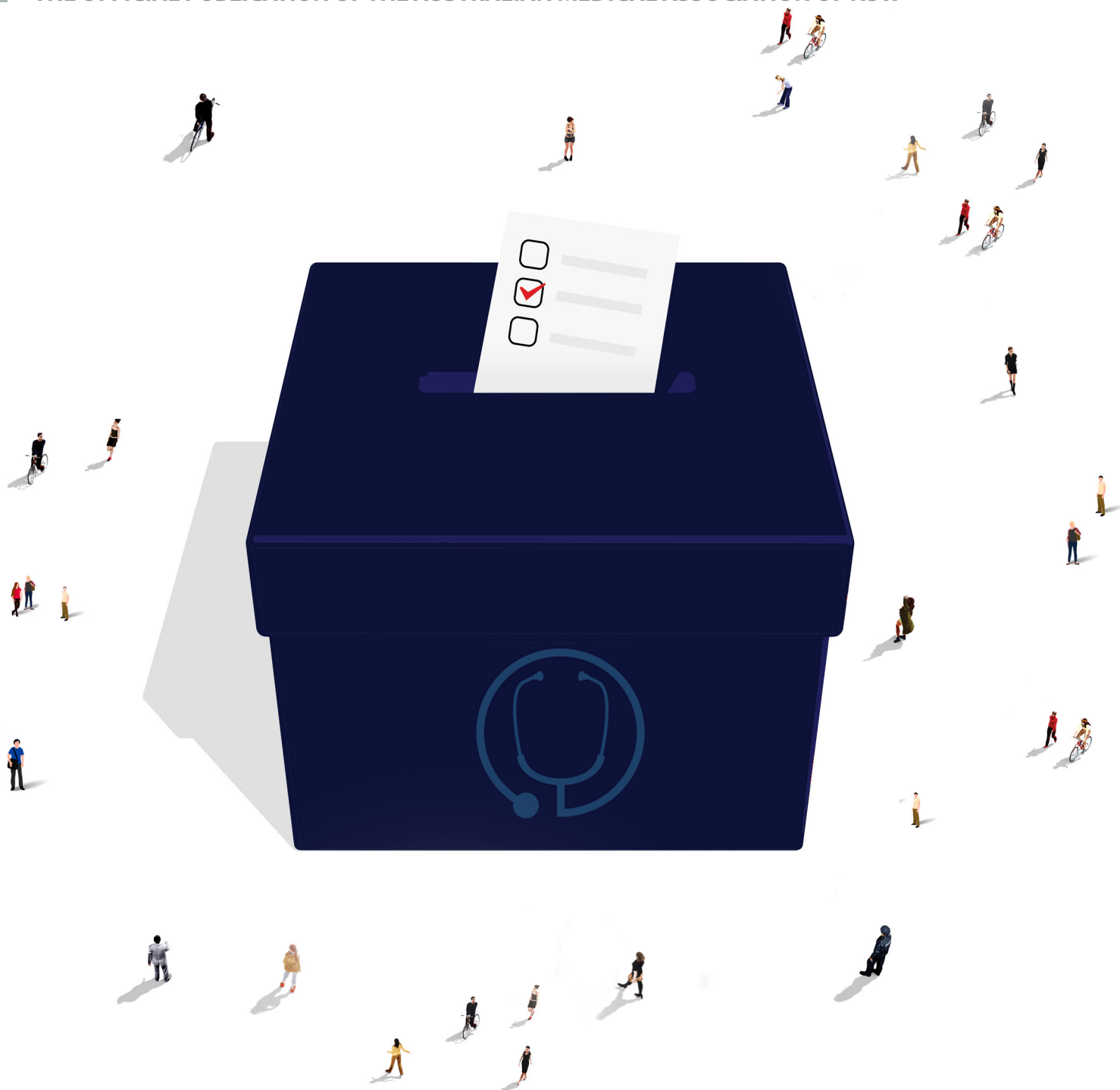


THE NSW

# doctor



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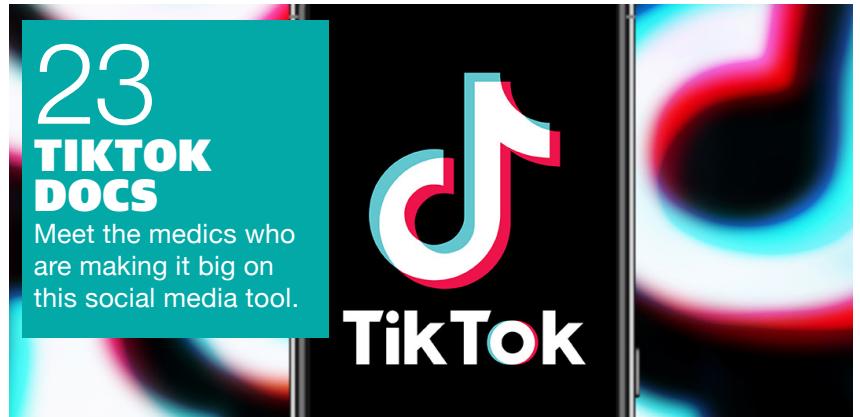
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## From the Editor

One month ago, ‘We don’t talk about Bruno’ was our household soundtrack. The earworm from the Disney movie, *Encanto*, had infiltrated my daughter’s mind and took over her voice.

‘How was your day?’ I’d ask when she returned from school, only to be treated to, ‘It was our wedding day,’ ... and three minutes and 36 seconds of choral recitation, complete with different voices for the cast of characters and some choice dance moves.

It was all consuming for a few weeks... until suddenly it wasn’t.

I feel similarly about COVID. The topic of conversation that dominated every news hour, twitter feed, dinner table chat and overseas phone call, is seemingly gone from the zeitgeist.

I think everyone is tired (so tired) of COVID and COVID conversation, that this reprieve is necessary and inevitable.

However, I’m nervous that in our effort to move on, the spotlight that COVID shone on the pressures that our public hospitals and primary care

sector are under will equally fade.

With the Federal election around the corner, the AMA is highlighting public hospitals as a priority election issue. It’s campaign, *Clear the Hospital Logjam*, squarely puts the blame for ambulance ramping, overflowing EDs, and long waits for elective surgery on inadequate government funding.

Now is the time to capture voter attention about these issues and secure a funding model that is fit for purpose. The solution is clear: - we need the Commonwealth to contribute to 50% activity and states and territories to reinvest the 5% of ‘freed up’ funds to improve performance and capacity.

As the nation grapples with floods and the world looks on anxiously at the war in the Ukraine, it’s only natural that ‘We don’t talk about COVID’ (no, no, no), but we must not let the nation – or Government – forget about the pressures the health system continues to face.

**Andrea Cornish,**  
**Editor**

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**from your success.**



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# President's Word

## WINTER IS COMING: THERE SHOULD BE NO EXCUSES FOR THE NEXT COVID/FLU WAVE



**DR DANIELLE MCMULLEN**  
PRESIDENT, AMA (NSW)

**We know that with the right supports and structures, general practice can care for patients with chronic disease or other high-risk factors in the community – patients who would otherwise be directed to emergency departments.**

IT IS IN EVERY Australian's interest that we support GPs to care for patients as we "Live with COVID". We need to move COVID-care out of hospitals and into general practice, and make sure GPs are able to do it.

While the burden of COVID has been great, it hides the harms caused by hospitals being unable to provide acute care, by mothers needing to have their babies without enough support, by elderly patients not being able to get an ambulance to get them to hospital.

For the last two years, COVID has been largely a hospital-based disease. In Queensland, it was only recently that they changed their policy of hospitalising every patient. Omicron changed that and as we prepare for the inevitable next wave, we need to be preparing for the care of patients to move from hospitals to general practice. New medications and anti-virals will provide general practice with the tools they need to care for patients and keep them out of hospitals.

We know that with the right supports and structures, general practice can care for patients with chronic disease or other high-risk factors in the community – patients who would otherwise be directed to emergency departments. Those patients need management and support of their non-COVID illness as much as COVID, and their GP is the person to provide that care.

The COVID-19 pandemic has shown us once and for all that the most important thing in healthcare is not fancy machines, it's people. General practice has always known this. For centuries, GPs have cared for their patients armed mainly with their skills and their deep knowledge and understanding of their patients.

In his February Press Club speech, Prime Minister Scott Morrison noted that Omicron took his government and policy makers by surprise. We had all hoped Australia's incredible success with vaccination would be more protective.

However, there cannot be any excuses going forward. We know with absolute certainty what we need to happen to be ready for winter.

The AMA is calling on both the Commonwealth and State to provide block funding via Primary Health Networks to build capacity in general practice to provide COVID care. This will ensure GPs are notified of COVID positive patients, that they are able to access relevant information from hospitals and refer patients back into hospitals if they need to. They will be able to build skilled teams to provide the monitoring of patients. The funding is needed because otherwise, under our outdated and underfunded Medicare system, GPs simply cannot afford to provide the care they need. For instance, Medicare does not fund the hours a GP may need to spend on the phone to a hospital care team, the nurse calling patients to check in on them, the software needed to remotely monitor patients or integrate with a hospital patient flow system.

We know the answers and next time, there can and should be no excuses for not providing Australians with the care that they need. **dr.**



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## From the CEO

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# WHEN UNPRECEDENTED BECOMES BAU



**FIONA DAVIES**  
CEO, AMA (NSW)

**Despite the chaos of the last few years, the core values of the medical profession remain the same and continue to be worth fighting for.**

---

**SINCE THE BUSHFIRES** of 2019/2020, the only thing more prevalent than a crisis has been the use of the word ‘unprecedented.’ Never in my life have the certainties you held on Friday been completely overtaken by Monday. This is presenting many challenges for our media and advocacy campaigns – there have been times we have been sure that a particular issue would make the front page, only to find it’s attracting little to no attention. Between severe weather events, the pandemic, and wars, there is no shortage of human tragedy to report on. In these times of uncertainty where uncertainty is the new certainty, it has been interesting to see that the foundational values that the AMA was built upon are still important – and still worth fighting for. These values include:




- the independence of the doctor-patient relationship, where doctors are free to always be advocates for the best interests of their patients;
- a public hospital system where any Australian can expect to receive world class healthcare from the world’s best doctors;
- the value of training, and ensuring that our medical students and doctors-in-training have sufficient opportunities to learn their craft;
- supporting our private practices who have kept so much non-COVID healthcare going in the past two years;
- ensuring rural and regional communities can access the

healthcare they need and that the doctors providing that care are respected and supported.

These are all objectives the AMA has recently been focused on, and they form the basis of our State and Federal election campaigns.

We need the support of every doctor to fight for these values just as doctors have fought before for these critical pillars.

Aside from our political advocacy, we have been watching with concern and sadness the events across NSW, particularly Northern NSW, where once again, natural disaster has destroyed homes and practices. We know that the toll on communities and exhausted healthcare workers is even greater than ever before, and AMA (NSW) is here to provide support and assistance to doctors and their communities. **dr.**

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Overseas model shown.

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## THE LETTER



**DR ALISON SEMMONDS**  
AMA (NSW) COUNCILLOR AND  
A GERIATRICIAN, GENERAL  
PHYSICIAN AND PERIOPERATIVE  
MEDICINE SPECIALIST

**When thinking about the big issues, such as the aged care crisis, it's sometimes easy to forget the people at the centre of it. Dr Alison Semmonds shares a recent experience that helped crystallise why it's important to remember the impact clinicians have on patients' lives.**

---

AS THE FEDERAL ELECTION looms there are many things that concern me as a geriatrician. Will the needs of the aged care sector be addressed in policy commitments and funding allocation that is more than pork barrelling? Will models of care that result in better out of hospital care for older people be prioritised? Which party will commit to keeping ACATs in state health and not moved to NGOs?

However, in the midst of the turmoil of the constant tussle in our environment of the cumbrous health sector, I am sending you a little fresh air with a recent story of my own from one of my workplaces.

When I first went to the "mail room" in my renovated hospital, I knocked on the door and nobody answered. I went in and saw a small room with shelves and no people – no one was going to answer my knock at the door.

On a shelf with my name on it were four letters: a pathology referral to sign; two letters from colleagues about patients I had seen; and one more... it looked official. It had a window with my name and address typed inside and I thought it was another colleague's letter. It wasn't.

Inside was a card stating: "Love is Patient, Love is Kind."

I saw a glimpse of a copy of a letter I had written to the RMS driver licence review unit and my heart sank. This was looking personal – was it a letter from a disgruntled patient that I had thought unfit to drive?

I read my letter from June last year and remembered the patient. He was an 86-year-old man who had come in for rehab after an acute urological

illness. He lived alone, with his family about 100km away. I had thought him somewhat eccentric, and he failed cognitive tests in the first week of his arrival. As the next week passed his mobility and self-care improved and he became increasingly worried about his upcoming driving assessment. He knew that he needed to have a medical examination yearly. A practical driving assessment was due within days as he approached his 87th birthday and he sought an unrestricted driver's licence. But as he worried, he was also getting better. How would I assess his ability to drive safely with him in a hospital ward? A repeat MoCA1? A Trails A and B test 2? A Maze Task3? A physical examination to check his vision, his ability to turn his head to look over his shoulders, his muscle strength to operate a car, his reaction time, and take him downstairs to see if he could get in and out of a car in the hospital grounds?

Well, with the help of my multidisciplinary team we did most of that. And he did well. Not perfect, but well. Given the impact of losing his licence, he agreed to have driving lessons and an on-road assessment, and I wrote to the RMS. Should he have had an assessment from an occupational therapist? He didn't have dementia and had significantly improved... However, I have never forgotten a patient of mine with mild dementia who had been thoroughly assessed by me, and an OT, and not long later reversed over her husband who sustained fatal injuries...

Back to the letter. Here it is, reproduced with permission:



# Column

*Dear Dr, The attached letter was written by a beautiful young lady who gave me confidence to live again. It has taken me a long time to recover but I now walk without a walker or walking stick. I do all my own house cleaning, washing, cooking, and best of all I got my driving licence back and playing lawn bowls. I do my own shopping and one of the carer's showed me how to do shopping on the internet. All of this was because of the faith you had in me and the hospital staff, particularly the nurses who were very kind and always helpful. Thank you and all your staff and hope you had a happy Christmas and a happy new year. Love from G.*

I hope that in writing this I have helped you all remember and cherish the positive feedback we are fortunate to receive at times, to be inspired by the

potential our patients have to recover and to remember to think again about the impact our decisions make. Now, back to policy and the election...

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## About the Author

Dr Alison Semmonds is an AMA (NSW) Councillor and a geriatrician, general physician and perioperative medicine specialist who has extensive experience managing complex medical problems in hospitalised patients. **dr.**

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## Profile

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# DOCTORS IN POLITICS

It's not unusual for doctors to foray into politics – former AMA President, Dr Brendan Nelson, as well as former AMA Presidents, Professor Kerryn Phelps and Professor Brian Owler are just a few names that spring to mind. *The NSW Doctor* interviewed two candidates who are also hoping to make that career transition from practice to politics.





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# Profile

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## DR SOPHIE SCAMPS

**Independent candidate for Mackellar, Dr Sophie Scamps, is a practicing GP on Sydney's Northern Beaches.**



Having graduated from the University in Sydney in 1995, Dr Scamps continued her education in Ireland and then Oxford University. While studying medicine, Dr Scamps qualified for the 1992 Olympics in 800m. She is an Australian record holder for 800m, and a Gold medallist at the World Junior Athletics Championships.

Dr Scamps founded Our Blue Dot, a community-led NGO that assists individuals and community groups to reduce their impact on the environment. Spurred by a desire for greater political action on climate change, she announced her candidacy in December 2021.

### **Q. What persuaded you to enter politics?**

A few years ago, when discussing climate change with my 12-year-old son and his friends, one of the boys told me, "Adults have failed us kids." This was the trigger I needed to step up to do what I could to act on climate change. So, when our current member put out a tick-a-box survey at the height of the Black Summer bushfires and climate change wasn't even on the list, I knew I had to act.

I have been concerned about Australia's lack of action on climate change for a long time and see climate change as not only an environmental problem, but also as an impending population health crisis too. Watching our government stubbornly refuse to act on climate change has been like watching a slow-motion train wreck.

We have a lot of solutions for climate change, but the political will to enact them is lacking. At the same time, our current member for Mackellar was not delivering for locals or authentically representing the concerns of people here in Parliament.

So, a combination of my local members' inaction and a feeling like I needed to do my bit to help create a better future for my children and their generation has led me to this moment.

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# Profile

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## Q. What issues are you passionate about?

I am passionate about giving Mackellar a true, genuine voice in Canberra. For too long we have been ignored and taken for granted and I am really passionate about encouraging people to re-engage in their democracy. Mackellar has been a safe seat since its inception, and this has meant our collective voice has been missing from the national conversation for too long.

When it comes to policy issues, I am incredibly passionate about and will act immediately on climate change. As a doctor I understand that the health, wellbeing, security, and prosperity of all Australians depends on keeping global warming to a liveable level. So, the most important thing I can do as someone intent on caring for my community, is to help bring about real action on climate change.

In addition, bringing decency, transparency, and integrity back into our politics by introducing a federal integrity commission and donation reforms are amongst my top priorities as I believe that good policies and decisions can only flow from a system that is free from corruption and cronyism.

I am also incredibly passionate about ensuring my community has equitable access to health and mental health services. There has been a chronic lack of mental health services on the Northern Beaches for too long now, and there are very limited options to access to public outpatient health services on the Beaches since the closure of Manly and Mona Vale public hospitals.

## Q. What are your top health priorities?

**Climate Change** – The AMA has labelled climate change as a Health Emergency and so we need to view climate change not only through

the prism of the environment and the economy, but also as a major health issue. We know heat kills more Australians than other weather-related disasters each year, while the World Health Organisation estimates 4.6 million people die each year due to exposure to air pollution.

**Pandemic preparedness** – Now is the time to learn from the lessons of the current pandemic and apply them to preparing our health system, our health workforce, and our community, for the next pandemic. We should develop a robust national pandemic readiness plan and re-establish national pandemic training exercises, which have not been run since 2008.

**Mental health** – As a GP and mother I know that suicide and mental health issues have touched a lot of young people in our community. I also know how difficult it is to access mental health services in Mackellar and around the country, so tackling this issue will be a major focus for me.

**Aged care and the NDIS** – The pandemic has highlighted issues in our aged care sector and Parliament must ensure the full implementation of the recommendations of the Aged Care Royal Commission. Ensuring that the NDIS remains robust and comprehensive is another a priority.

**Addressing chronic staffing shortages for nurses, midwives, and carers** – and improving patient safety by ensuring adequate staff to patient ratios.

## Q. What are the greatest challenges facing the health system?

Our health system is inadequately funded and as our population ages, it will come under more and more stress. Access to health and mental health care is already difficult in many parts of this country. Hospitals are underfunded

Our health system is inadequately funded and as our population ages, it will come under more and more stress.

and having to choose between funding acute or chronic care services meaning people who desperately need care are falling through the gaps. We desperately need a national body to provide oversight and promote cooperation between State and Commonwealth governments to ensure there is a unified strategy for healthcare provision in this country and the gaps in healthcare coverage are closed.

Healthcare workers in every part of our sector are overworked and exhausted after the last few years and government must do more to support them, reward them fairly and keep them in the health system. In the last few years Australia has seen just how valuable our health system is, and how heroic our healthcare workers are, and we need governments to recognise this.

**dr.**

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# Profile

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## DR GORDON REID

**Born and raised on the Central Coast, the Labor candidate for Robertson, Dr Gordon Reid is a proud Wiradjuri man who has strong family connections to the local Aboriginal community.**



After finishing his medical degree at the University of Newcastle, he completed his internship, junior and senior residencies and emergency medicine rotations at Gosford, Woy Woy and Wyong Hospitals. Throughout the COVID-19 pandemic, he has been working in the emergency department of Wyong Hospital.

Dr Reid's priorities include building more equitable and accessible healthcare and disability services for the community, as well as improving access and affordability to GP services and services through the NDIS.

As the son of local business owners, Dr Reid wants greater support and fair treatment for small business owners.

Climate change and a desire to preserve the Central Coast environment is also a priority.

### **Q1. What persuaded you to enter politics?**

The reasons as to why I wish to enter politics are multifaceted. To change from working in a busy regional emergency department to standing in a federal election was not something that I thought would be occurring at the start of the COVID-19 pandemic.

However, there was one moment recently that stands out. I was in the middle of the emergency department, in full PPE, I scanned the list and there were almost 100 patients either undergoing treatment or waiting to be seen. Multiple ambulances were lined up waiting to offload their patients, so that they may return to the road. The waiting room was bursting at the seams, standing room only, with a significant number of patients presenting as they were unable to

afford, or unable to consult their GP in a timely manner.

This scene that I describe is not an uncommon occurrence throughout New South Wales.

It was at this moment, that I realised our doctors, our nurses, and the hospital system have been, and still are, in crisis. I also realised this crisis was not created by the staff working in or administering the hospital; this crisis was created by the



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# Profile

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very people that had been elected to represent the interests, and indeed the health of the people.

This is why I chose to stand as the Federal Labor Candidate for the seat of Robertson. I chose to stand for each and every one of the people in the department that day, and every day before and after that. I chose to stand so that we can do better today than we did yesterday.

## Q2. What issues are you passionate about?

The issues that I am passionate about, after healthcare, would include climate change and Australia's place in the world.

Australia's relationship and connection with countless nations around the world is unparalleled, particularly in Asia and the Pacific, which was forged by the diplomatic and multinational achievements of past Labor Governments. This has supported and sustained free flow of economic growth and commerce in the region, ensuring that Australia is recognised as a global leader. I feel that this has been neglected under the current government and that a more progressive approach is required to ensure open discussion and cooperation with our international partners.

Additionally, climate change has long been an issue for not only Australia, but the world. I would proudly support and advocate for the critical and imperative goals of creating and supporting a renewable energy sector and achieving net zero emissions. The Central Coast of New South Wales is home to some of Australia's most beautiful, yet fragile ecosystems. It is absolutely essential that we protect this gift for future generations.

## Q3. What are your top health priorities?

Labor created Medicare and the

National Disability Insurance Scheme, which has provided every Australian, regardless of age, gender, background, or socio-economic status, the equal and universal access to one of the finest medical and disability support systems in the world. As a medical professional, I know how it has changed lives on the Central Coast, and throughout Australia. If elected as a federal member of parliament, protecting, and strengthening Medicare, our universal health provision, would be at the top of my list of priorities.

Access to a GP is another of my top health priorities. Affordability and securing a timely appointment are just two of the issues affecting patients. Further, a significant number of medical students are not selecting general practice as a specialty choice.

If elected as a federal representative, I will work constructively with doctors, practices, and the tertiary education sector. This issue is not only demand driven but is a supply side issue that we must strive to remedy for the benefit of the nation. On a final note, improved access to primary care is a far more economically viable model than ongoing, repeated presentations to the emergency department. Thus, supporting the primary care sector is both advantageous to the health of the people and the economy.

## Q4. What are the greatest challenges facing the healthcare system?

One of the greatest challenges facing the healthcare system on the Central Coast and around the state is that access to a GP is becoming increasingly more difficult. People are either unable to afford to see a GP due to rising private fees or alternatively they are unable to secure a timely appointment. Therefore, these patients are presenting to the emergency department.

Practices are having to charge

Access to a GP is another of my top health priorities. Affordability and securing a timely appointment are just two of the issues affecting patients.

private fees to address the increasing costs associated with running a surgery, increasing complexity of patient care required in a short consultation time and the rising costs of private medical indemnity insurance. This hindered access to primary care is compounded by a lack of medical students selecting General Practice as a training option.

Obstructed access to a GP has flow on effects for both patients and the community. A chronic disease that is otherwise managed has the potential to spiral out of control and require critical intervention in hospital. If patients are unable to access the people who deliver the foundations of our healthcare, this will have grave social and economic implications. **dr.**

# FEDERAL ELECTION

## Health priorities across NSW

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AMA (NSW) Councillors are elected to represent members from 11 separate Zones across rural, regional, and metropolitan NSW. We asked our Zone Councillors to provide a brief overview of the issues impacting their regions.

### METROPOLITAN ZONES



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# Feature

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## NORTHERN METROPOLITAN

### Dr Kathryn Austin

(Hornsby • Manly • Willoughby • Ryde • Ku-ring-gai • Mosman • Lane Cove • Pittwater • Warringah • North Sydney • Hunters Hill)

**HOSPITALS:** The Northern Metropolitan region of NSW has large, modern facilities, but the public hospitals in this area are facing similar staffing and inpatient pressures as the rest of the State. Three elective surgery shutdowns with COVID have significantly impacted our ability to deal with waitlists in the region. This has placed additional pressure across all facilities in the region as well as on our doctors. Delayed access to surgery, delayed access to clinical care through cancellations and rebooking of clinics has had a major impact on the day-to-day work performed across the region. Access to mask fit testing and PPE supply has been an ongoing challenge for the district. Doctors from the most senior to the most junior in the northern metropolitan area have worked tremendously hard to ensure patient care has not been compromised despite the challenges of COVID. Leave balances have increased and access to education and training leave has been impacted. The impact of burnout has burdened all doctors in the region and ongoing work must be now done to reduce this as we emerge from the pandemic. The impact of doctors in the area working in both public and private practice has meant both areas of their practice have been under pressure. For the benefit of patient care, addressing these mixed workforce models by doctors in our region to continue to provide excellence in care across both systems must be supported.

**DOCTORS-IN-TRAINING:** The other major problem created by cessation of elective surgery is the impact on training of the doctors in the Northern Metropolitan region. We need to prioritise training opportunities for junior doctors, so that their career progression isn't stunted, and junior doctors may work across all hospitals in our region to obtain their qualifications in a timely manner.

Despite the sound infrastructure investments in the region, one in four patients at Royal North Shore Hospital (Triage Category 2 – requires treatment within 30 minutes) are not commencing treatment within the recommended time frame. This must be reviewed, and holistic investment must now be made in the doctors providing this care.

**VALUE:** The Senior Doctor Pulse Check found only 14% of respondents from the Northern Beaches Hospitals



feel valued, which was far lower than the average across NSW. The COVID experience has forced many medical professionals to evaluate their careers, and the question of 'do you feel valued' is a big part of that. We are already starting to see the 'mass resignation' in some medical facilities. Now is the time to see increased investment in our doctors at all levels, through well-being, adequate staffing levels and ongoing education and training resources. Investment will, without question, provide ongoing excellence in health care across both the public and private models of care in the Northern Metropolitan region.

## CENTRAL METROPOLITAN –

### Dr Kate Kearney

(Sydney City • Waverley • Randwick • Leichhardt • Woollahra • Marrickville • Botany Bay)

**HOSPITALS:** We need more staffing in hospitals. There is zero flex left in the system. We need more clinicians, and we need more doctors-in-training. The morale among senior clinicians is very low and a huge part of that is burn out. Most doctors do not feel valued by their hospital and only a third would recommend their hospital to a colleague as a good place to work. At Royal Prince Alfred Hospital there is a trust issue – with 71% of staff in the Senior Doctor Pulse Check saying they did not feel that senior management could be trusted to tell things the way they are. At Prince of Wales, many senior clinicians feel unsupported by administration. I'm afraid that unless there is a change in culture, fewer graduating consultants will work in the public hospital system.

**DOCTORS-IN-TRAINING:** We risk losing our best doctors-in-training to other states with better entitlements. NSW DITs are among the lowest paid in the country, medical training costs for the individual continue to rise and Sydney is one of the most expensive places to live. The economics just don't



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# Feature

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add up and there are lots of opportunities interstate with better support and professional development.

**NON-COVID CARE:** Patients have been delaying care for non-COVID conditions and I'm concerned that this work isn't being appropriately budgeted for. We need Governments that are focused on the provision of quality care both now and in the future.

## SOUTHERN METROPOLITAN Dr David Malouf

(Canterbury • Kogarah • Rockdale • Sutherland • Hurstville)

**DEFERRED CARE:** Whilst clinicians, nurses and allied health professionals are still dealing with acute presentations with COVID we are now also managing patients with complications attributable to deferred care. For two years our hospitals have been running in crisis mode and with health workforce vacancies and elective surgery suspensions there is a monumental backlog of cases. Behind every delayed hernia repair and joint replacement, there is an individual whose quality of life is impacted. Routine primary healthcare has been interrupted and there is mounting evidence that delayed diagnoses of both benign and malignant conditions is affecting outcomes. We need to properly plan and fund this care. Meanwhile, there can no longer be any excuses for being ill prepared for any future waves of the pandemic.

**LACK OF RESOURCES:** There is increasing pressure on clinicians to do more with fewer resources. Resources are stretched thin and if there is a complaint or an error the blame is laid on doctors rather than the under-resourced system.



Our population in our region is growing and ageing, but the services have not expanded in step. There is an increased demand for public healthcare as private health insurance rates fall. We have a large population of Australians born overseas, some of whom have complex health needs and lower health literacy. Spending the time needed to fully explain treatments to patients is challenging because of the stretched resources.

Our primary health care and public hospitals need to be adequately funded to meet the needs of our patients.

## WESTERN METROPOLITAN – Dr Jaspreet Saini

(Parramatta • Holroyd • Blacktown • Auburn • Strathfield • Burwood • Ashfield • Canada Bay • The Hills – part of The Hills Shire Council area, south of Annangrove Road)

**TELEHEALTH:** The pandemic saw a monumental increase in the adoption of telehealth services. What started as the health system's response to patients and doctors seeking safe, accessible safe healthcare has now evolved into care that is responsive to the needs of a growing and increasingly mobile population. Video consults tend to be higher in socioeconomically advantaged areas, while older patients who are economically disadvantaged are often more comfortable with telephone consults. My region is quite diverse in this regard, and I recognise the value of funding a blended telehealth system that allows for both video and longer telephone consults.

**MENTAL HEALTH:** The mental health crisis in Australia is deeply concerning. There are simply too few mental health professionals to provide care for the burgeoning need that currently exists. General practice is often the first port of call for people seeking mental healthcare and increasingly the only option. GPs need to be better supported to provide this care. Our young people especially are at risk and without the right care in place at the right time their long-term health, well-being and development will be significantly impacted.

**GP FUNDING:** General practice is the cornerstone of primary healthcare but has been underfunded for years. The number of final year medical students who have indicated they are interested in pursuing a career in general practice has decreased. The GP shortage will only get worse if Government does not take immediate and substantial action to address current funding models.

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# Feature

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## NORTH WESTERN METROPOLITAN – Dr Katherine Jeffrey

(Penrith • Hawkesbury • Blue Mountains • The Hills – part of The Hills Shire Council area, north of Annangrove Road)

**STAFF SHORTAGES:** Many doctors and nurses are still feeling the effects of the staffing shortage experienced over the Christmas period. I recall doing a pain round on the geriatric ward – there were 30 elderly patients and two nurses. I had one patient from the ward that needed an emergency hip placement. The patient was soiled and not washed. After the operation we cleaned her up, changed the linen and put on pressure sore dressings. The whole theatre helped because we understood the pressure faced by staff on the wards.

To be hit with Omicron after almost two years of COVID-stress was like running a marathon and coming to the final kilometre and running straight uphill. It was exhausting.

Now with the resumption of elective surgery we face the mammoth task of working through the backlog. Many surgeons are now reporting pressure to overbook lists to try and get through the backlog.

In my Zone, it feels like we have lurched from crisis to crisis. Fires, floods, pandemic, now back to floods. The impact of people's mental health is unsurprisingly significant. Patients, practitioners – everyone is facing pressure in their daily lives and there needs to be a greater focus on wellbeing across the board. From the Government, we need funding that addresses mental health. Hospital administration needs to realise hospitals rely on a great amount of goodwill from staff and there should be recognition/reward, along with paying the recommended pay rise of all Hospital staff.

We need recognition that doctors are constantly being asked to do more with less, and we need funding and resources that reduce some of this burden.

## SOUTH WESTERN METROPOLITAN A/Prof Kathryn Browning Carmo

(Camden • Bankstown • Liverpool • Fairfield • Campbelltown)

**VALUE:** It has been difficult to find words that would encompass the depth of feeling that the healthcare workers in my area and jurisdiction feel abandoned by both State and Federal governments.

There is a sense of staff being undervalued roster fodder with a lack of remuneration commensurate with skills. The human capital in health services is undervalued even whilst shiny new buildings are being built. There is no enhancement to recruitment to enable staffing of these sites.

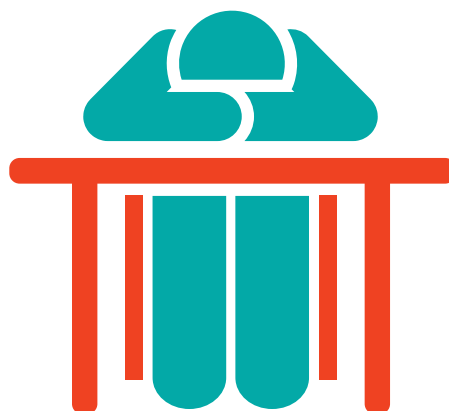
Any potential health minister needs to take on the challenge of improving the general status and value of the healthcare worker.

**THE WAGES POLICY:** The wages policy in NSW is criminal and does not appear to apply to the Ministers in parliament.

**QUARANTINE:** The Federal health team should build adequate quarantine facilities that are used as hotels or sport camps at other times so that they are of a reasonable standard, eg QStation. Howard Springs is hot and the food apparently of a very poor standard. We need an innovative ability to mobilise appropriate quarantine facilities when required.

**AIR RETRIEVAL:** Such a wide brown land of course needs a well invested air retrieval system and nationally this could be better coordinated.

Any potential health minister  
needs to take on the challenge  
of improving the general status  
and value of the healthcare  
worker.



## COUNTRY ZONES



### NEW ENGLAND & NORTH COAST Dr Anne Rasmussen

(Moree Plains • Tamworth • Port Macquarie – • Armidale – • Coffs Harbour Hastings Dumaresq • Narrabri • Richmond Valley • Bellingen • Lismore • Ballina • Kempsey • Inverell • Kyogle • Tenterfield • Gunnedah • Liverpool Plains • Nambucca • Guyra • Gwydir • Byron • Greater Taree • Uralla • Glen Innes • Walcha • Clarence Valley • Tweed)

**ACCESS:** In my region, there are closed books for GPs. Between 2014 and 2019, the number of full-time equivalent GPs in major cities increased by 17%, while in the same period the number of FTE GPs working in regional, remote, and very remote communities in NSW increased by just 5%.

**MENTAL HEALTH:** There is completely inadequate mental health resourcing, especially for adolescents. As has recently been reported, this cohort is experiencing what psychiatrists

have dubbed, 'a shadow pandemic'. There has been a 50% increase in ER presentations among teenagers. And it's not just COVID-19 and lockdowns, surveys reveal young Australians are worried about climate change, problems finding a job, and stress from their education.

**AGED CARE:** There is a growing elderly population with complex chronic health conditions and our hospitals are not big enough to service this population.

**HOSPITALS:** Bed occupancy was greater than 100% daily prior to COVID. Recruiting and retaining nursing staff is also very difficult. A lack of support for nurses has contributed to shortages in the region, as many feel undervalued.

**ELECTIVE SURGERY:** We are experiencing the longest surgical wait list in NSW with largest day of surgery cancellation due to inadequate bed numbers. While wait times are high across NSW, the impact is greater for those in rural and regional communities where there are fewer support



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# Feature

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services to assist them. Access to public allied health and specialist services is very limited, with some patients waiting longer than 18 months for access to speech pathologists, occupational therapists and ENT specialists.

**ADMINISTRATION:** Nonresponsive LHD bureaucracy with poor culture and disengagement of medical community.

## NORTH WEST Dr Ai-Vee Chua

(Broken Hill • Mid-Western • Bourke • Parkes Regional • Cabonne • Oberon • Bland • Forbes • Wellington • Lithgow City • Lachlan • Coonamble • Weddin • Dubbo • Bathurst • Bogan • Walgett • Cowra • Gilgandra • Warrumbungle • Brewarrina • Warren • Central Darling • Blayney • Cobar • Narramine • Orange)

**RURAL HEALTHCARE:** The NSW parliamentary inquiry into rural and regional healthcare laid bare some of the difficulties health professionals have in delivering care in non-metropolitan areas. There are dedicated, passionate doctors in rural and remote NSW, but we are simply stretched too thin. For our communities, this translates into difficulties accessing GP services as many GP practices have been forced to close their books or exist on variable locum GP services, long waiting times to see non-GP specialists and allied health providers, frail elderly patients in Residential Aged Care Facilities who are unable to find a GP to take on their care, delays in diagnoses, poorer outcomes with chronic disease, and little to no support in relation to mental health, drug and alcohol, and chronic pain conditions. It is crystal clear that something must be done to improve healthcare access for rural residents. An expert taskforce has now been developed to advise the Minister for Regional Health and there is another campaign from the independent member for Wagga Wagga to establish a separate rural and regional Ministry. I'm hopeful this focus on rural health will result in meaningful reform, and it not just political posturing.

**PAYROLL TAX:** Payroll tax is another concerning issue for medical practices – and whilst this affects all practices in NSW, I'm very alarmed about the impact it could have for rural practitioners. The 2019 AHHA 'General Practice in Western NSW' report had already noted that only 37% of general practices in our region at that time were very financially sustainable, whilst 56% of practices were just financially sustainable, and 7% reported that their practice was not financially sustainable. Subsequent to this, the

pandemic has seen additional costs borne by GP practices in their efforts to keep their communities safe – this has included the provision of PPE and other infection control measures, establishment of hardware and software to enable the provision of telehealth, and additional staff costs to undertake mass vaccination clinics. The additional burden of payroll tax is the kind of measure that could force some practitioners to close their doors. We can't afford to lose medical practices in rural NSW; this would be devastating for patients, intensify our already-critical situation with suboptimal access to primary healthcare services and poor health outcomes, and have a disastrous impact on our already-stretched emergency departments and hospital systems. The State must consider a payroll tax exemption for medical practices if it is serious about taking action to prevent further demise of the healthcare system in rural NSW.

## SOUTH Dr Nathaniel Chiang

(Wentworth • Leeton • Narrandera • Bombala • Berrigan • Albury • Carrathool • Wagga Wagga • Goulburn • Coolamon • Greater Hume Mulwaree • Gundagai • Urana • Tumbarumba • Snowy River • Murray • Junee • Queanbeyan • Tumut • Yass • Deniliquin • Boorowa • Palerang • Young • Harden • Conargo • Jerilderie • Upper Lachlan • Balranald • Wakool • Lockhart • Cootamundra • Hay • Griffith • Murrumbidgee • Temora • Cooma-Monaro • Corowa)

**WORKFORCE SHORTAGES:** I have worked at various regional hospitals in the past 12 months. Even though I am a VMO in surgery, I completed several locum shifts at several regional hospitals. I spent more than six weeks in one of them as a surgical registrar. That "base" hospital cannot cover staff shortages even with hiked up locum rates that exceeds that paid to a permanent staff specialist. They ended up paying me locum consultant rates to work as a registrar to cover the shifts. The alternative would be to divert all general surgical, urological referrals to a metro hospital that would add extra burden to them. You can also see locum ED registrar rates going at \$300 per hour.

When I was at that hospital around January, the shortage in both nursing and medical staff was so significant that this base hospital which typically has at least 30 ED beds alone, had to reduce the number of beds available by 50%. The beds were physically there but cannot be staffed.

On top of that, a lot of smaller hospitals around the region were also short of staff and therefore bypassing most patients in this hospital.

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# Feature

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At the current hospital, the number of junior staff is also bare to the bone especially on weekends where one or two doctors consistently call in sick adding workload to other junior and senior medical officers. They are tired and overworked. Some have quit, due to the workload which adds to the vicious circle of stress on others.

While I am aware there are multiple factors related to staff retention in a hospital organisation, I would advocate more resources into strengthening our medical workforce, provide more funding for more staff to allow for cover during the COVID waves to provide relief. Incentives to work in regional hospitals for junior staff would be a better option than allocating astronomical sums to recruiting locums.

## HUNTER & CENTRAL COAST DR FELICITY PARK

(Muswellbrook • Wyong • Gosford • Newcastle • Lake Macquarie • Cessnock • Port Stephens • Gloucester • Maitland • Great Lakes • Dungog • Upper Hunter • Singleton)

**CLINICIAN TRUST:** Communication throughout the COVID-19 pandemic from Government and between LHDs and PHNs has been difficult, and this has led to uncertainty. As senior clinicians formulating health service responses, we felt a lack of clarity and unity in the message we needed to communicate to the public, patients and their families. The ever-shifting rules caused significant angst for patients and families. It was particularly difficult to have to tell families that they couldn't be with their loved ones at times when they needed them most. Being the bearer of that message made our jobs challenging and has contributed to levels of burnout.

**DEFERRED CARE:** We are now trying to assess and address the impact of deferred care. The shutdown of "non-essential" health care has created long waiting lists for clinician review and operative care. Senior clinicians are reporting high levels of fatigue and a sense of helplessness to move change through the system. Staffing shortages are real and the mental health of healthcare workers remains a big concern.

**HEALTH SERVICE STRUCTURE AND STAFFING:** The health network is under pressure to maintain services across all levels of healthcare from primary care, across level 2,3,4, 5 and 6 hospitals. Lack of staffing in regional and rural areas forces hospitals to go on bypass, placing further demands on already stretched Level 6 services. The increasing

complexity of patients who require care emphasises the need for regional, rural and remote hospitals to increase their capacity. The need is increasing, but in reality, regional, rural and remote services are being weakened by staff shortages and fatigue. Structuring outreach services in person and through telehealth support some aspects. However, the additional workload is not being reflected in real-time support for increased clinicians to backfill those outreach services. The structures are heavily relying on senior clinicians' sense of responsibility and goodwill.

## ILLAWARRA & SOUTH COAST Dr Costa Boyages

(Bega Valley, Wollongong, Eurobodalla, Shoalhaven, Shellharbour, Wingecarribee, Wollondilly, Kiama)

**GP AND AGED CARE:** In 2010-2011, The Federal Government announced \$650m in funding to build 60 GP Super Clinics around Australia and Primary Care Infrastructure Grants to upgrade and extend 425 existing services. In addition to providing well integrated multidisciplinary patient centred care, these clinics were supposed to support older Australians in residential aged care facilities and community-based settings. The program ideals are not being met in this area.

Instead, the Government GP Super Clinic funded to provide after hours and nursing home care is shirking these responsibilities, leaving private practice proper to shoulder this burden on its own.

**LACK OF SPECIALISTS:** Meanwhile there has been a precipitous drawdown of GP VMO services in anticipation of a specialist centric model, however there are no specialists. In my case, working at palliative care in David Berry Hospital, we've had four resignations of GPs with no active planning to recruit to these roles, leaving us more overstretched.

**HOSPITALS:** Nurses and doctors are working unsafe rosters/hours and there has been an erosion of allied health supports, which mean that people linger in hospital for longer waiting for discharge. This is contributing to bed block. There are not enough resources in the hospital or outside of the hospital to clear the backlog of patients – we're being squeezed at both ends.

**ELECTIVE SURGERY:** Of the state's worst performing hospitals, Wollongong Hospital had the longest waiting times for non-urgent surgery. **dr.**

## TIME FOR GENUINE VISION FOR DIGITAL HEALTH



**DR JILL TOMLINSON**  
CHAIR OF THE AMA DIGITAL  
HEALTH SUB COMMITTEE AND A  
PLASTIC, RECONSTRUCTIVE AND  
HAND SURGEON IN VICTORIA.

**The AMA Digital Health Subcommittee has developed a vision statement which outlines AMA's position that new healthcare technologies must be designed in close consultation with medical practitioners and patients, with ongoing quality improvement and system review.**

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**DIGITAL TECHNOLOGIES** have the potential to transform health systems. Health systems across the world have tried to adapt and incorporate new technologies to differing levels of success. Despite the opportunities these technologies present, Australia has been slow to adopt and embed many innovative approaches. We need medical leadership, consultation, and engagement to make this happen.

The AMA has always endeavoured to be at the forefront of the technological and digital developments in the healthcare space, aiming to ensure new technologies improve patient outcomes and deliver greater efficiencies to the system.

In recognition of the need to clearly define the AMA's perspective on the future of digital health, the AMA Federal Council recently adopted the AMA Digital Health Vision Statement – Preamble 2021.

The AMA Digital Health Subcommittee, which I Chair, was tasked with the development of the Vision Statement. We were given a clear brief: outline what the AMA sees as the key aspects of digital health and how these should contribute and improve Australia's healthcare system.

Recognising the broad scope of digital health, the Subcommittee elected to call for a patient-focused healthcare system, ensuring equity in healthcare for both patients and doctors.

We know that technology will play an increasing role in healthcare in future years. Ideally, technologies should promote patient independence and disease prevention, reduce

hospitalisation, and improve patient outcomes. From a doctor's perspective, technology should work for doctors, not create work for doctors. It should reduce the time we spend doing paperwork, enable more time to focus on the patient, and support seamless and secure transmission of information between different healthcare providers.

With change comes risk. As medical practitioners, it is our obligation to first do no harm.

Hence, the AMA Digital Health Vision Statement outlines AMA's position that new healthcare technologies must be designed in close consultation with medical practitioners and patients, with ongoing quality improvement and system review. The Statement also notes the rapid changes in medical educational requirements, training delivery, examination practices, workforce management, research, and the practice of medicine.

The Preamble outlines the AMA vision and provides key guidelines for the way forward. It will be followed by other digital health position statements that will further elaborate on the AMA's position on areas including interoperability, data governance and patient privacy, electronic medical record implementation principles, and safety and quality of eHealth systems.

The AMA Digital Health Subcommittee has a lot of work to do. However, with the members' expertise and knowledge available to the Subcommittee, as the Chair, I feel confident we will achieve great things.

**dr.**



## Feature



Dr Sarah Rav



Dr Ray Boyapati



Fahad Khan



**Meet the Australian doctors and medical students that are taking over this social media platform.**

YOU MAY BE FAMILIAR with the very popular app TikTok – now one of the world's most used tools for entertainment and advertising. With the world slowly becoming highly dependent on technology and social media, many doctors and medical students have developed a way to

use the app for informative learning. Not only are they showcasing their medical expertise – they're doing it in an entertaining and trendy way.

AMA (NSW) spoke with three Australian TikTok docs and asked the secret behind their growing popularity.

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# Feature

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## Dr Ray Boyapati - @dr.rayb

147K followers

Dr Ray Boyapati is a Melbourne-based gastroenterologist and the founder of MedEntry, a UCAT preparation provider. In looking at how to communicate with aspiring medical students, Dr Boyapati discovered that his target market wasn't on Facebook and Instagram – they were mainly on TikTok.

Dr Boyapati's content for his videos aims to demystify the process of getting into medicine and to provide more information for students whilst also showcasing his own experiences as a doctor.

"It just took off – I guess there was an appetite out there for this knowledge and I didn't realise how strong that was until I started," Dr Boyapati said.

The feedback from students encouraged Dr Boyapati to continue posting videos. By increasing activity on the platform, he has gained a large following.

"The main thing I learnt on TikTok was that you had to either be educational, entertaining or both. I felt like I was putting out good educational content and then when you go into trends you can start to be a little entertaining – I certainly tried to provide a little humor and so that combination has really helped draw people in."

Dr Boyapati admits he never used social media until four years ago. However, he now sees how important it is in creating a connection with students and marketing MedEntry.

"We've received such high traffic since using TikTok and I think that's one of the reasons I keep posting – it's great that my videos hold some value to people out there."

## Fahad Khan - @fahad\_teaches

116.6K followers

Fahad Khan is a third-year medical

student at Western Sydney University who uses TikTok to motivate and encourage others looking to get into medicine. He was introduced to the platform by his older brother, who also has a large following. Camera-shy, Fahad said he was initially wary of creating TikTok videos but realised its potential to reach more people.

"I was already very active in an online forum called Med Students Online, so my brother just told me to go for it and help people finally put a face to the name," Fahad said, adding that it allows him to assist others in a way that you can't really do via text.

Coming from a background of socio-economic disadvantage, Fahad aims to be a "big brother" – providing resources to others in similar situations break the cycle of poverty.

As Fahad progressed through his medical journey, his content altered to meet his followers needs, which he believes could be the secret to gaining a large number of followers.

"When I first started posting I had year 12 followers, but then the next year they moved to University, so then I started posting University content."

Fahad developed a close relationship with his followers by replying to comments and getting to know their own stories.

"It's a really nice feeling when one of your followers tells you they got into medical school with the help of your TikToks – it's great motivation to continue what I'm doing," Fahad said.

## Dr Sarah Rav - @sarahrav

1.3 million followers + verified

Dr Sarah Rav is a Melbourne-based gen-med intern who graduated from Monash University last year. Dr Rav was a health, fitness, and lifestyle content creator for Instagram for nine years before moving to TikTok in late 2019 after realising she could achieve greater growth on the new platform.


**"It's a really nice feeling when one of your followers tells you they got into medical school with the help of your TikToks."**

"Initially I started posting about fitness and nutrition tips – because that was what I was posting on Instagram, and it's a really big passion of mine. As time went on there was a lot of interest from my followers when they realised I was a medical student, so I just started peppering that into my content and the response was massive," Dr Rav said.

Since she started her medical career, Dr Rav has found a new creative flare for content such as "a day in the life of a doctor", "med school tips" and "productivity tips."

As a result of her already substantial following on Instagram, Dr Rav said it was for her easy to get verified on TikTok. This has opened up a lot of opportunities for her such as working alongside big-named brands and meeting new people.

According to Dr Rav, the hardest aspect of creating content on TikTok is spending time on the app and finding new trends and sounds to use in her videos. Although her priority is being an intern, Dr Rav continues to make the effort for her followers because the feedback is always positive.

"The hours I put into TikTok are all worth it in the end – when your followers see you in the street and say, 'because of you I got into this course' – it's so rewarding to be there and helping people achieve their goals," she said. 

# Doctor-in-Training

## NO COVID PAYMENTS PLEASE, WE WANT CHANGE

**The Doctors-in-Training Committee is committed to improving working conditions in hospitals and in 2022 is tackling the issue of excessive hours.**

A COLLEAGUE RECENTLY remarked, “COVID has been all of the terrible parts of medicine with none of the joy.”

As we head into a third year of the pandemic, we are concerned for doctors-in-training who have never experienced working in a non-COVID environment.

Many of us went into medicine knowing the hours would be long and the interruptions to life would be frequent. During Uni, while friends were hitting the bars, we were hitting the books; while others were taking road trips, we were working on research projects.

The trade-off, however, was to be that sense of camaraderie that comes with working alongside like-minded colleagues for a common good, and a career that allows you to keep learning, growing, and gaining expertise.

Unfortunately, the COVID experience has fallen very short.

We’ve had two gruelling years of cancelled exams; of lost training opportunities due to elective surgery shutdowns, of rotations away from our support networks, of covering for colleagues who were furloughed; and of cancelled holidays.

In an effort to reduce virus transmission, we’ve missed valuable interactions with our supervisors and

seniors. We’ve missed the catch-ups in the common rooms, the de-briefs in the cafes. Those moments of joy, excitement, frustration, and sadness have all been experienced in isolation.

The Victorian Government has recognised the difficulties of working in COVID by offering public hospital and Ambulance Victoria employees a Hospital Surge Support Allowance. The payment is meant to encourage employees to continue their work in priority areas during the COVID-19 surge.

Our Doctors-in-Training Committee recently discussed whether a similar payment in NSW would be well received. Unequivocally, we all said no.

Firstly, medicine is a team sport. The value and importance of someone working in COVID wards or emergency departments should not trump the contribution of a psychiatry registrar covering extra shifts or the GP registrar working hard to provide care in general practice. We have all made a difference.

Secondly, it’s not what’s needed. We do not want a short-term payment. The best ‘thank you’ would be long term improvements to the system that would make things better for doctors and more importantly, for patients.

Improvements such as making it easier for doctors-in-training to claim overtime to cover a colleague on sick leave. This is a simple change that could be made to the current policy – it could be done tomorrow. Medicine is famous for stories of doctors working through early-stage labour, through heart attacks, with terrible illnesses and broken bones. COVID has, for the first time, made it inappropriate to work

when you are sick. We need to keep and entrench that change. Changing the overtime policy would mean when a doctor called in sick, they wouldn’t have to worry about adding to the burden of their colleagues. And in turn, the colleague could say, “don’t worry, we’ve got your back, take the time you need.”

We also need a genuine limit to the hours we work with a fixed fatigue break and stronger penalties for excessive hours. Health Minister Brad Hazzard has already shown great leadership in these areas and that leadership has resulted in change. Policy changes made in recent years mean that it’s now accepted for doctors-in-training to claim and be paid for working overtime.

It’s now time to tackle excessive hours. These changes will improve clinician fatigue and in turn allow us to provide better care for our patients.

We know the challenges for our health system have not stopped. We need to get back to normal healthcare AND living with COVID. If we could get real system change, that’s all the thanks we would need. **dr.**



### ABOUT THE AUTHORS

Dr Sanjay Hettige and Dr Jacqueline Ho are Co-Chairs of the AMA (NSW) Doctors-in-Training Committee.



# AMA (NSW) RMOA CHARITY CHAMPIONS CAMPAIGN



**Doctors-in-training have worked tirelessly throughout COVID-19 to protect the health of Australians, but many have also been supporting vulnerable Australians outside the hospital by raising money for various charities.**

**FROM SEPTEMBER TO DECEMBER 2021,** AMA (NSW) launched the RMOA Charity Champions Campaign to drive some friendly competition between RMOAs and support their fundraising efforts for charity organisations. AMA (NSW) is topping up the donations of the three RMOA groups who raised the most funds during the campaign.

### **FIRST PLACE – PRINCE OF WALES RMOA (\$8,298.25)**

Prince Of Wales RMOA (POW RMOA) raised money in support of the Killara Women's Refuge, run by Vinnies/St Vincent de Paul Society. According to Dr Ashna Basu, the extended lockdown during COVID increased rates of domestic violence, which in turn caused a spike in demand for women's refuge/shelter services.

"Killara Refuge is the only refuge for women and children servicing the Eastern Suburbs of Sydney, and they're under a huge strain at the best of times let alone during a prolonged lockdown," Dr Basu said.

POW RMOA organised a range of activities to raise funds – all within the constraints of lockdown. The activities consisted of a Zoom cook-a-long, two Zoom fitness sessions: one a Pilates class and the other a HIIT session, and lastly a Zoom trivia night. To promote their charity work, the team put posters up within the hospital and sent emails to all hospital staff.

"A lot of our work as the RMOA is addressing staff morale and wellbeing through various initiatives, and this fundraiser was part of our community portfolio. There are lots of dimensions

to wellbeing; we do a lot of advocacy work, run social events, try and provide pick-me-ups with gifts, but we also recognise that giving back (in a different way to usual work) has its own wellbeing benefits too," Dr Basu said.

2022 is looking like yet another motivating year for POW RMOA – being crowned the 2021 AMA (NSW) Charity Champion Campaign's first place winners, it's given the team more motivation to raise even more donations for charities. The RMOA team are looking forward to continuing their charity work and expanding their activities to raise more funds.

### **SECOND PLACE – CENTRAL COAST RMOA WOMEN IN HEALTH (\$5,925)**

Following their successful fundraising efforts in May 2021 for the Barbara May Foundation helping maternal health across several countries of Africa, Central Coast RMOA Women in Health (CC RMOA WIH) decided to fundraise a little closer to home during the campaign period.

"We wanted to acknowledge that while extended COVID lockdowns are hard for everyone, for some women and children in our community, it is much worse," Dr Alissa Barton said.

The group teamed up with Coast Shelter for 'Life Support' – a NSW lockdown campaign to create and donate care packages for women who had needed emergency accommodation after leaving an unsafe environment. CC RMOA WIH donated 79 care packages. To ensure the packages were practical, they sought

# Feature

advice from Coast Shelter on what to include. They also created Life Support posters and encouraged people to donate directly.

"The idea behind the care packages was to provide women with basic comfort and dignity through this difficult time of their lives. We were blown away by the response and the care and thought behind each of the items chosen," Dr Barton said.

CC RMOA WIH put together an event for International Women's Day 2022, which raised funds for The Central Coast Community Women's Health Centre – a feminist women's health centre providing holistic health services to women at three centres located at Wyoming, Wyong, and Woy Woy. We can only expect even more fundraising for the group throughout 2022.


## THIRD PLACE – ROYAL PRINCE ALFRED RMOA (\$3,400)

RPA RMOA has raised a total of \$3,400 for the Women's and Girls' Emergency Centre (WAGEC) in Redfern. WAGEC works within RPA's local community and provides support and services for women and children experiencing homelessness or trauma. RPA RMOA's Dr Katie Ryan said the demand for WAGEC's services increased dramatically due to the COVID-19 pandemic.

"We saw that WAGEC offers holistic support outside of the acute hospital system in which we work and choosing to support them was a great way to recognise that – as well as get local businesses involved in the cause. We also wanted to introduce an event that would boost morale amongst our junior doctor community as our rates of burnout and stress have been

skyrocketing in the context of the pandemic," Dr Ryan said.

RPA RMOA organised an online silent charity auction as a fun and COVID-safe activity that was inclusive for all to get involved. They donated goods and services from local businesses, as well as financing some of the prizes from their own budget. The group ended up with amazing prizes including wine, pottery class vouchers, medical courses, dining vouchers, spa vouchers and much more.

"As the burden of the pandemic hopefully eases in 2022, we plan to introduce more in-person events that can promote more fundraising and also be used as wellbeing activities for our junior doctors," Dr Ryan said. RPA RMOA hope to continue to support WAGEC now that they have built a relationship with the organisation and can use the ongoing support. 

**AMA (NSW) will continue to run the AMA (NSW) RMOA Charity Champions Campaign from September to December 2022. Please inform your RMOA and email [news@amansw.com.au](mailto:news@amansw.com.au) to express your interest. We look forward to supporting even more charities with you in 2022.**

## Who's looking after you?

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

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**NSW Helpline 02 9437 6552 (7days)**  
**[www.dhas.org.au](http://www.dhas.org.au)**



# FLOODS HIGHLIGHT NEED FOR CLIMATE CHANGE ACTION: AMA

**THE RECENT FLOODS** in NSW and Queensland is further evidence that climate change is directly impacting the health of Australians.

“Direct and indirect health impacts of the floods in NSW and Queensland include community mental impacts, risks of gastrointestinal infections from tainted and unsafe drinking water, drownings, rising risks of contracting COVID-19, and of course the impacts of a lack of access to medications and medical services experienced by displaced communities,” AMA President, Dr Omar Khorshid said.

The Intergovernmental Panel on Climate Change recently released its sixth assessment report on climate change, which found governments and institutions are slow to respond to climate change impacts and events.

“More needs to be done to meet the challenges of climate change. There are practical and tangible things Australia must do to mitigate and adapt to the impacts of climate change,” Dr Khorshid said.

“Comprehensive short and long-term



planning is needed and preventative and anticipatory action is required over a reactive approach to climate change events.

“As doctors we see and understand health threats posed by climate change and Australians are experiencing these impacts on an increasingly regular basis.”

The AMA has called for immediate practical action, across the economy and including the healthcare sector, to start tackling climate change while graphic images of the devastating floods are demanding public attention.

“We all need to do our bit to address

this challenge. In healthcare, we want to see the development of a national Sustainable Health Unit to co-ordinate efforts to reduce emissions and increase the sustainability of the health sector, which contributes seven per cent of Australia’s carbon footprint.

“Events such as these devastating floods demonstrate that there is a real human cost to a changing climate. It should not be left to communities to respond to these events alone. We need a unified national approach to mitigation, preparedness and response to climate change events,” Dr Khorshid said. **dr.**

## NSW FLOODS: DONATIONS FOR COLLEAGUES IN CRISIS

The full extent of the damage in NSW is yet to be seen; however, we have already heard distressing accounts from colleagues who have lost everything as a result of the NSW floods.

If you are looking for ways to assist colleagues whose lives, homes, properties, and practices have been affected by this severe weather event, please consider donating to the Medical Benevolent Association of NSW (MBANSW).

The MBANSW is an independent organisation established in 1896 by doctors to support colleagues and their families through times of crisis. In more recent years, the MBANSW has supported doctors who have lost homes or practices during bushfires and other natural disasters. AMA (NSW) has

been proud to support the work of the MBANSW.

Donations can be made online or via EFT:

Account Name: Medical Benevolent Association of NSW

Bank: Commonwealth

BSB: 062-272

Account Number: 00901952

Ref: Please use email address (for receipt purposes)

If requested, MBANSW can ear-mark donations for doctors who have experienced loss due to the NSW Floods.

If you, or a fellow colleague, are in need of counselling or financial support, please contact MBANSW on 02 9987 0504 or support@mbansw.org.au.



## News

# National Obesity Strategy launched

The Commonwealth launched Australia's first National Obesity Strategy on World Obesity Day to halt the increasing prevalence of obesity in adults and reduce overweight and obesity in children and adolescents by at least 5% by 2030.

The AMA is supportive of the strategy and notes the openness to 'explore and implement use of economic tools to shift consumer purchases towards healthier food and drink options.'

The AMA's #SicklySweet campaign, launched in 2022, aims to encourage Australians to think about the amount of sugar they and their families are

consuming, and to seek further support for a tax on sugary drinks.

The AMA has undertaken original economic modelling to assess the impact of a tax on select SSBs. This indicates that a tax of 40 cents per 100g of sugar would reduce sugar consumption from soft drinks by 12 to 18 per cent and raise annual government revenue of \$814 million to \$749 million. There would be minimal impact on the domestic sugar industry. Reduced sugar consumption and improved diet would likely lead to a reduction in the prevalence of obesity and substantial healthcare savings. **dr.**

# DR AHMED CELEBRATES HIS 'BIG FAT GAY GREEK PAKISTANI WEDDING' AND YOU'RE INVITED

IF YOUR SOCIAL CALENDAR is suffering from long-COVID, Dr Ahmed Kazmi has the cure. Join the GP-Dermatologist for his part-stand up/part cabaret comedy 'Dr Ahmed Gets Hitched: My Big Fat Gay Greek Pakistani Wedding' at the Melbourne International Comedy Festival.

This 'citizen of the world' was born in the UK and is based in London and Perth and shares his story of a cross-cultural, same sex, inter-faith, inter-racial, Greek-Pakistani wedding with audiences for three days only (31 March to 2 April).

You can participate in the show by coming dressed in your wedding best. The theme is 'BAFTAs meets Bollywood and there is a prize for the best dressed. **dr.**



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# Senior Resident Medical Officer

Wollongong Private Hospital, NSW



We require a part time Senior Resident Medical Officer to assist the Cardiac Surgery team in the provision of an efficient, safe and professional medical service to all patients.

An interest in surgery would be beneficial as this position will include exposure to a wide range of cardiothoracic surgical procedures supported by a team of experienced cardiothoracic surgeons.

### Minimum requirements:

Candidates must hold general registration with AHPRA.

### About Us:

Located approx 80km south of Sydney, Wollongong Private Hospital is a 151 bed acute medical / surgical facility with 13 OTs, ICU, cardiac cath lab and day oncology unit servicing patients in the Illawarra.

### To find out more, please contact:

Steve Rajcany, CEO,  
Wollongong Private Hospital

T: (02) 4286 1142

E: RajcanyS@ramsayhealth.com.au

**ramsaydocs.com.au**



**Ramsay**  
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# Member benefits

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### 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](http://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.



### Accor Plus

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



### Alfa Romeo & Jeep

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



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### BMW

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



### Booktopia

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



### Chubb

Doctor-in-training members of AMA (NSW) are covered by our accident journey insurance policy if they are injured travelling to or from work.



### 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.



### Hertz

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



### Jaguar Land Rover

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



### Sydney City Lexus

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



### Qantas Club

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



### 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](http://amansw.com.au) and [ama.com.au](http://ama.com.au) for full list of benefits.

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

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