiently mitigated to warrant a record's removal
- The variation or cancellation of a staff member's clinical privileges by a NSW Health organisation (which prompted

the creation of a record) has expired or been reversed

- The person with the SCR record has been employed or engaged for 12 months or more (after the date of the serious misconduct) in a similar role elsewhere and no relevant risks have been identified or have required ongoing mitigation

Requirements for local monitoring of SCR records

The Service Check Register records and authorised users accessing the Register must be continuously monitored by NSW Health organisations. As the number of users should be kept to a minimum, NSW Health organisations are to consider the ongoing need for each authorised user. In addition, the number of interim records, how long they have

been open and whether they are still required, should be monitored as well as the last review date for all final records (ie. final records must be reviewed every two years). **dr.**

Article contributed by Dominique Egan and Cassandra Christopher



Need help?

Please contact our Workplace Relations Team for advice or assistance on 02 9439 8822 or by email workplace@amansw.com.au



Consultant Psychiatrist Opportunity – Richmond NSW

St John of God Richmond Hospital is a leading private psychiatric hospital with dynamic clinical teams that provide quality multidisciplinary care to patients through a variety of programs including trauma, depression / anxiety, alcohol and other drugs, personality disorders, psychosis, and non-dementia psychogeriatric.

We have an exciting opportunity for a consultant psychiatrist visiting medical officer (VMO) to provide high quality psychiatric services to patients.

Our offices give VMOs a private space to conduct their medical practice. You will have direct access to our inpatient programs, day patient programs and outpatient programs at our Counselling and Therapy Centre. This allows you to provide a seamless service to your patients from inpatient care to outpatient support or therapy.



The successful candidate will have:

- A willingness and capacity to embrace the Mission and Values of St John of God Health Care.
- Current Medical Registration with AHPRA in NSW.
- Fellowship with RANZCP.
- Excellent clinical skills, judgement and verbal and written communication skills.
- Demonstrated understanding of clinical governance, leadership and ethical principles.

For enquiries about this position, please contact Ashely Baker, Director of Nursing on (02) 4570 6228
For more information please visit <https://sjghc.mercury.com.au> and enter reference number 10849

Profile



As the COVID-19 crisis deepens in NSW, there has never been a more important time for colleagues to look after one another.

THE MEDICAL BENEVOLENT

Association of NSW (MBANSW) marked its 125th anniversary with the appointment of its first Patron, Prof Bruce Robinson, who describes the role as an honour.

"I hope I can add value to the organisation – it's an important one for NSW," says Prof Robinson.

The MBANSW provides independent, confidential counselling and short-term financial assistance to support doctors through times of crisis, illness, accident, impairment, loss or grief. The association assists practicing and non-practising doctors, as well as retired doctors, medical students and their family members.

Prof Robinson says the MBANSW plays an important role in assisting doctors, "to get back into the work force and get back on their feet as doctors, but also as individuals."

As Patron, Prof Robinson wants to

increase awareness among medical professionals, as well as patients, that doctors are human too.

"Doctoring is a stressful existence a lot of the time – you're dealing with very difficult situations and the people with whom you are dealing with are often tense.

"Doctors are prone to the same life stresses as the rest of the population generally, and yet people often expect doctors to ride through those life stresses, but often that's not possible.

"So for an organisation like the Medical Benevolent Association to be able to step in and provide some assistance to help keep people upright in the meantime – I think that's a great thing."

Prof Robinson is well known in the medical community as a practising endocrinologist at Royal North Shore Hospital. He initially trained at Sydney Hospital, then worked at the Royal Alexandra Hospital for Children and Royal North Shore Hospital before undertaking doctoral studies at Harvard Medical School from 1986-1989, which he described as a "dynamic and exciting place to be."

"It was an environment where you were able to go to talks each week by people whose names you read about, who had

written textbooks, who are responsible for major discoveries that had influenced the way we all practice medicine today. That in itself was quite inspiring."

Prof Robinson returned to Australia and established the Cancer Genetics Laboratory within the Kolling Institute of Medical Research, which has led to the development of clinical trials of patients with endocrine cancer. While one of the most challenging phases of his career, he credits his colleagues for supporting him to achieve his goals.

Prof Robinson is hoping he can show the same support to other doctors through the MBANSW. His advice to colleagues who are struggling through the pandemic is to "look after each other, your patients, and especially, look after yourself."

"You go into medicine because it's a caring profession, and I think sometimes the care of – well we all know you have to care for patients, and when you go to medical school you have to care for one another, but I don't think people recognise as much as they should, that they need to care for themselves the most."

If you are interested in making a donation to the MBANSW to assist colleagues, or if you need assistance, please go to mbansw.org.au **dr.**

ABORIGINAL PEOPLES' EXPERIENCE OF HOSPITAL CARE

The Bureau of Health Information recently released a report on their 'Insights Series' of Aboriginal people's experiences of hospital care, which found improvement in ratings of care.

THE BUREAU OF HEALTH Information (BHI) has been working with the Centre for Aboriginal Health to invite Aboriginal people to provide feedback about healthcare services through their NSW Patient Survey Program.

Aboriginal people's feedback on their experiences of care provides important information on the performance of the healthcare system. It allows BHI to identify and report on where the system is performing well and where services could be improved to better meet the needs of Aboriginal people.

The report uses new analyses to explore Aboriginal and non-Aboriginal people's experiences of care, and for Aboriginal patients it examines differences in experiences at rural and urban hospitals, trends over time, and the impact of Aboriginal Health Workers' involvement in delivering care.

Looking at the experiences of Aboriginal patients only, there were several key areas where Aboriginal patients in rural hospitals gave more positive ratings than Aboriginal patients in urban hospitals. For example, Aboriginal patients in rural hospitals gave significantly more positive ratings of doctors and nurses. Nevertheless, 69% of Aboriginal patients rated their care from doctors as 'very good' overall.

At NSW level, ratings of care provided



by Aboriginal patients admitted to hospital improved significantly from 2014 to 2019 in several areas. This included Aboriginal patients' overall ratings of nurses and whether they were given enough privacy. This pattern of improvement was particularly evident in rural hospitals.

Ratings declined regarding how well Aboriginal patients said their care was organised. Aboriginal patients admitted to hospital gave lower ratings of how well health professionals worked together than non-Aboriginal patients, especially in rural hospitals.

There were disparities between the experiences of Aboriginal and non-Aboriginal patients admitted to hospital for questions asking whether they were treated with respect and dignity, and whether their cultural beliefs were respected. Over time, there has been a decline in Aboriginal patients reporting

that hospital staff respected their cultural beliefs.

High quality care includes clear communication of information about care, treatment and managing ongoing health conditions after discharge from hospital. Across NSW, more Aboriginal patients reported receiving contradictory information and not getting the 'right amount' of information about their condition and treatment than non-Aboriginal patients.

The report revealed there were numerous positive experiences of care for Aboriginal patients. Being treated fairly and having trust and confidence in their doctors, were the main aspects of their positive experiences. Seventy-eight percent of Aboriginal patients said they were 'always' treated with respect and dignity. Around six in 10 Aboriginal patients said their overall care from doctors was 'very good'. **dr.**

Patient view: Virtual care

The COVID-19 pandemic has spurred increased access and use of telehealth and according to recent BHI reports, the response from patients is positive.

NSW HEALTH has identified increased access to digitally enabled healthcare and improving the patient experience as system-wide priorities. The use of virtual care has continued to expand in recent years with the growth of telehealth accelerating during the COVID-19 pandemic.

The Bureau of Health Information (BHI) developed the Virtual Care Survey 2020 to collect information about adult patients' experiences of virtual care outpatient appointments with NSW public hospitals, with the result reflecting the experiences of 2,618 adult patients.

When reflecting on the participants overall experiences of virtual care as an outpatient within a public NSW hospital during 2020, we see more than 9 in 10

patients rated their virtual care as 'very good' or 'good' and 94% said the virtual care they received helped them. Only 3% rated the virtual care experience as 'poor' or 'very poor'.

However, almost one-third of patients said their virtual care experience was not as good as in-person appointments. Given these results, advanced analytics were used to determine the characteristics of people who held these views. After accounting for age, rurality, sex, number of recent virtual care appointments, whether the patient had previously seen their health professional and type of virtual care (online or telephone), it was found that younger people and people who had fewer virtual care appointments were most likely to hold this view.

In general, older and rural patients tended to be more positive about their experience of virtual care than younger and urban patients, although the survey results also show that older and rural patients were less likely to say their virtual care experience was better than an in-person appointment.

Technology is a factor to consider

when it comes to experience, however, almost all patients (94%) said they did not experience any problems with the connection or technology during their appointment. It's shown through the results that patients who had an online appointment tended to rate their overall experiences slightly more positively than those who had telephone appointments.

Ratings of doctors over virtual care were quite high as some added they were very organised and prepared. More than 86% of patients said health professionals 'always' explained things in a way they could understand and 'definitely' listened carefully to their views and concerns. Seventy-seven percent said they were 'definitely' involved as much as they wanted to be in decisions about their care and treatments. Ninety-four percent said health professionals 'always' treated them with respect and dignity and were 'always' kind and caring.

"I was treated with respect and also listened to ... When I wanted to know anything, it was clearly explained by the health professionals in a way that I was able to understand," said a participant.

Overall, 90% said if given the choice, they would use virtual care again 'definitely' or 'in some circumstances.'

dr.

WSU students pitching in COVID vaccination program

HEALTHCARE STUDENTS from Western Sydney University answered the call to arms to help vaccinate Year 12 students across Sydney's south-west and west. More than 70 medical, nursing, paramedicine and other allied health students put their hands up to be involved in the 'Western students for Western students' initiative, coordinated by Western Sydney Local Health District.

The WSU students form part of a much-needed surge workforce to support vaccinations for Year 12s from the Local Government Areas of concern.

"When we put the call out to be part of a

program to fast-track vaccinations for Year 12s from across the affected LGAs, many of our students came forward wanting to put their skills to use and help," said Professor Annemarie Hennessy, Pro Vice-Chancellor Health and Medicine at WSU.

"This is an excellent initiative that is set to make an enormous difference to the students and our local communities of western and south-western Sydney at this critical time."

WSU is also supporting the COVID-19 response with the establishment of testing clinics on its Parramatta campus. 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.



Accountants/Tax Advisers

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



Health Insurance

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



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

Who's looking after you?

DHAS offers an **independent & confidential** advice service for doctors and medical students

Work related stress • Clinical competence • Concern for a colleague •
Relationship issues Psychological disorders • Alcohol or substance misuse
Financial difficulties • Legal or ethical issues • Physical impairment

NSW Helpline 02 9437 6552 (7days)
www.dhas.org.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.



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.



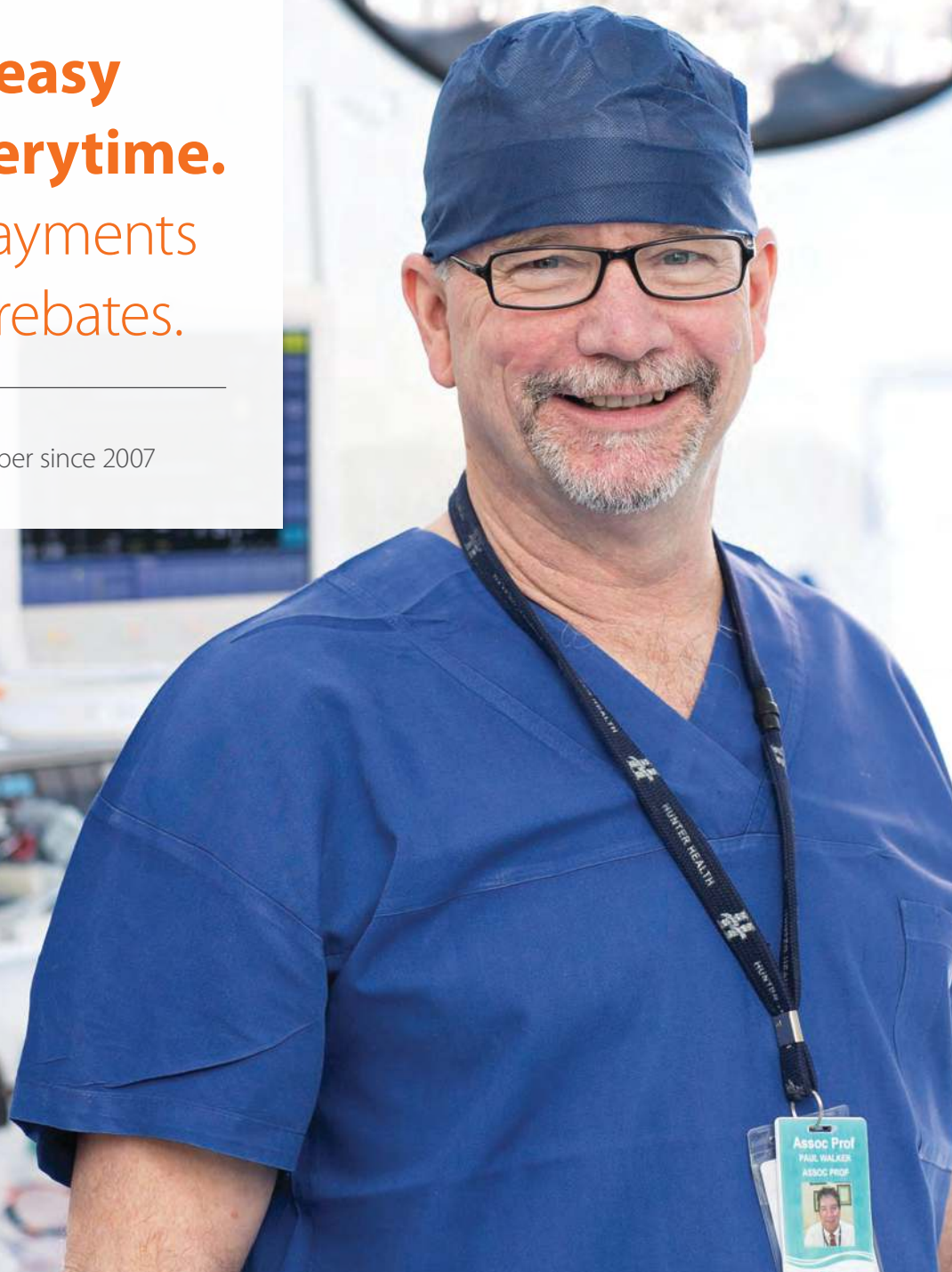
Disclaimer: AMA (NSW) may financially benefit from its relationship with Preferred Partners.

**Quick and easy
service, everytime.**

Fast claim payments
of excellent rebates.

Prof. Paul Walker

Doctors' Health Fund member since 2007



It takes just 5 minutes to switch.

Speak to our expert Member Services Team today.

We were made for you

 **1800 226 126**

 **doctorshealthfund.com.au**



 **Avant mutual**

Private health insurance products are issued by The Doctors' Health Fund Pty Limited, ABN 68 001 417 527 (Doctors' Health Fund), a member of the Avant Mutual Group. Cover is subject to the terms and conditions (including waiting periods, limitations and exclusions) of the individual policy. 08/21 (ID-5)

You know the difference between
good fats and bad fats...

**Do you know the difference between
good debt and bad debt?**



If not, you might need an accounting health check!

Speak with our award-winning team of medical
accounting specialists.

Our services

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

