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THE NSW doctor

AMA NEW SOUTH WALES

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION OF NSW

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Supporting doctors

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TIME TO INVEST
IN HEALTH CARE

Dr Danielle McMullen
President, AMA (NSW)

LEADERSHIP during a crisis

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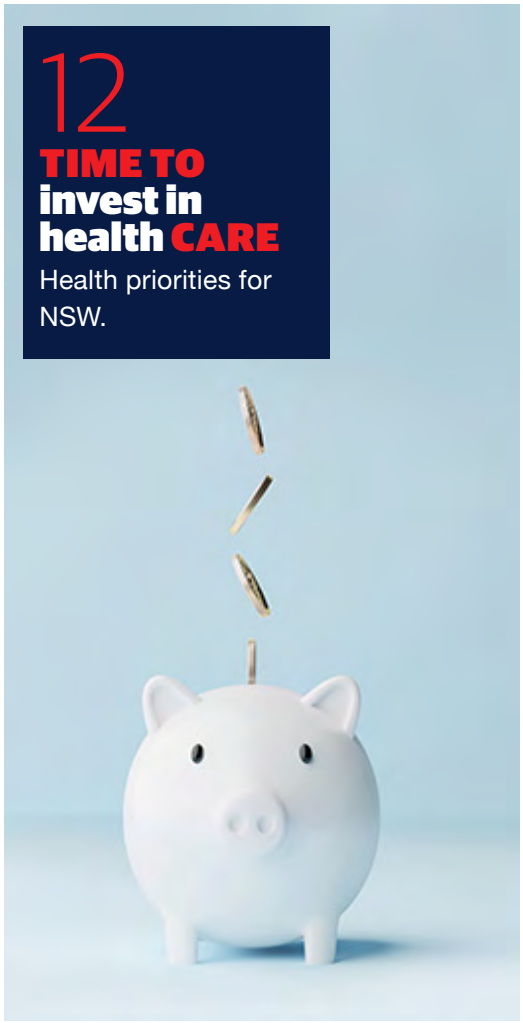

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The Australian Medical Association (NSW) Limited
ACN 000 001 614
Street address
69 Christie Street
ST LEONARDS NSW 2065
Mailing address
PO Box 121, ST LEONARDS NSW 1590
Telephone **(02) 9439 8822**
Outside Sydney Telephone **1800 813 423**
Facsimile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

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

Staff Writer
Sophie Taylor
sophie.taylor@amansw.com.au

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

Advertising enquiries
Michelle Morgan-Mar
michelle.morgan-mar@amansw.com.au

From the Editor

With the Federal election looming as this edition goes to print, it's difficult to find words that will age well.

At this point in time, the discussion around health has been very disappointing from both parties.

We've just gone through the biggest single health crisis the world has faced in 100 years, and now…

The silence is deafening.

If there is not a will to reform healthcare to meet the needs of a growing and ageing population now – what is the likelihood we will see major change in the future?

Prior to COVID, the health system was struggling to cope with demand. And now – two years later, the system is facing even longer elective surgery waiting lists and a backlog of non-COVID care that is eye watering.

In its Clear the Hospital Logjam campaign, the AMA has presented a solution for public hospital reform that focuses on improving performance, expanding capacity, addressing demand for out-of-hospital alternatives, and increasing funding / removing the funding cap.

The plan was designed to address the current funding model, which is not fit for purpose. At the centre of the solution is a redress of the Commonwealth's contribution to funding – calling for an increase from 45% to 50%. This more equitable funding split would 'free up' 5% of funding, which States and Territories could re-invest to improve performance and capacity.

In this edition, we explore what NSW could do with this funding. We certainly hope State politicians will be more vocal about health policy when we head to the polls in 2023.

Andrea Cornish,
Editor

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AN HONOUR AND A PRIVILEGE

DR DANIELLE MCMULLEN
PRESIDENT, AMA (NSW)

After two years at the helm of AMA (NSW), I am leaving my post incredibly humbled to represent the medical professionals in NSW who have collectively made our State's health system among the best in the world.

IT IS WITH MIXED EMOTIONS that I write my last column for this magazine. How quickly the past two years have flown, and what a time to be in medical leadership. It brought me immense pride to be given the opportunity to represent our profession throughout this crisis.

I presume that this is normally the time a president would trawl through old notes and emails from the past two years to remind themselves what the big issues were. That part of my job is easier – we had one issue on repeat. Over and over, COVID seems to have dominated our lives at work and at home.

At AMA (NSW) we have achieved a lot and yet it seems like there is so much still to do. We fought hard for reporting key COVID metrics, PPE supplies, funding of telehealth and the importance of public health measures. Now, we are reminding Governments that all the money they've thrown at "health" recently was really thrown at COVID, not the health system. This pandemic has taken much of our attention, and it's time now to make sure that while we continue to keep COVID-safe, we also get some focus back on the other big issues in medicine.

While I didn't get to meet as many of you in person as I'd hoped, some highlights of the term were visits to the South Coast and North Coast to meet members and hear firsthand about the challenges of rural and regional medicine. At the time of writing, the parliamentary inquiry into rural and regional health is scheduled to deliver its final report on 5 May. And we will be there to ensure the outcomes from this inquiry support and strengthen the fantastic doctors we have across regional NSW.

Another major focus for the AMA, and one that is brought into sharp relief given the back-to-back climate disasters we've faced in recent years, is climate change.

We know we have some members who think climate change isn't our wheelhouse, but the effects on health are enormous. The direct impact of things like bushfire smoke on asthmatics, heatstroke on the elderly, and localised infectious disease outbreaks with flood waters. But more broadly the mental health impacts of increasing environmental volatility – the distress of those who have lost everything and fear losing it again. This includes some of our colleagues who have lost not only their homes but also their practices.

The health profession needs to lead by example. There is much we can improve at a local level in our health system to reduce our environmental impact and make our profession sustainable.

There remain many challenges in health – true reform of our primary healthcare system, strengthening private health, and adequately supporting our public hospitals. Demand just keeps going up and up, and our workforce is tired. That's not a great combination and we can't afford to just keep dealing with demand by making our workforce work harder. We need to work smarter.

The AMA has some great ideas about how to step towards that, and I know many of you will have even more ideas. So please, keep listening, get involved, contribute, and let's work together to support the profession.

Thank you to all our dedicated staff, who really do the work of the AMA. In particular, thanks to our CEO Fiona Davies, whose savvy insight helps steer the organisation and manage the multiple stakeholders in health for the betterment of the profession. Also, thanks to our communications team who have managed the many media calls. To our Board and Council who have been enormously helpful in providing support and expertise as we navigated policy-on-the-run for the past two years – your support and guidance has been enormously valuable. Thanks goes to YOU, for the work you do for our patients every day. And lastly, to our members, for supporting the AMA so that doctors of all specialties and all stages of career can have a voice – thank you.

Stay safe and look out for each other.

dr.

President@amansw.com.au
@_daniellemcm
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LEADERSHIP during a crisis

What does it take to be a leader in what has been the biggest health crisis to confront our health system in 100 years? Dr Danielle McMullen talks about her role in COVID and the unique advantage the AMA has as 'the voice of the profession.'

WHEN DR DANIELLE MCMULLEN stepped up to the role of President of AMA (NSW) in May of 2020, the number of COVID cases recorded in NSW totalled 3025 – today it's 2.2million.

Having served as vice president, she already had a seat at the table when the crisis hit. Yet, despite the growing concerns about the spread of the virus and the mounting death toll around the world, it never occurred to her to reconsider taking over as President.

"Looking back, we really did think this was going to be three or six months, maybe a year of disruption, so it was an exciting time to be in medical leadership. Of course, that has remained true – it's been a huge honour to be there throughout this. But no, I don't think I predicted this would be the only issue for the next two years."

As a general practitioner, Dr McMullen was well suited to the media requirements that came with the role, particularly given the constant requests from print and broadcast media for comment on the developing situation.

"That communication direct to the public is one of our key skills as a GP and came in handy throughout COVID. Particularly in the media to convey the importance of public health and the issues with COVID – without terrifying everyone," she said.

Her GP background was also useful in discussions with other medico-politico representatives.

"Yes, I'm a GP, but I sit at the table with a huge range of different people. [Federal AMA President] Omar and I have worked so closely together for the last couple years and he's an orthopaedic surgeon. In what other forum do a GP and an orthopod on the other side of the country talk regularly and workshop solutions?

She adds, "The AMA is the voice for all doctors and COVID was a unique opportunity to showcase that. Doctors really did come together, more than we normally do. We were able to speak with a united voice and show that that is what the AMA always does. We tried to find solutions for each of the different craft groups, remembering what our common aim was, and finding solutions that worked for everyone – or at least didn't make a colleague's life worse."

The AMA played a central role in decision-making and was able to influence decisions about COVID-related policies. Dr McMullen said the AMA was particularly influential during the vaccine rollout in NSW, adding that former NSW Premier, Gladys Berejiklian made an effort to champion AMA (NSW)'s concerns and ensure general practice was supported to deliver the vaccine – sometimes elevating the discussion to the Commonwealth.

Dr McMullen also acknowledged Health Minister Brad Hazzard's willingness to listen to doctors when it came to implementing restrictions during the Delta outbreak to reduce the impact of COVID on the hospital system.

"And we worked very closely with Dr Kerry Chant and helped amplify that medical voice both to the Government and the general public. Generally, NSW has done pretty well in prioritising health leadership, and I think we can take credit for being part of that."

In terms of what NSW 'got right' during COVID, Dr McMullen gives the State top marks for facilitation of communication.

"They had forums like Communities of Practice and the Clinical Councils so NSW Health was getting clinical feedback across a lot of domains. At the leadership level, I have never been afraid to pick up the phone to our Chief Health Officer, and as an organisation we've been able to meet with the health minister, and often with the Premier when it was necessary.

She adds that health stakeholders were successful in working together throughout the crisis.

"We worked well as a team and with the other Colleges and Societies and the private sector. Everyone was able to compromise when necessary and work effectively together. A lot of what sometimes ends up being political just didn't happen. It was a much better working relationship with stakeholders than is sometimes the case."

However, the Government's COVID response wasn't perfect, Dr McMullen added. Some decisions, such as the easing of restrictions before Christmas, could be considered mistakes in the COVID response because the negative outcomes were predicted and could have been avoided. But others, such as the approach to the Sydney lockdown during Delta, were generally the result of policymakers doing the best they could with the information they had in that moment, she said.

As the curtain comes down on her presidency, will Dr McMullen miss being at the centre of the crisis?

"I'll miss being in the room where decisions happen. Once I have the time and space to look back and reflect on this in decades to come it will certainly be a 'wow, remember that time, I got to be in a leadership role in the middle of the biggest health crisis that we will possibly face for the rest of our lives.' It has been such an incredible opportunity." dr.

Dr Danielle McMullen in action

AMA (NSW) President, Dr Danielle McMullen, was highly sought after for media commentary during COVID, appearing in more than 570 news segments.

Q. We calculated that you've done over 570 media appearances in your time as AMA (NSW) President, does that surprise you?

A: It's hard to believe now – over two years, that's nearly one every day. Overall, it's been a huge privilege doing it through the COVID-19 pandemic. To be asked back by media outlets time and time again is a great feeling. We've all worked hard to try and make AMA (NSW)'s voice a sensible, reliable voice to look out for our doctors and the public, and we must have been getting some of that right because they kept asking us back. But yeah, that's a lot of hair and makeup!

Q: Were you apprehensive about taking over the AMA (NSW) Presidency in May 2020, at a time when the COVID-19 pandemic was really taking hold across the world?

A: There were a lot of unknowns at the time, but I had a great team at the AMA to support me so that made it easier. I also felt strongly that the AMA had an important role to play in being a voice for the profession and I was grateful for the opportunity to do that.

Q: Your busiest month was August 2021 with 62 media appearances, can you recall what was happening at that time?

A: That was mid-lockdown, but I don't remember it being that busy. In lockdown you didn't have much other stuff going on, so doing that many appearances just didn't seem so all consuming. Right now, I feel busy because there's so much going on; like trying to do real-life, trying to work, trying to do COVID things, whereas back then, I didn't have anything to do on the weekends so I may as well have done some media.

571 appearances – and counting! (30.4.22)

Q: Have you ever had a 'fangirl' moment?

A: Yes! Hamish MacDonald was in my backyard. It was during lockdown, and they texted me saying, "hey, the cameraman is coming to do a segment for the news, oh and we're also sending Hamish MacDonald" – I was like what?! THE Hamish?! And then sure enough, there turns up Hamish MacDonald. It was the most awkward interview too as the mic wouldn't work and then we were trying to social distance – the footage is just hilarious!

Q: You were a regular on Channel 9's *The Today Show* – how was that?

A: There was a time when I was on *The Today Show* so much it was practically a weekly segment, which I joked about with the producers. It was good fun.

I've seen *The Today Show* in all its

forms. They used to have Channel 9 studios in Willoughby and the first time I went on, I got my hair and make-up done, sat in studio with Karl and Ally, and it was all really fancy.

The next time I went in the studio I had to do my own hair and makeup.

And then they had the 'COVID bunker' – I still went to the studios, they just sent me to a different space so I wasn't on set with the presenters and was in this little remote studio.

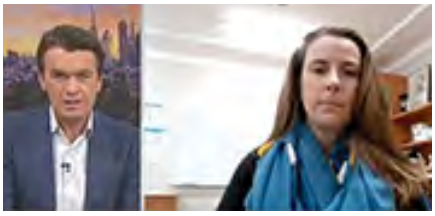
Then Channel 9 moved studios to North Sydney, but from then on everything was on Zoom from my house.

They also once set up an outdoor cameraman at the bottom of the Sydney Harbour Bridge, which was different.

And then we went back to the North Sydney studio, but I was straight in the bunker.

Finally, I recently was back on set and back to hair and makeup. So, I've done it all there, which probably says how many times I've been on.

Busiest month = August 2021 with 62 appearances



AVG 6-billion potential reaches across all appearances

Q: Do you have a favourite format of interview style?

A: I've gotten used to all of them, but I think I find radio and TV easier than the newspapers because you know what's going to be used. With newspaper, there's a bit of fear that you'll talk for 20 minutes, and they'll only put one line in – and it's hard to say what that line will be. Having said that, I've built some amazing relationships with all journalists, including newspaper reporters. It's all about the people – they make doing media appearances less nerve-racking.

Q: What's been your favourite interview?

A: I think my favourite interview was when I was in Rottnest Island and I had a quokka on screen with me in my Zoom call with Dr Kerry Chant. That's one for the books!

Q: Have you had many moments to stop and reflect on the experience?

A: It feels like normal day-to-day life at the moment, but every now and then I look back and think "wow, most people don't get to do this". Being invited on New Zealand TV has been really cool – getting on New Zealand breakfast TV definitely called for some early mornings, but I think the fact it's made international news and I'm making it onto their stage is just mind-blowing.

Q: Was there ever a moment you disliked?

A: There were some Twitter trolls, keyboard warriors and all that, so that wasn't fun. And there were times where it felt like we weren't making any difference in the COVID outbreak, but I feel like everyone was just frustrated and over it at that point.

Q: Do you have any tips or tricks for those starting out with regular media appearances?

A: Well, I never use to wear foundation to work but now I wear makeup to work every day and keep an extra lipstick in the handbag as a 'just in case'. There's also a blazer just hanging on the back of my office door in case I've gone to work in a t-shirt and jeans, I can then look at least somewhat presentable. But overall, I think it's about remembering you can ask for more time, and you can say no to things. There's sometimes a pressure to respond right away, but just step back and take your time with your thoughts. And just enjoy it! dr.

Twitter = most popular media outlet for mentions

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WHY DOCTORS STILL MATTER

FIONA DAVIES
CEO, AMA (NSW)

As we move to live with or beyond COVID – or the new COVID normal – we will be actively looking at the way doctors are valued within the healthcare system.

IN ADDITION TO being the CEO of AMA (NSW), I also happen to be married to a doctor. This means that I, like many of your families, am used to the hurried SMS letting me know that my husband has been called in and will be running late.

On a recent Friday night, a casual check of our family tracker app showed that being called in meant he had been flown to a regional hospital to do an emergency operation.

This presented a very dramatic example of something I have had been thinking of more and more – the role of doctors in healthcare.

While COVID has highlighted the value of the healthcare worker and the team, in that mix, the critical role of the doctor is sometimes lost.

In the case of this emergency operation, all of the other members of team involved in that care were important, but it was the doctor who was irreplaceable and on whom everything rested.

While this is an extreme example, it reflects on many other discussions we have been having within the AMA about the value and importance of doctors, whether it is the irreplaceable role of general practice, the surgeons and anaesthetists (and registrars) who will be rolling up their sleeves to respond to the waiting list crisis, or the many other critical roles doctors are playing, the AMA is there to remind the media, the public and politicians that everyone in healthcare is important but none of it works without doctors.

As we move to live with or beyond COVID – or the new COVID normal – we will be actively looking at the way doctors are valued within the healthcare system.

This includes our doctors-in-training members who have missed out on so much during COVID. We need to remind people of the importance of well-trained doctors – a fact I was reminded of when I raised this issue at a recent health industry event. The person I raised the issue with firstly said, “Surely you would not want anyone to know about that issue” and then “but don’t they use robots for surgery now.” I was almost equally concerned by both comments.

We need to look to value our rural and regional doctors. In recent months, regional VMOs in two different LHDs have been asked to give up their Professional Support Payment so that the hospital can provide the funds to other healthcare workers. As the person who worked with our rural and regional members in 2007 to negotiate this payment, I was outraged that such an approach was being considered for a benefit specifically designed to recognise the difference in income and more onerous nature of being a regional and rural specialist.

This will be particularly important over the coming 12 months in the lead up to the State election when so many groups will be clamouring for focus.

We will continue to speak for all of you providing critical services to your community, each and every day.

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

Time to invest in healthcare

With the Federal election upon us, and the State election around the corner, the AMA (NSW) is highlighting key election health priorities that matter in NSW.

THE HEALTH PLATFORMS announced by both political parties to date have been underwhelming. When The NSW Doctor went to press in late April, neither the Coalition nor the ALP had come to the table with a health offering even close to the AMA election platform which was launched in April.

The AMA's election platform outlines areas for health reform, including measures to improve primary care, public hospitals, and private health with an emphasis on universal access to healthcare and harnessing technology for a future sustainable system.

"The budget and budget reply gave us some indication of where the next government will direct health dollars, but we're yet to see meaningful commitments on primary care and any willingness at all from either party to rethink current funding arrangements which are failing our public hospitals, as our clear the hospital logjam has so clearly shown," Dr Khorshid said.

"The AMA has done its homework. We know there needs to be a focus on prevention, equity, access and technology, with general practice and primary care at the heart of the health system to deliver world-class health to all Australians," Dr Khorshid added.

AMA (NSW) has been very supportive of the Clear the Hospital Logjam campaign and calls for increasing the Commonwealth government's contribution to 50 per cent for activity.

"The current funding formula for public hospitals is short-changing patients and the funding split between the Commonwealth and states and territories has resulted in a blame game that distracts from the real job at hand – creating a well-resourced, well-staffed hospital system that is integrated with a well-supported general practice sector," stated AMA (NSW) President, Dr Danielle McMullen in a statement calling on the Commonwealth to pay their fair share for public hospitals.

But what are we specifically looking for in NSW? In addition to the platforms announced by the AMA, looking ahead to the State election AMA (NSW) will be focused on:

- **Workforce**
- **Medical salaries**
- **Health expenditure for non-COVID care**
- **Payroll tax**

Workforce

Building the health workforce in NSW is central to the resilience and sustainability of the health system going forward. Senior doctors are facing workplace stress, which was exacerbated by the pandemic. The AMA (NSW) Senior Doctor Pulse Check published last year, revealed that eight in 10 doctors are experiencing workplace stress, with the majority citing excessive workloads (60%) and lack of resources (69%).

And while the pandemic is easing, the pressure on doctors is not. NSW has a growing and ageing population that is increasingly presenting with complex, chronic health needs. Australia's Health Reimagined, a report produced

by Deloitte in March 2022, found that expected shifts in the age profile of the health workforce, combined with the increased demands of an ageing population pose a significant challenge over the next 30 years.

Australia's population is estimated to be 35.9 million by 2050, and the proportion of people over 65 years of age will increase by 6% to almost a quarter of the population. During that same period the workforce participation rate is expected to decrease from 66% to 64%. Based on figures from the ABS and the National Health Funding Body, Deloitte modelling found that if the system doesn't change, the health workforce must become four times more productive by 2050 to meet forecast demand. Or, as the report identifies, the health workforce would need to grow from 11% to 45% of the total Australian workforce.

Whilst training more doctors isn't the only answer to this developing issue, there does need to be an emphasis on attracting and retaining doctors in NSW to meet the needs of the most populated state in the country.

Medical salaries

A number of NSW health workers, including ambulance paramedics, pathologists, hospital cleaners, as well as nurses and midwives have been vocal in their demands for a wage increase this year.

The same factors that have driven other healthcare workers to strike also exist for our members.

Healthcare workers have borne the brunt of COVID stress over the last two years, and doctors were already under significant pressure prior to the pandemic. Inflation, which has grown 5.1% over the last 12 months, is outstripping the state's public sector wage cap of 2.5%.

About 60% of wages in the healthcare sector are directly tied to agreements or awards and workers in outdated agreements are falling behind.

Doctors may choose not to strike, but that doesn't mean their contribution should be ignored.

AMA (NSW) will be calling on the NSW Government to ensure doctors receive the same wage rise it gives to other healthcare worker groups. The NSW nurses and midwives union is seeking 4.75% wage increase, while the HSU is pushing for a 5.5% pay rise.

Health expenditure for non-COVID care

AMA (NSW) is calling on the NSW Government to deliver a Budget that includes more than the usual recurrent spending and planned growth. We desperately need a cash injection that meets the non-COVID needs of the community.

The latest Bureau of Health Information's quarterly report (October to December 2021) found overall activity returned to near pre-pandemic levels and triage category 2 presentations continued a gradual upward trend over the past five years. Meanwhile demand for ambulance responses was high, with more ambulance responses than any final quarter on record, and almost 95,000 patients were on the waiting list at the end of the quarter, with 10,770 patients waiting longer than clinically recommended.

It is clear that emergency departments are full and ambulances are ramping, while elective surgery waiting lists are blowing out.

We need a Budget that addresses these critical problems facing the health system.

Payroll Tax

Payroll tax threatens the financial viability of medical practices across NSW and risks exacerbating the challenges patients already face, particularly in rural and regional NSW, in accessing healthcare services.

Payroll tax has implications for all medical practices, but general practices have the potential to be hardest hit. The financial stability of general practice has been under threat for years and recent payroll tax decisions will push some practices to consider whether they can continue to remain open.

> "...if the system doesn't change, the health workforce must become four times more productive by 2050 to meet forecast demand."

NSW is already facing a GP-shortage, particularly in rural and regional Australia. Payroll tax will exacerbate challenges to healthcare access if some practices are forced to close their doors.

Healthcare professionals have worked tirelessly and with little financial reward to assist the NSW Government with the vaccination roll-out and to protect the health of the community throughout the pandemic.

The application of payroll tax in light of these sacrifices is particularly disappointing.

AMA (NSW) is seeking a payroll tax exemption for medical practices.

For more information about our campaign, Your Quality Care – Taxed, please go to pg 26.

"It's just inexcusable to keep saying nobody could have predicted this."

– Dr Nina Robertson

Ballina, NSW

STOP USING THE WORD "unprecedented"

Dr Nina Robertson, a GP in Lismore, recalls the events that made her lose everything in her clinic.

WHILST SPEAKING with Dr Nina Robertson, Lismore was currently facing a second wave of rising flood waters only weeks after the town had just gone under. The strain was evident in Dr Robertson's voice and reflected the general feeling in the community.

Residents are feeling angry, anxious, frustrated, and very uncertain, she said, adding that there was concern the river would rise over the levee once again.

Dr Robertson is a GP at Keen Street Clinic. In early March, when the first floods hit, she thought their flood preparation plans were going to be enough with the weather information they were given. In the 70 years the clinic has been operating, water had never entered the main clinic.

"We had moved all of our records to the highest property of the clinic the night before, being 13-metres floor height, along with our offsite computer and back-ups," Dr Robertson said.

With predictions constantly being revised overnight, Dr Robertson received a call at 5am from her practice manager informing her that waters were now expected to rise to 12.5-metres, meaning there was every chance water would flow over the carpet of the main clinic.

With her colleagues' stranded by the floodwaters in their homes, Dr Robertson – who's house is located on a hill – was the only one in a position to check on the practice.

Dr Robertson and her partner rushed out to retrieve the clinic's equipment. However, pitch-black darkness and torrential rain prevented her from safely boating there.

By the time the sun came up an hour later, she realised they were too late – the practice was completely flooded, and everything was gone.

Had the flood predictions been more accurate, Dr Robertson said they would have altered their flood preparation plans.

Since then, Keen Street Clinic has been providing medical care out of makeshift facilities. The team was initially redeployed to the Southern Cross University Evacuation Centre in a volunteer capacity, and then moved to doing subsidised work which was partly funded by the Primary Health Network. Two-weeks later they opened their temporary clinic rooms at St Vincent's Hospital in Lismore, which was where they were working at the time of writing.

Dr Robertson states that unless there is more Government support and funding, Keen Street Clinic will not be able to rebuild anytime soon.

"The support from the community outweighs the support from the Government," Dr Robertson said. "As a community, everyone makes responsible flood preparations beforehand, and we all come together for the aftermath and clean-up as we're so used to it by now."

Moving forward, Dr Robertson wants the Government to make health a priority in its disaster response plans.

She also believes we need to stop using the word "unprecedented".

"Using the word "unprecedented" gives an excuse to do business as usual. We need to rephrase that, and then we need to plan for the disaster response in line with the fact we do get disasters in this country, they are precedented, and they happen every year or two – sometimes even twice a year – so why haven't our disaster responses caught up with that yet?"

"These floods were precedented months ago – disasters like these are always precedented. Now it's just inexcusable to keep saying, 'Nobody could have predicted this.' We must expect catastrophic natural disasters, because that's what we're seeing now, especially with this second wave so soon after the first. Let's expect it and let's plan for it." dr.

ENSURING HEALTHCARE ACCESS IN A NATURAL DISASTER

Young Australian of the Year and Founder of Street Side Medics, Dr Daniel Nour, hit the streets of Lismore with his team of volunteers to provide medical care to flood-affected victims.

WHEN STREET SIDE MEDICS heard that people in Lismore were unable to see their GPs, and many residents were essentially homeless after losing their homes in the floods, Dr Daniel Nour, Founder of Street Side Medics, made a phone call to the CEO of the North Coast Primary Healthcare Network (PHN) to see if they could help.

Street Side Medics is a not-for-profit mobile medical centre providing primary healthcare for the vulnerable and homelessness in Sydney. According to Dr Nour, North Coast PHN CEO, Julie Sturgess was relieved to receive the offer, and the team quickly put together a plan to send a van north.

Before heading to Lismore, Dr Nour had to ensure the van was fully equipped with the appropriate consumables and equipment for the circumstances they were about to face. Once all packed and the van fully insured for a flood-affected area, Dr Nour and the team of volunteers took off to help the flood affected area.

Many Lismore GPs used the Street Side Medics van as a medical hub to provide care to their patients. Whilst being able to facilitate the provision of ongoing care was beneficial to patients, access to the van also allowed GPs to keep working, which alleviated some of the financial stress associated with losing their practices.

"We provided the service free of charge with no expectation of any financial reimbursement, and any of the patients seen in the van were billed by the local providers so they were able to continue generating revenue," Dr Nour said.

Street Side Medics also visited nearby regional towns, such as Coraki, to provide the same medical care and assistance. At the time of writing, Dr Nour and the van were still in Northern NSW; however, he anticipated they would return to Sydney once the situation was stable.

"The reception of the van up north has been incredible. Everyone is just grateful, both on social media and in-person. I think they were just humbled to know that this kind of service is there for them. It was a very proud moment for us," Dr Nour said.

Dr Nour indicated Street Side Medics will be ready to assist in the event of another natural disaster.

"The message has always been 'access to healthcare' and in a situation where whether it be a natural disaster or being socially disadvantaged, we want to try and breach that," Dr Nour said.

"I don't think Street Side Medics are the heroes here, I think we were a piece of the puzzle, and the heroes are the local community members that stood up and were willing to roll their sleeves up and get their hands dirty in tough circumstances."

As a volunteer-run organisation, donations can go quite a long way. Street Side Medics are looking at expanding their services. If you would like to find out how you can donate to Street Side Medics, including donating your time as a volunteer, please go to their website. **www.streetsidemedics.com.au.** dr.

SUPPORTING DOCTORS IN CRISIS

Flood-affected doctors are encouraged to reach out for financial and emotional assistance.

THERE IS NO SHAME in asking for help.

That's the message the Medical Benevolent Association of NSW (MBANSW) wants doctors to know, particularly those affected by the recent floods in Northern NSW.

"Quite a few of the doctors we've spoken to feel like they can't share exactly how they feel about what's happened with those closest to them because they're trying to keep a strong face for their family and their local community," said Ida Chan, MBANSW Senior Social Worker.

"You hear stories about amazing resilience – doctors putting others and the community before themselves. Many of them have experienced significant losses personally, for example loss of their home or loss of their practice, yet they were the ones at the evacuation centres helping with immediate first aid and reassuring others and have continued to put on a brave face. To hear them cry and talk about their exhaustion is very humbling."

The Medical Benevolent Association of NSW (MBANSW) is an independent organisation run by doctors for doctors, that provides counselling and short-term financial assistance through times of crisis, illness, accident, mental health conditions, grief, and loss of income.

In wake of the recent floods, the MBANSW launched a specific ''Flood Appeal" to assist doctors impacted by the floods and are supporting colleagues both financially and emotionally.

Their appeal for donations has been extremely successful – MBANSW received more than $75,000 to-date to assist flood-affected colleagues. However, with hundreds of doctors affected and the huge cost involved to rebuild both homes and practices, more is needed to enable them to assist in any meaningful way.

The MBANSW is currently providing $1,000 support payments to doctors within 24-48 hours of reaching out, to provide immediate relief to those who have suffered significant loss.

"So far, the response from doctors has been really positive. They find it uplifting that we respond so quickly and we're not putting up a lot of red tape for them to receive that initial support from us," said MBANSW Executive Officer, Louise Fallon.

Once MBANSW has a better understanding of the number of doctors that need assistance, they will disperse 100% of funds raised to doctors, assisting them to rebuild their lives and help them stay in these regional areas. Many residents in flood affected areas were uninsured due to it being prohibitive in costs or simply not being available.

Whilst financial assistance and emotional support is available to those affected by the recent floods, MBANSW wants all doctors to know that they are here to support doctors and their families regardless of the situation they are facing that may be causing distress.

"Doctors can contact us at any time, they don't have to wait until it's a crisis or until they've hit rock-bottom," Ms Fallon said.

"Our Social Workers provide a safe and confidential space and as we only deal with doctors – that's what makes us different from other organisations. Doctors are not immune from life stressors and can experience stress for all sorts of normal human reasons. Doctors shouldn't be thinking, 'Am I in a crisis? or 'Am I more worse off than my peers?' before they reach out. If anything is bothering or concerning to them then that's enough reason to reach out! Their feelings will always be validated by a professional social worker who understands the unique pressures of being a doctor and can provide a compassionate and listening ear."

MBANSW are calling out for more donations towards their Flood Appeal. If you're looking for ways to assist colleagues whose lives, homes, properties, and practices have been affected by these devastating floods please consider donating to MBANSW.

Donations are 100% tax deductible and 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 you, or a fellow colleague, are in need of counselling or financial support, please contact MBANSW to have a confidential discussion with a Social Worker on **02 9987 050**4 or **support@mbansw.org.au.** Don't ever be afraid to reach out to get specialised help.

HELPING COMMUNITIES AND PRACTICES REBUILD

The NSW Rural Health Natural Disaster and Emergency Stakeholder Group is working together to help communities and practices rebuild in the aftermath of the floods – assisting in the immediate, short to medium, and long term recovery in Northern NSW.

AS NSW IS HIT BY back-to-back floods, the primary health care workforce is working around the clock to maintain services while simultaneously dealing with damage to clinics and personal losses. In response, AMA (NSW) is partnering with NSW Rural Doctors Network (RDN) and with other organisations in the sector to ensure the delivery of coordinated, targeted support.

The Rural NSW Natural Disaster and Emergency Stakeholder Group (NDE Group) first came together to synchronise resourcing in response to the 2020 bushfires and COVID. AMA (NSW) is a member of the group – which comprises more than 35 government and peak body agencies – and they have now reconvened to respond to the NSW floods.

PRIORITY ACTIVITIES INCLUDE:

Mental health support

Many health professionals have been directly impacted by the floods. Looking after their mental health is essential if they are to continue to care for their community.

#RuralHealthTogether is a portal providing rural health professionals with self-care support and access to wellbeing related information, both for themselves and for their patients, and contains flood specific resources. Other initiatives include RACGP's GP Support Program for members. The AMA subsidiary, DRS4DRS, provides free support for any doctor or medical student across Australia.

The Medical Benevolent Association of NSW (MBANSW) is also actively supporting doctors whose homes and practices have been devastated across 57 Local Government Areas. MBANSW provides counselling and short-term financial assistance through times of crisis, illness, accident, mental health conditions, grief, and loss of income to help doctors and their families in NSW and the ACT to recover and return to independence and wherever possible their vocation.

Keeping health services functioning – telehealth

As a result of the floods, many practices have become unusable or inaccessible. As an interim measure, access to telehealth services has been significantly extended. RDN's Telehealth resources offer support to practices and practitioners new to telehealth.

Finding financial and other support for flood-affected practices and practitioners

The rural health community platform Rural Health Pro has developed an overview of key recovery grants and assistance available to support the rural health workforce and relieve some of the costs of rebuilding practices. This includes information on identity and document replacement, housing help and clean up assistance.

Here for the long haul

Building resilience and mitigating risk in our rural communities calls for long-term risk management, planning and deploying solutions based on our collective experience, emerging science and technology, and latest research. In 2021, the NDE group developed the Natural Disaster and Emergency Learnings and Recommendations Report with leaders in the NSW and national health sector, providing recommendations to guide efforts towards greater resilience and more informed emergency management responses in NSW.

AMA (NSW) will continue to work with RDN and other groups in the sector towards the implementation of these recommendations, while also continuing to address the current situation in Northern NSW. Find out more about **NSW Rural Doctors Network.** dr.

Overseas model shown.

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PANDEMIC CHALLENGES

DOMINIQUE EGAN
DIRECTOR OF WORKPLACE RELATIONS, AMA (NSW)

Staffing remains difficult in hospitals and medical practices as COVID case numbers result in the furloughing of staff in significant numbers. In addition, elective surgery shutdowns in 2020 and 2021 have resulted in increasing wait lists in the private and public hospital systems.

AMA (NSW) CONTINUES TO advocate for a sustainable system response as we adjust to living with COVID-19. Further elective surgery shutdowns are not the answer. To address the wait list, there will be the need, at least in the short term, some public patient work to be undertaken in the private hospital system.

VMO contracts

The Workplace Relations Team has reviewed and advised members on the contracts they have been offered to undertake public patient work in the private sector. AMA (NSW) continues to advocate for this work to be undertaken under VMO contracts between doctors and Local Health Districts, regardless of where the work is undertaken. This ensures that training opportunities are available for doctors-in-training, many of whom lost training opportunities during elective surgery shutdowns and also ensures the work is undertaken by VMOs under the same terms and conditions regardless of where the work is performed.

If you have been offered a contract, or have signed a contract, to undertake public work in the private sector and require advice regarding the same please contact the Workplace Relations Team.

Private practice

Private medical practices are also grappling with the challenges of the new COVID normal. If a doctor or staff member in your medical practice is a household or close contact of a COVID-19 case, they must comply with the NSW Health Household Contact Guidelines. Please note, these guidelines are subject to change from the time of writing.

Medical practices should be regularly reviewing their policies to ensure they are meeting their WHS obligations to staff and patients. Medical practices should be implementing the following risk minimisation measures:

- Mandating COVID-19 vaccinations for all staff;
- Mandating masks (and other PPE as may be appropriate);
- Regularly reviewing the risk profile of your patients;
- Encouraging the use of telehealth where appropriate;
- If a staff member is a household contact of a COVID-19 positive case, assessing whether they need to be in the practice to work? Can they work remotely? If they are at work, they should wear a P2/N95 mask at all times (other than eating and drinking, and if eating and drinking this should preferably be done outside or if inside, not in common areas such as the tearoom);
- Having a work from home plan for administration staff to who may be able to do so, particularly at times of high COVID-19 transmission.

The Workplace Relations Team is ready to assist medical practices with the implementation of policies and procedures that ensure medical practices are meeting their obligations to staff and patients during the COVID-era. dr.

The AMA (NSW) Workplace Relations Team can be contacted at workplace@amansw.com.au. If you email us, please let us know your preferred means of being contacted and when, so we can do our best to work with you. The Team can also be contacted on (02) 9439 8822.

Getting it right: TYPES OF EMPLOYMENT AND CONTRACTS

Engaging new staff and not sure if they should be permanent or casual? AMA (NSW)'s Felicity Buckley discusses the differences and offers some top tips.

EMPLOYING STAFF IS A NECESSARY part of running a medical practice, although that doesn't make the task any less challenging.

It is important to understand the different types of employment before you start recruiting so you make the best decision about the role and what you require. Choosing the correct type of employment should be based on your business needs and will set up appropriate expectations of your new employee.

Permanent: Full-time & Part-time

There are two types of permanent employment, the first is full-time, which means the employee works 38 hours a week, the other is part-time, and the employee is contracted to work anything less than 38 hours a week. Permanent full-time and permanent part-time employees are entitled to paid annual leave, paid personal leave (sick and carer's), and usually have to give, or be given, written notice of between one and five weeks when their employment is ending. They work regular days and hours each week, and this can usually only be changed in advance by agreement and recorded in writing. When a public holiday falls on an employee's normal working day, they still need to be paid for that day.

Casual

The key component of a casual employment contract is that the offer is made and accepted on the basis that there is no firm advance commitment of ongoing employment and no agreed pattern of work. Each individual shift is based on the practice requiring staffing for those hours, for example, if there is a public holiday and the practice is closed, the casual employee is not engaged for that day. The employer offers the shift to the employee and the employee is free to accept or reject it. It is important to make it clear in the employment contract that the position is "casual" and that the employee will be receiving 25% loading on top of the minimum rate of pay for their classification, to compensate for the casual nature of the role. Casual employees do not receive paid annual leave or paid personal leave (sick and carer's). If the casual employee isn't working, then they don't get paid.

Employment Contracts

There is no legal obligation to provide new staff with a written contract of employment. Nonetheless, we recommend that you have written contracts in place, signed by both parties, before any new staff commence work in your practice. A written employment contract will first and foremost set out the terms and conditions of employment, such as the type of employment, hours of work, rate of pay, and the applicable Modern Award. Having one in place before an employee starts work is a great way to avoid confusion and minimise potential future disagreements.

> "Make sure your employee returns a signed copy of the employment contract before they commence work."

TOP TIPS

1. Make sure the employment contract is signed.

Make sure your employee returns a signed copy of the employment contract before they commence work with you, and that you keep the copy in their secure employment file for future reference.

2. Casual employment should not be used as a form of trial period.

It is common for employers to fall into the trap of hiring 'casual' employees as a form of trial period, under the belief that it is less risky if things don't work out.

Without a doubt, the casual employment model does have a lot to offer in the right circumstances. However, it comes at a financial cost to the business, and doesn't give either party the guarantee of ongoing staffing or employment. It can be difficult to convince an employee to transfer over to a permanent position if you decide you would like to retain them long term, as they usually need to take a 25% pay cut and let go of their flexibility.

3. Variations to the contract must be agreed and should be in writing.

It is important to remember that neither party, employer or employee, can unilaterally change the terms and conditions of an employment contract. The terms and conditions of the contract may be varied only by agreement with both parties. Employers have an obligation under the relevant Modern Award to consult with their employees before making any major workplace changes, as well as changes to rosters and working hours.

4. Regularly review your employment contracts.

A good time to do this is in July, when the Fair Work commission hands down its annual minimum award wage increase. Look closely at your pay rates to make sure you are still meeting the minimum award rate, as well as your employees' classifications and any other clauses that may need updating.

AMA (NSW) provides template contracts of employment for members, which can be accessed by logging onto the AMA (NSW) website. If you need any assistance with the template contracts, including tailoring of contracts to your business, members can contact the **Workplace Relations team** at **workplace@amansw.com.au** or on **(02) 9439 8822.**

ABOUT THE AUTHOR

Felicity Buckley is a Workplace Advisor and can assist employers navigate the many responsibilities you face as a private practice owner.

VISITING MEDICAL OFFICERS: THE DISPUTES MECHANISM

The disputes process is a practical and versatile tool that can provide timely resolution to issues related to VMO contracts.

IN ALMOST ALL workplace agreements there is an 'issues resolution' or 'alternative dispute resolution' process available to the contracting parties, and they are included to protect the employee's or contractor's rights and raise issues from time to time.

The AMA (NSW) can assist its VMO members with addressing any issues by following the disputes process. The purpose of this process is to provide a mechanism through which to work through issues in good faith, with an aim to find a resolution that is in the best interests of the VMO, the hospital, and the patients they care for.

Although the process appears formal, it should be approached as a collegiate method of resolution. Certainly, our experience is that almost all issues are resolved through a course of meetings at hospital level. Only occasionally do we find the need to progress to a mediation, whereby an independent workplace mediator will assist in the resolution process. And, only in very rare circumstances will an arbitration be considered necessary.

The disputes process can be invoked for 'any matter in connection with the contract' – although does exclude matters relating to reappointment, termination, and suspension (which are dealt with under the appeals process in the Health Services Act 1997).

The case studies below demonstrate the practicality and versatility of the clause.

Disputed payments: AMA (NSW) assisted to secure payment for a VMO of $50,000 in a matter where there had been underpayment over many years where the VMO should have been paid at senior rates and with regional loadings.

Reductions in 'ordinary' hours: Under Sessional Contracts, ordinary hours are for the most part either 'budgeted' or 'agreed' and should be determined by way of annual review with reference to the previous years' hours as well as taking into consideration the requirements of the Local Health District and the Department. They should not be reduced without reference to those considerations and an attempt to reach agreement between the parties. AMA (NSW) assisted in a dispute regarding a reduction in hours that was imposed unilaterally, and we were able to prevent the implementation of the reduction in hours.

Lack of equipment and safety concerns: Under the VMO Determinations, LHDs are required to provide all ancillary, medical, nursing, and clerical assistance, and facilities, instruments, and equipment reasonably necessary for the proper performance of the services by the VMO. AMA (NSW) has assisted a number of VMOs with negotiations for funding for new or additional equipment to ensure the safe provision of services.

Unreasonable on-call requirements: In cases where departments continually issue on-call rosters that inequitable and causing an unreasonable load upon one VMO. AMA (NSW) has been successful in negotiating amendments to the roster following the notification of a dispute.

Other matters that may be the subject of a dispute include compensation for cancelled operating time when inadequate notice is provided; reallocation of operating time for one VMO to another VMO; compensation for a VMO who was informally stood down; and compensation for the failure to make payments for teaching and committee attendances.

We are aware that many VMOs consider notifying a dispute to be reserved for very significant issues and that doing so may result in adverse consequences for the VMO concerned. This is not the case. As set out above, a dispute can be notified regarding any matter and if a Local Health District was to take adverse action against a VMO for exercising a right under the contract they would be on very tenuous legal ground.

We encourage VMOs to make use of the disputes process. It provides a means for timely resolution of issues and for more significant matters, not only provides a means of resolution but also protects the VMO from action being taken against him or her.

If you would like support with the disputes process, the AMA (NSW) Workplace Relations Team is able to assist in preparing correspondence, attending meetings and mediations, and negotiating resolutions. dr.

ABOUT THE AUTHOR

Juliette Paterson is a Senior Workplace Relations Advisor at AMA (NSW). She can assist senior doctors in resolving problems before they escalate into disputes, protect your rights, and further your professional interests.

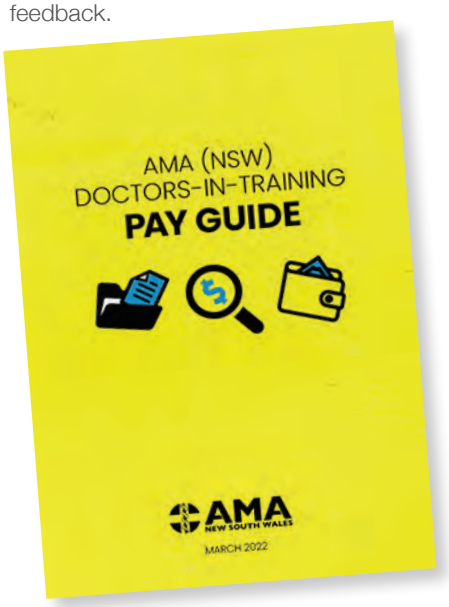
LOOKING AFTER DOCTORS-IN-TRAINING

New resources, new hospital representatives, and new social activities – check out we can do for you in 2022.

Doctors-in-Training Pay Guide

The NSW Health payslip has always been a bit of a puzzle. It's certainly one of the more complicated I have seen particularly given the number of penalty rates, overtime, and allowances you might be paid in any given fortnight. It's not at all surprising that many doctors-in-training struggle to decipher their payslip and understand exactly what they have been paid and why.

As a result of your feedback, we developed the AMA (NSW) Doctors-in-Training Pay Guide. This has been a long-term project and we were pleased to launch it in time for the new look payslips. We have coupled the guide with training sessions at hospitals around the State and have received some great feedback.



Doctors-in-Training Committee

Three motivating speakers joined our Doctors-in-Training Committee (DITC) meeting in March. We heard from Chair of Federal AMA Council of Doctors-in-Training, Dr Hash Abdeen, who shared the AMACDT 2022 advocacy plan which focuses on progression through training, unaccredited registrars and prevocational advocacy, and DIT wellbeing.

We were also joined by the inspirational Young Australian of the Year and Founder of Street Side Medics, Dr Daniel Nour. Street Side Medics is a not-for-profit organisation which provides a GP-led mobile outreach medical service for people that are either experiencing homelessness or are vulnerable. Their second van hit the streets this month and has travelled to flood-effected Lismore, where the team has been providing mobilised medical support to those who have lost access to healthcare.

To round out the meeting, we discussed DIT wellbeing and the need for more social interaction. Dr Aran Sandrasegaran has started a doctors' running group and encouraged other DITs to get involved. Running groups are an excellent way to socialise and look after your wellbeing, whilst also staying fit and healthy. As we ease into COVID-normal, we encourage DITs to participate in events such as these and continue to look after your own and each other's wellbeing. More information can be found on our website and our Facebook and Instagram pages.

A big thank you and congratulations to our 2022 Hospital Representatives who were recently announced. We look forward to working with you on continued advocacy for doctors-in-training across the NSW hospital system.

Assuming the COVID stars align, we look forward to holding our next DITC meeting face-to-face in our new office space. All DIT members are welcome, please get in touch with us via **dit@amansw.com.au** if you would like more information about committee meetings.

Upcoming Activity

We look forward to working with the NSW Medical Student Council to help medical students navigate the HETI Intern Application process which begins in May.

In addition to the return of face-to-face meetings and education sessions, we are pleased to recommence networking and social events. Look out for information coming soon on our DIT social events to be held in 2022. Members and non-members are all welcome. It's time to reconnect. dr.

Need help?
Please contact our Workplace Relations Team on 02 9439 8822 or by email workplace@amansw.com.au

ABOUT THE AUTHOR
Jess Rankin is AMA (NSW)'s Senior Workplace Relations Advisor. She is the DIT Liaison and our Careers Service advisor. Contact Jess on workplace@amansw.com.au.

Dr Barri Phatarfod, General Practitioner

AMA (NSW)'s new campaign takes aim at payroll tax and the potential impact it could have on medical practices and patients.

AMA (NSW) LAUNCHED a new campaign appealing to the State Government to exempt medical practices from payroll tax.

Your Quality Care – Taxed is a media campaign aimed at driving public awareness of the potential impact of payroll tax, which threatens the financial viability of medical practices across NSW and risks exacerbating the challenges patients already face, particularly in rural and regional NSW, in accessing healthcare services.

The campaign underscores the significance of this threat – highlighting that some practices will be forced to close their doors, while others will need to increase how much they charge independent contractors, which could result in a reduction in bulk billing.

AMA (NSW) has held discussions with Revenue NSW for almost two years in a bid to bring attention to the financial strain many practices already face and the potential this tax would have on their ongoing viability, as well as the ramifications for patients and healthcare access.

We wrote to the Premier, drawing attention to the GP shortage in NSW and the damage this punitive tax would have, particularly in rural and regional areas, should practices close their doors. We also stressed the commitment and sacrifice medical practices made to be a part of the vaccine rollout to ensure Australians were protected in the COVID pandemic.

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

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

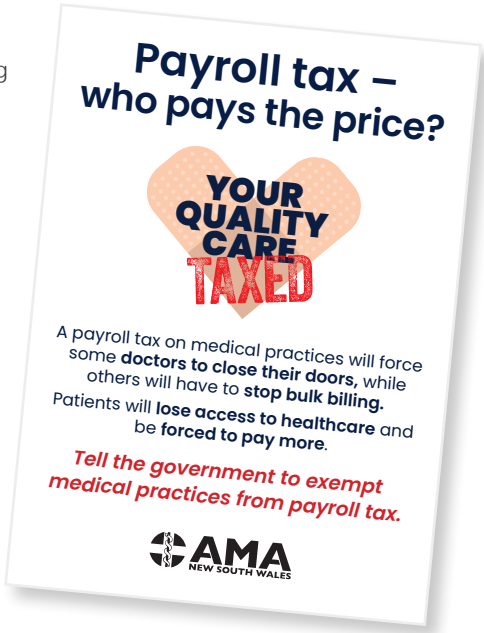
Government funding models reward general practitioners who practice from the same location. Practice Incentive Payments and other government funding is increasingly important to ensure the financial viability of general practices, given the failure of MBS rebates to keep pace with the actual costs of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

The AMA held a Payroll Tax webinar in late February, facilitated by AMA President, Dr Omar Khorshid and featuring Commissioner of State Revenue, Cullen Smythe.

Around 740 people attended the webinar – testament to the depth of concern that exists about this issue.

Revenue NSW indicated that prior to COVID-19, the tax office had been doubling the number of medical payroll tax audits and had achieved a 75% medical liability strike rate on all medical related audits conducted in 2022.

Medical practices are strongly encouraged to seek professional advice regarding your arrangements. Members should speak with their accountant and seek review of your contracts. AMA (NSW) has arranged for members to access a one-hour consultation with HWL Ebsworth Lawyers to seek advice about existing contracts and / or obtain an updated agreement for $500 inclusive of GST. Please contact our Workplace Relations team at **workplace@amansw.com.au or call 02 9439 8822 (toll free 1800 813 423 outside metropolitan Sydney).** You can find **AMA (NSW)'s campaign *Your Quality Care -Taxed* on our website: www.amansw.com.au/payroll_tax.**



Please download the poster and share the social media resources available.

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Payroll Tax FAQs - What is payroll tax?

PAYROLL TAX is tax assessed on wages paid or payable by an employer to its employees, when the total wage bill of an employer exceeds a threshold amount. The current payroll tax threshold in New South Wales is $1.2 million.

Under the provisions of the Payroll Tax Act 2007 (NSW) payments made under relevant contracts may be considered wages for the purposes of payroll tax.

What constitutes a relevant contract?

A relevant contract is one under which a person:

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

Are there any exemptions to the relevant contract provision?

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

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

How does this affect medical practices?

While there are and have always been some practices that operate on the basis that medical practitioners are engaged to provide services to the medical practice and the medical practice's patients, other medical practices do not engage medical practitioners to provide services to the medical practice or the practice's patients.

In the latter circumstances, under the contract the practice provides services to the medical practitioner to support the medical practitioner providing services to his or her own patients.

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

Why should practices be concerned?

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

What triggers a payroll tax audit?

Medical Republic hosted a payroll tax webinar in late March featuring panellist David Dahm, CEO of chartered accounting firm Health and Life.
Mr Dahm indicated that mandatory e-invoicing, which is due to commence with Medicare from 1 July 2022, will make it easier for the tax office to data match a medical practice's taxation and payment arrangements, without having to contact the practice's accountant.
Mr Dahm also highlighted that practice websites can also signal what type of arrangement a practice has with its doctors, so its important to review the language used on external patient facing communication materials, including your website, letterhead, etc.

What can practices do?

Seek comprehensive advice from qualified accountants and lawyers who specialise in medical practices. dr.

Payroll Tax webinar

Free for AMA Members, the Payroll Tax webinar recording is now available as a self-paced online learning module from doctorportal Learning. A 'Certificate of Completion' will be automatically issued to your CPD Tracker upon completion of the module.

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The full CPD Learning catalogue is available at https://www.dplearning.com.au/cpd-learning

UNPACKING VAPING IN SCHOOLS

Research project aims to understand awareness, attitudes, and experiences of e-cigarettes to inform school-based prevention strategies.

PRELIMINARY FINDINGS from a pilot consultation project that examined the knowledge, attitudes and behaviours of high school students, teachers and parents will inform strategies for the prevention of adolescent e-cigarette use.

The Prevention Education and Research Unit of Western Sydney Local Health District conducted consultation sessions with students, teachers, and parents from a Western Sydney high school in 2021.

The study participants identified social influence and peer pressure as a significant contributor to e-cigarette use. They also pointed to the pervasiveness of vaping at school at all year levels.

Participants said the design features of vapes, including the pleasant taste and smell, and the sleek packaging made e-cigarettes attractive to teens. They also felt vapes were more 'discreet' and therefore easier to conceal.

Intrinsic motivators such as stress relief and teen rebellion were discussed by participants.

In addition, the study looked at the participants' perception of risk and found teens' attitudes towards vaping were that 'it's not as bad as smoking'.

The study investigated accessibility of e-cigarettes and sources of vaping information – in both areas the study found internet and social media play a significant role.

Students, teachers, and parents looked at vaping prevention strategies such as encouraging senior students to become vaping prevention advocates and incorporating learning about vaping into school punishments.

These preliminary findings will help inform a research study to be conducted this year, which will allow the themes uncovered by this project to be explored in greater detail with a broader sample of western Sydney high school students, teachers, and parents.

Read the study in full in the online May/June 2022 edition of The NSW Doctor magazine on amansw.com.au. dr.

DOCTOR INNOVATION

DR RON GRANOT
AMA (NSW) COUNCILLOR & NEUROLOGIST, WITH A SPECIAL INTEREST IN HEALTHCARE IT.

Participating in the development of medical technology ensures the end product is fit for purpose, suggests Dr Ron Granot.

WE ARE ALL PAINFULLY aware of the ever-increasing burden in looking after our patients. More tests to review. More letters to write. More documents to read. More technology. More time spent documenting in greater and greater detail. All technology seems to do is increase the workload.

The promise of technology has always been to make our lives easier; to share the burden and make work more interesting and less repetitive and tedious. Instead, we as the modern, 2020s doctors, are left still reliant on fairly old technologies dressed up in modern clothing. We still run into problems with communicating with colleagues and sharing information. We're often still reliant on faxes, although electronic messaging is gradually increasing. But what we're not seeing are any leaps and bounds in technology to make the fundamental role that we have to complete any easier.

In contrast, we as medical practitioners should have more time to listen to our patients and focus on getting them better with technology assisting us in a task, not hindering. Why is this not happening?

It would appear that the innovation is largely driven by the tech world rather than from within medicine. We are given solutions dictated to us by others, rather than born of our true needs and wants. We are merely a consumer of health technology rather than a creator.

I do not believe that doctors have no desire to innovate or advance the field of medicine. Quite the contrary, we are all heavily involved in research in one way or another. However, our focus has always been on our patients rather than on ourselves.

To this end, I would suggest that we turn our focus of innovation inwards to try to cocreate technology that makes our medical practice lives easier and thereby still works towards our ultimate goal – to improve patient care.

Rather than being the passive consumer of health technology, I would propose that we become its active creators. I would like to see medical technology accelerators whereby doctors and technology entrepreneurs, programmers and developers are able to collaborate to create the healthcare solutions for tomorrow's patients.

I have been very fortunate to have been involved in a medical software start-up, Better Consult 1, which has now reached over 3 million patient-GP interactions. The road was very long and frustrating, with support from government almost impossible to obtain. In the end, I was able to progress only with a joint venture through personal contacts, without there being a system in place to help progress my solution further. I feel very fortunate to have been able to have my solution see the light of day and be so widely used, but I feel that we must band together to create a structured approach to advancing the field of medicine not just from a pharmaceutical perspective or a surgical technique perspective but from a technological perspective.

The American Medical Association has the Physician Innovation Network 2, a platform to connect doctors and "innovators", why don't we?

I would love to hear from others who are interested and propose to try to get an accelerator for medical software solutions up and running, to collaborate with our technologist colleagues and build solutions together. I have registered **healthcatalyst.com.au** to get the ball rolling.

Let's build the future of Health Tech together. dr.

1. https://au.betterconsult.com/
2. https://innovationmatch.ama-assn.org/

DOCTORS-IN-TRAINING COMMITTEE: UPDATE

The AMA (NSW) Doctors-in-Training Committee has been working diligently to further its strategic goals for 2022.

THE AMA (NSW) Doctors-in-Training Committee met at the end of March and welcomed the newly appointed 2022 Hospital Representatives across NSW Prevocational Training Networks.

The DITC are looking forward to working alongside each Hospital Representative to address issues and concerns in their network and work on ways to advocate for better working conditions for DITs. If you have an issue with your hospital and you would like to raise it with the DITC, email dit@amansw.com.au or talk with your hospital representative.

In the same meeting, the DITC announced they have been compiling research into potential optimal JMO-Patient ratios. Despite there being little quantitative data in the field – the Royal Australian College of Physician (RACP) has reported that patient ratios is to be dealt with by hospitals on a local level. The DITC plan to be looking into this further by engaging with stakeholders and will be seeking DIT input and feedback via the 2022 Hospital Health Check.

The DITC has also encouraged DITs to look after their health and wellbeing especially as the world eases into a COVID-normal. There have been numerous doctor running/walking groups formed recently and the DITC are looking forward to getting involved. Running/walking groups are a great way to socialise whilst staying fit and healthy.

#HHCinAction

AMA (NSW) has been meeting with Local Health Districts to discuss results of the 2021 Hospital Health Check. All LHDs have a strong willingness to tackle issues raised from the survey results and to take action. Meeting discussions have included workplace culture and bullying, a lack of staffing availability, improvement of facilities, overtime and leave, and rostering.

The common concern across all LHDs is a lack of fresh and healthy food being available for doctors on shift. AMA (NSW) is advocating across the board to introduce healthy vending machines and fresh fruit in hospitals, as well as introduce more free food options for doctors.

Research Advisory Group

The DITC is establishing a Research Advisory Group that will provide assistance to DITs interested in getting published. The research group will support authors on developing topics, as well as facilitate access to AMA (NSW) survey research. dr.

UNACCREDITED REGISTRARS: FORGOTTEN?

NSW Health's review into unaccredited registrars resulted in several recommendations that have yet to be implemented. What happened?

IT'S BEEN MORE than three years since Dr Yumiko Kadota wrote her blog post, "The Ugly Side of Becoming a Surgeon" which highlighted her experience as an unaccredited registrar. In particular, she detailed the gruelling workload, the physical and mental toll of working 100-hours of overtime in a month, and the lack of protections for unaccredited registrars.

Her story prompted calls for change from many organisations, including AMA (NSW). After discussions with the Doctors-in-Training Committee, the AMA (NSW) Council developed several resolutions, including that NSW Health undertake a state-wide audit of junior doctor hours, which includes not only rostered hours but also unclaimed unrostered overtime, incorporating data such as entries on EMRs.

NSW Health heeded these calls and established a review of trainees in unaccredited positions in 2019. The review sought to identify issues that need to be addressed to improve the wellbeing of junior doctors and their training experience. In addition, NSW Health conducted an internal survey of hospitals regarding unaccredited trainees – the "2019 Unaccredited Positions Data Survey," which helped inform its review, as well as the results from the 2017 and 2018 "Your Training and Wellbeing Matters" Surveys.

In 2020, the Ministry published a Discussion Paper with 10 draft recommendations.

1. Director of Unaccredited Training roles should be established to support trainees in unaccredited positions.
2. Training plans should be put in place for all trainees in unaccredited positions.
3. Advertised role details for unaccredited positions should clearly articulate service requirements and training and education available for the role.
4. Trainees in unaccredited positions should receive formal performance feedback during and at the end of their term, aligned with their training and development plans created at the beginning of the term.
5. An orientation to the role should be provided for trainees when commencing in unaccredited positions.
6. A mechanism should be established for trainees in unaccredited positions to provide term feedback to the hospital, including to Medical Services, Department Heads and Directors of Training.
7. That the Ministry of Health reviews the available award and policy provisions for leave for the purposes of training and development for trainees in unaccredited positions.
8. The minimum length of employment contracts for unaccredited positions should be routinely offered as part of annual recruitment for a period of two years
9. There should be oversight of and accountability for rosters for trainees in unaccredited positions.
10. NSW Health should work with specialist medical colleges regarding entry requirement for college training programs to ensure they are reasonable and effective.

Many issues have taken a backseat to the COVID response, and to our understanding while some there has been some action on the recommendations has begun, such as reviewing the award and policy provisions for leave, most have yet to be finalised and implemented.

To help further this work, the DITC will be lobbying for action on these recommendations and ensure unaccredited registrars are better supported and not subjected to working excessive hours and unsafe work conditions.

In particular, we want to ensure unaccredited registrar positions are minimised across Australia. dr.

Do you have feedback on this issue for the Doctors-in-Training Committee?
Please email dit@amansw.com.au.

ABOUT THE AUTHORS

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

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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.

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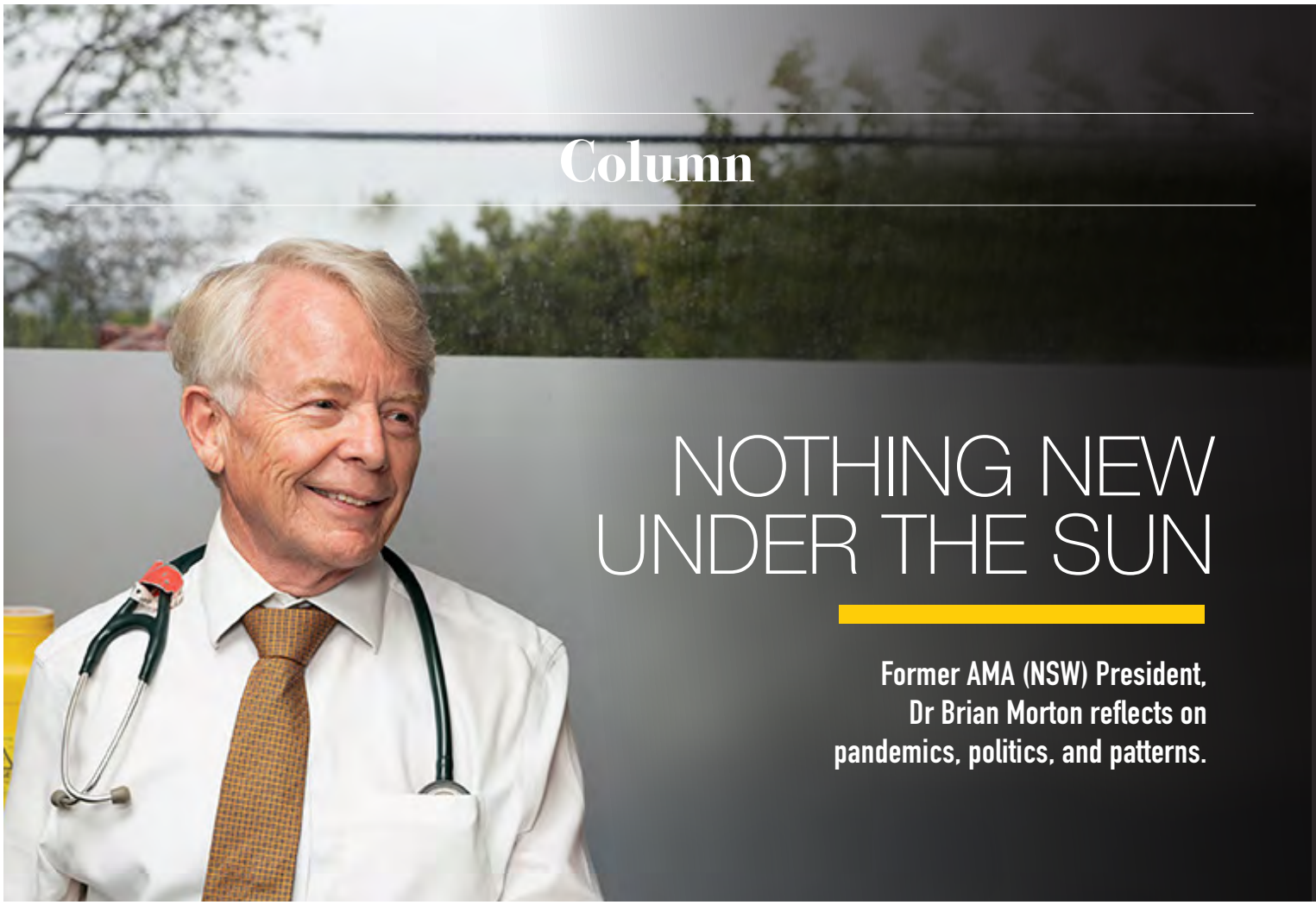

NOTHING NEW UNDER THE SUN

Former AMA (NSW) President, Dr Brian Morton reflects on pandemics, politics, and patterns.

I'VE RECENTLY combined my transition to retirement with a house move. This involves the necessary packing and unpacking of memorabilia of past activities, including news clippings collected during my term as President of AMA (NSW) in 2008-2010.

Despite the passage of time, it was a reminder of how much has stayed the same.

In April 2009, a new strain of influenza, a virus called 'H1N1 2009 influenza', (swine flu) was identified in Mexico. Due to the speed the virus spread around the world and being a new strain of flu, the World Health Organisation declared it a pandemic in June 2009.

As President of AMA (NSW) in 2009 I was quoted: "Swine flu cases are likely to peak in NSW next month as children return to school after the holidays."

Fast-forward 12 years and one could write the same sentence by simply substituting 'COVID-19' for 'swine flu'.

This got me thinking about what other potential learnings from that previous pandemic are being ignored this time around.

In July 2009, I was interviewed by the *Sydney Morning Herald* and stated that Governments should put money into the health system to ensure highly qualified and trained nurses and doctors are available in preparation for a more virulent virus in the future.

And yet, despite this warning, media headlines today tell of staff shortages, ambulance ramping, and the crisis in our health system.

In addition to the health costs associated with COVID-19, the system must now deal the downstream effects of limited preventive screening and elective surgery stoppages that occurred in the height of the pandemic.

Then again, elective surgery waitlists were a challenging issue even before the first confirmed case in Australia was identified on 25 January 2020.

In November 2009, I was quoted by the *ABC*: "The public debate about waiting lists for elective surgery has become a discussion about numbers – rather than a discussion about people. The way we discuss hospital waiting lists has sterilised the debate and anaesthetised us to the human reality of what those lists represent."

One unique issue that the COVID pandemic has highlighted is the blame-shifting between State and Federal Governments, which has become a problem for both public hospitals and general practice.

During the pandemic, Governments relied on general practice to provide greater than 50% of COVID vaccinations for a pittance, on top of usual patient care. That general practice stepped up to the responsibility of this task demonstrates the high ethical standards and commitment to providing quality care that providers have.

I have a cynical observation that the Budget ignored providing increased health funding because all health workers did too good a job caring for our community.

If we are going to meet the healthcare challenges of the future, then Governments need to implement innovative funding solutions – not the same funding models that have contributed to the crisis that exists today.

ABOUT THE AUTHOR

Dr Brian Morton AM served as President of AMA (NSW) from 2008-2010.

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DR DANIELLE MCMULLEN
PRESIDENT, AMA (NSW)

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