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IN THIS ISSUE 2022 AMA (NSW)

Hospital Health Check
survey results





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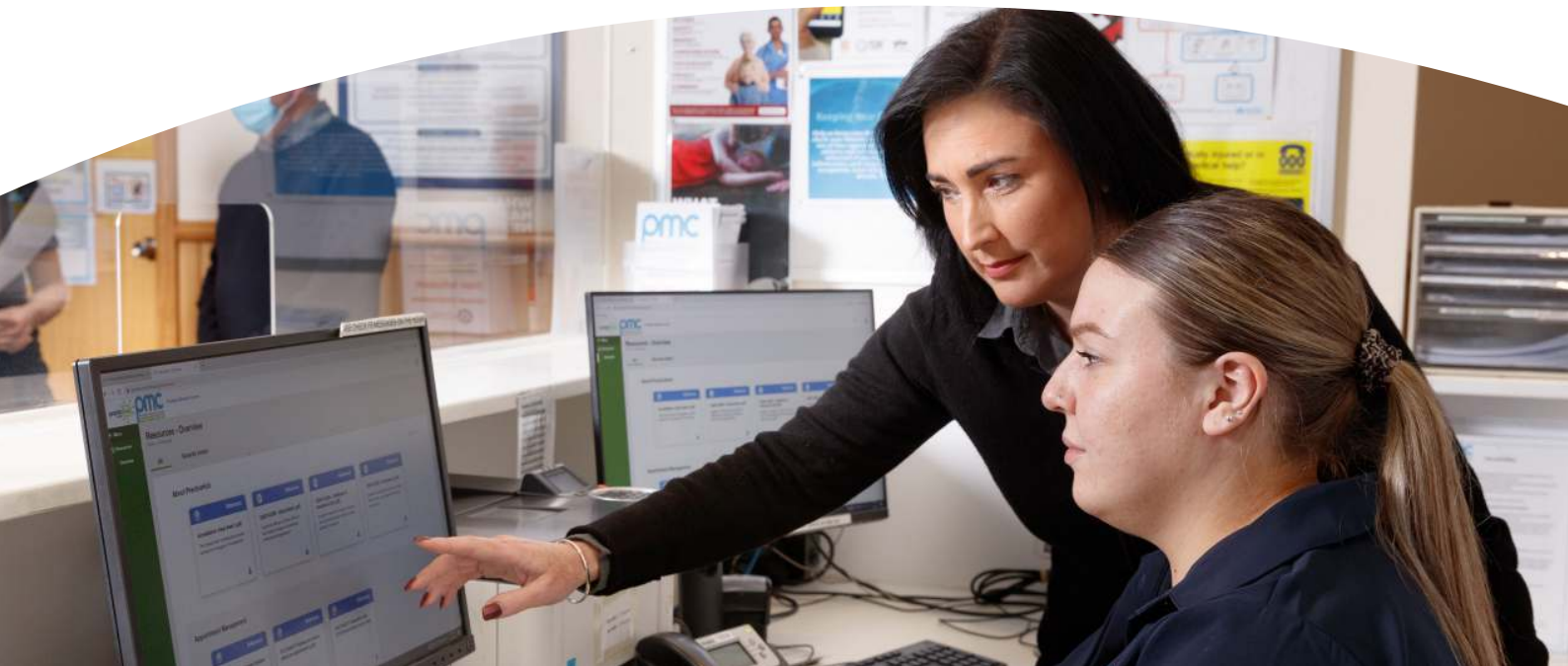
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From the Editor

This month, we present the results of the 2022 Hospital Health Check survey. It's a privilege to participate in what has been such an important advocacy tool for doctors-in-training. While the stats are always a treasure trove of important information that allow us to compare year on year – it's the comments I find most illuminating. In a year where colleagues were repeatedly furloughed due to COVID illness, which resulted in shortfalls in staffing across the board, there was a real sense of appreciation among respondents for their colleagues. This sentiment extended beyond junior doctor colleagues, to senior doctors, nurses and allied health staff.

The NSW Government presented doctors with a \$3000 payment this year as a token of its appreciation for hardworking healthcare workers. This boost, along with the lift to the public sector wage cap was welcomed by the AMA, but it doesn't negate the Government's

responsibility to update doctors' contract conditions.

The Award for doctors-in-training has not been updated since the 1980s. Leg warmers, statement tees, and padded shoulder suits might be back in fashion, but the Award is looking pretty dated and it's time to bring it in line with the current environment.

Also in this issue we have some features about some outstanding doctors-in-training – Dr Ashna Basu, President of the Medical Women's Society of NSW and Dr Bal Dhital and Dr Elina Christian, who have founded the Australian chapter of High Impact Medicine. We hope you enjoy this edition.



Andrea Cornish,
Editor



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President's Word

FOCUS ON RURAL AND REGIONAL MEMBERS



DR MICHAEL BONNING
PRESIDENT, AMA (NSW)

Rural and regional health is a major aspect of our advocacy and I look forward to discussing the issues facing our members across the State, as well as solutions ahead of the next election.

ONE OF THE BENEFITS of taking on the role of President of AMA (NSW) is that I am afforded the opportunity to meet members across the State.

This September, I'm scheduled to meet doctors in Lismore and on a separate occasion, Armidale and Tamworth.

While there are many universal pain points in the healthcare system, these events give me greater insight into the local issues affecting members.

For Lismore medical professionals,

the challenges they have faced this year have been well documented. The 'unprecedented' February and March floods that devastated communities in the Northern Rivers continue to impact the residents in those areas.

We have several members who – six months after the natural disaster – are still scrapping paint from ceilings and pulling up lino.

They have received little financial support from the Government and risk closing their private practices altogether.

These practices were unable to obtain insurance before the floods and will not be insured going forward.

They continue to see patients, but in a limited capacity due to the damage to their premises, and this has further impacted their financial recovery and ability to fund repairs to their clinics.

In addition to their own trauma, they are dealing with significant and ongoing mental distress from patients.

The recent inquiry into rural and regional healthcare highlighted the substantial difficulties patients face in accessing health services in non-metro areas of the State.

Which makes the Government's slow response to helping these healthcare services get back to where they were before the floods even more disappointing.

What happens to residents in these areas when GP and non-GP practices close their doors permanently?

How will these communities be able to attract and retain other health professionals to the area in the future?

The AMA has been working with other health organisations to call on Government to immediately provide grant funding to non-government health

businesses in the Northern Rivers area. We are also calling on Governments to recognise all health services in regional and rural areas as essential services following a natural disaster, and ensure these businesses are supported in the immediate aftermath as a matter of priority so that residents' healthcare access is not compromised.

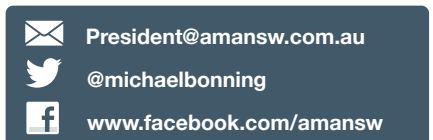
We believe Lismore is the 'template' for other communities across the country and medical practitioners, particularly those in rural and regional areas, should be watching this situation closely. If your practice was affected by flood, fire, earthquake, or any other natural disaster, what would it mean to you? What would it mean for your patients?

Other regional visits

I'm looking forward to meeting both doctors-in-training and senior doctors in hospitals and in private practices in Armidale and Tamworth. I know from our Senior Doctor Pulse Check survey that the number of doctors in Armidale, for example, who reported feeling valued by their hospital exceeded the State average.

We'll be running this survey again and using the results to formulate our election priorities for the State election in March.

We hope to have more information on that as we get closer to the election. **dr.**



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From the CEO

NO MORE PAPERWORK, PLEASE

Removing the burden of unnecessary paperwork is a small, but important way to recognise the value general practitioners provide.

Fiona Davies, CEO, AMA (NSW)

IN RECENT MONTHS, the absolute crisis in general practice workforce seems to be everywhere. For those involved in health policy, this is no surprise at all. The long-term impacts of endless freezes to rebates have resulted in a collapse of applications into general practice, particularly rural training pathways. As we all know, only 14% of medical graduates are going into general practice. There are so many things that need to change for general practice to be recognised as the valuable and rewarding speciality it is. Some of those things are hard and require much needed investment. However, some other things could be more easily managed if we just looked at the administrative burden facing GPs.




Not surprisingly, general practitioners hold a position of significant trust in the community and are therefore asked to certify a significant number of conditions or government requirements. I was reminded of this burden by a recent Twitter comment by a GP who expressed irritation about patients who wave a form for signing on their way out the door. I fully understood the frustrations of the hard-working GP. However, I also understand the difficulty for patients because the burden of form filling is something I know from the other side.

My family, like many others, includes a person with a disability, in our case, autism. Around one in six Australians has a disability, with one in three of those having a significant disability. Having a family member with a disability can bring incredible joy but it also brings many challenges in accessing services. Our family is incredibly fortunate to have sufficient

resources and connections within the health system. We have a wonderful GP, who works around challenges such as annual vaccinations, a great paediatrician, and other excellent supportive healthcare. Despite all of this, I dread every time we need to front up with yet another form to be signed or report to be written to prove what we already know.

My frustration over this issue came to a head recently when we were turned away from our passport application with the requirement that we have a doctor certify that she could not sign a passport application. Putting aside the wisdom of our national security system relying on the signatures of a 12-year-old child, this is yet another instance in which we have to waste time and effort to justify a disability and a situation that will not change. We are very fortunate that with lots of effort and support, there are many things our SuperGirl will be able to do in her life – signing her name is unlikely to be one of them, now or in the future.

I realised that in being angry about this that someone should really do something about it and realised that I probably was the someone who should. So, while we fight to improve the standing and support of GPs in many other ways, we will also be doing what we can to fight the demeaning burden of unnecessary paperwork. **dr.**

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BUPA AND RAMSAY SIGN NEW THREE-YEAR CONTRACT

A last-minute agreement resulted in ongoing cover for Bupa-insured patients at Ramsay hospitals. However, the dispute emphasises the need for an independent, well resourced, statutory body (Private Health System Authority).

RAMSAY HEALTH CARE and Bupa have recently been the subject of much attention after failed negotiations saw termination of their Hospital Purchaser Provider Agreement (HPPA), an agreement for Ramsay hospital services to Bupa-insured patients, on 2 August 2022.

Shortly after this agreement was terminated, and before any changes were due to come into effect for Bupa-insured patients, Ramsay and Bupa were able to successfully negotiate a new agreement. That new agreement has been finalised in terms of a three-year contract which was signed by Ramsay and Bupa on 19 August 2022.

This three-year contract will ensure Bupa-insured patients continue to be covered when they access Ramsay hospitals for treatment, without additional out-of-pocket costs.

Background

The timeline of events relating to the Ramsay/Bupa negotiations are as follows:

- Early May 2022: Ramsay issued a notice to Bupa to terminate agreement after failed contract negotiations.
- 2 August 2022: The existing agreement between Ramsay and

Bupa reaches an end. Transitional arrangements commenced to ensure cover for Bupa-insured patients undergoing certain types of treatment until various dates in 2023.

- 12 August 2022: Ramsay and Bupa reached an in-principle agreement on the terms of a new three-year contract.
- 19 August 2022: Ramsay and Bupa finalised and sign new three-year contract.

What's changed?

As the new three-year contract was finalised before any changes were due to come into effect, Bupa-insured patients will continue to benefit from no additional out-of-pocket expenses when they attend a Ramsay hospital for treatment.

Ramsay and Bupa have also confirmed that, as part of the agreement, a new Strategic Collaborative Committee will be established to develop initiatives which further expand the value of private health service offerings for their patients.

Other health fund policy holders?

Ramsay continues to have agreements in place with all other Australian private health insurers.

News

IFC and private hospital costs

Informed Financial Consent involves an open dialogue between patients and their medical practitioners (and/or practice staff, who often play a large role in providing IFC) about the fees and costs associated with their health care. This dialogue should always be driven by the treating medical practitioner.

As a treating medical practitioner, provision of IFC should include provision of information to the patient about other health professionals or service providers (including hospital facilities and services) involved in delivering their care, and information about their anticipated fees (or contact details with which the patient can ascertain and confirm those fees).

Treating medical practitioners and their practice staff should continue to take care to ensure patients are well-informed of anticipated out-of-pocket costs, including hospital out-of-pocket costs. All patients should be encouraged to contact their private health insurer once an estimate of fees has been provided.

Top tips

Additional guidance to treating medical practitioners to avoid misunderstandings and fee shocks, includes:

- Do not assume your patient is aware of the extent to which they will be covered by their private health insurance. Not only is there a good chance they do not know, but it is often the case that patients mistakenly believe that all their costs will be automatically covered by their private health insurance. Further, patients may not contemplate that gap arrangements between hospitals and private health insurers can influence out-of-pocket costs.
- Do not avoid the conversation because you are unsure of the details. While you or your staff may be unsure of what additional out-of-pocket costs are associated with a patient's hospital stay, encourage them to seek the information from the hospital or to their private health insurer.

Conclusion

The AMA previously expressed its disappointment at the failed contract negotiations between Ramsay and Bupa, particularly given the current need to address the delays in treatment and elective surgery waiting lists caused by the Covid-19 pandemic. The AMA has expressed that private health insurance is critical in meeting this pent-up demand by supporting access to affordable private health care.

AMA (NSW) is pleased to hear that an agreement has been reached for the benefit of patients, medical practitioners, private hospitals, and the ongoing viability of the private health system.

Although a successful resolution was ultimately reached, the dispute between Ramsay and Bupa and its potential impact access to private health care emphasises the need to establish an independent, well resourced, statutory body (Private Health System Authority). The AMA stated this action is important to regulate the legal conduct of the private health insurance industry and, further, to ensure greater oversight of these types of contract negotiations so that disputes can be avoided.

AMA (NSW) acknowledges there may remain some confusion following the changes above. For further clarification, including with respect to IFC responsibilities, members are encouraged to **contact our advisory team on +61 2 9439 8822 or workplace@amansw.com.au for free advice and support.** 

Contributed by AMA (NSW)'s Workplace Advisor (Legal & Policy), Melanie Fayad.

NOTICE: CASUAL VACANCIES GP AND RADIOLOGIST CLASSES



There are vacancies in the General Practice and Radiologist Class. Expressions of Interest are sought from Members interested in being considered for these positions.

Contact the CEO, Ms Fiona Davies to further discuss these casual vacancies at enquiries@amansw.com.au

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Feature



Dr Alissa Barton
Doctor-in-Training



The results of 2022 Hospital Health Check mirror the pressure on our public hospitals, particularly as the system grappled with staff furloughing and increased emergency room presentations, coupled with heavy inpatient loads.

IN 2022, we experienced a rapid rise in Omicron infections and record numbers of healthcare workers furloughed as result. Consequently, it comes as no surprise that doctors-in-training revealed a spike in the number of unrostered overtime hours worked and higher levels of fatigue in this year's 2022 Hospital Health Check results. The 2022 Hospital Health Check survey is our sixth year on reporting on working conditions for doctors-in-training across NSW.

We were exceptionally pleased by the number of doctors-in-training

who participated in this year's survey. There were 1766 respondents to AMA (NSW)'s 2022 Hospital Health Check, which surpassed our total last year.

Considering the high demand on DITs, pressure in hospitals and pandemic stress, as well as the competing surveys from other health stakeholders, we feel particularly privileged that DITs took the time to respond to our questions about their working lives.

Each year, we tweak the survey format in an effort to improve our reporting. In addition to our

Feature

Unrostered Overtime Worked



72%

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

usual questions around rostering, overtime, access to leave, bullying & discrimination, and fatigue, we included questions that were introduced for the first time in 2021. These included: Do you feel valued? What do you like about your hospital? What would you improve? We also included questions around the types of facilities available such as common areas, sleeping accommodation, lactation rooms, childcare facilities, etc.

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

Survey period

We launched the 2022 survey in May, one week after the Federal election, and gave doctors-in-training a six-week window to participate.

In that time, NSW announced its 2022-2023 Budget, which included a lift to the public sector wages cap, a \$3000 thank you payment to doctors for their pandemic response efforts, and a commitment to recruit 10,000 more health staff over the next four years (with three-quarters of that number to be recruited in the first year to alleviate the pressure on hospitals).

While the Budget promises were welcomed, they came off the back of a few gruelling months for hospital workers.

Premier Dominic Perrottet's 'let her rip' pre-Christmas strategy coincided with the arrival of a new, highly transmissible strain of coronavirus.

For hospitals, that were already under pressure, underfunded and under-resourced, the timing over the holidays was crippling. Within weeks, hospitals were hit by the one-two punch of holiday leave/staff furlough combination. Doctors who felt over-stretched before were at breaking point.

As we moved from summer to winter, the system was forced to contend with increases in flu case numbers on top of COVID.

It's important to provide this context as it helps provide insight into the experiences that inevitably help shape responses to the 2022 survey.

Rostering & Overtime

Last year, we found that 60% of respondents reported working more than five hours of unrostered overtime in an average fortnight. In 2022, that number ballooned to 72%.

"This figure shows that DIT workforce shortages continue to plague the NSW health system with underlying workforce issues getting

worse and compounded by COVID related leave. We can only expect this number to continue to get worse unless the underlying reasons for DITs leaving NSW health are dealt with," said Dr Sanjay Hettige, co-chair of the Doctors-in-Training Committee.

When asked if their rosters matched expectations, there was a slight change in responses in 2022. More than one-third (35%) said their rosters 'almost never' matched expectations, while 41% said 'sometimes' and 24% said 'almost always'.

Fatigue

In 2022, we also noticed a pick-up in the number of doctors-in-training who felt concern for their personal safety due to fatigue associated with long hours, from 47% in 2021 to 56% in 2022. Almost half (46%) responded 'yes' when asked if they had made a fatigue induced clinical error caused by hours of work, which was also an increase over last year, when 38% reported the same.



Fatigue

56%

More than half (56%) of all respondents had felt concern for their personal safety due to fatigue associated with long hours.

Feature

UROT Claimed and Paid

We noticed little change this year in the unrostered overtime claimed and paid measurements.

In 2022, 33% of respondents claimed all of their overtime, this is only a slight increase from the 2021 survey, in which 30% claimed all of their overtime. However, on the other end of the spectrum, fewer respondents indicated they claimed none of their overtime in 2022 (15%) compared to 2021 (18%). These are small differences but considering the sample size is consistent between the two years, it is pleasing to see some improvement, albeit small.

Similarly, there was not a huge difference in the number of DITs who indicated all of their unrostered overtime was paid. In 2022, 73% received all (compared to 74% in 2021). Meanwhile, in this year's survey just 6% of respondents indicated none of their unrostered overtime was paid, compared to 7% in 2021.

Gender differences

One of the most exciting differences noted with the 2022 HHC is the increase

in the number of women claiming overtime. Not only is that number moving in the right direction but the gap between the number of men claiming all of their overtime and women claiming all of their overtime is shrinking.

We found 30% of women claimed all of their overtime in 2022, compared to 39% of men. We also broke down the gender differences in overtime claiming by specialty. In surgery, we found 38% of women claimed all of their overtime, compared to 57% of men. In emergency medicine, 23 of women claimed all of their overtime, which was on par with their male counterparts.

"It's pleasing to see an increase in the number of women claiming all of their overtime and seeing the gap between men and women decreasing," said AMA (NSW) Doctors-in-Training co-chair, Dr Jacqueline Ho.

"This discrepancy between men and women is a hallmark of the deep-seated and entrenched systemic and cultural sexism in the profession that we continue to address. Encouragingly, this improvement reflects progress towards gender equity, recognising that women are just as capable, competent, and

worthy as their male counterparts, but there is still a long way to go across the board."

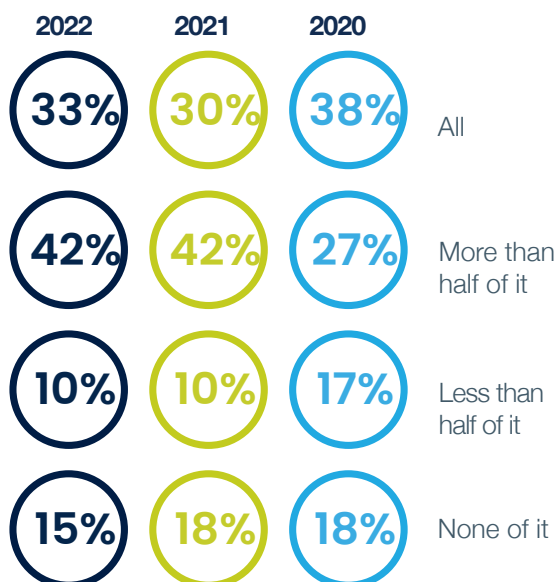
Unacceptable workplace behaviours

Last year, the Hospital Health Check survey found half of respondents (50%) indicated they experienced bullying, with the most likely source being senior medical colleagues. While bullying is inexcusable, it coincided with some very negative results from our Senior Doctor Pulse Check survey, which found senior clinicians were reported extremely high levels of stress related to excessive workloads.

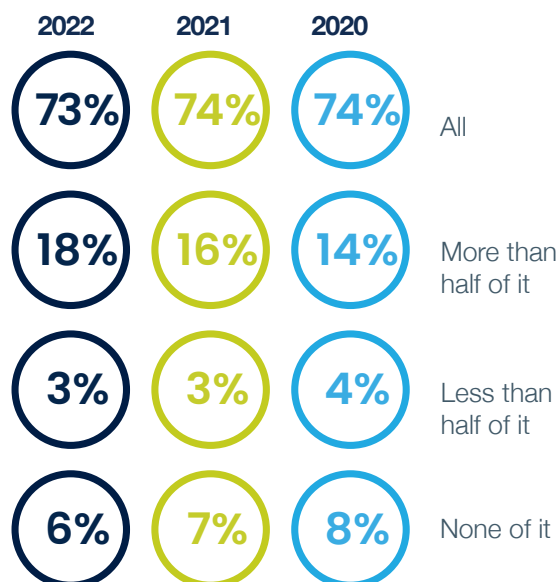
Interestingly, despite continued stress on the health system, there was a significant decrease in reported levels of bullying in our 2022 survey. In 2022, 37% of respondents reported experiencing bullying. While it remains a distressing problem in hospitals, it is pleasing to see that figure do down.

According to Dr Hettige, "LHDs have recognised that having adequate systems to deal with bullying and harassment in their workplaces is essential to maintain a healthy workforce

UROT Overtime claimed



UROT Overtime paid



Feature

that can provide the best patient care. AMA (NSW) has been working with NSW Health and LHDs to implement systems that can better deal with bullying and harassment and the reduction in reported bullying and harassment is a reflection in this work. While acknowledging this reduction, more work needs to be done as more than 1/3 of respondents reporting bullying and harassment is still much too high.”

The survey also revealed a 10-point drop in the number of respondents who said they felt intimidated at work, from 37% in 2021 to 27% in 2022.

As in other years, the main sources of intimidation are patients’ families (the dominant source), senior medical colleagues, and nurses.

The 2022 survey also found a drop in the number of respondents who experienced discrimination. This year, 25% of respondents reported experiencing discrimination, compared to 32% in 2021. We also found 31% of women indicated they experienced discrimination, compared to 16% of men.

Wellbeing

As previously mentioned, we introduced new wellbeing measurements in 2021. In our first year ever reporting on these questions, we found 63% of respondents indicated they felt valued by their hospital, while 75% said they would recommend their hospital to another doctor-in-training.

It was great to see such strong results last year, particularly given the unique pressures the pandemic placed on hospitals and frontline workers. It was therefore disappointing to find a significant drop of both of these measurements in 2022.

This year’s survey found less than half (46%) indicated they felt valued by their hospital, while just over half (54%) would recommend their hospital to another doctor-in-training.

Dr Hettige said this year’s bonus payment was not enough to offset the

Would you recommend your hospital?



54%

More than half of respondents (54%) said they would recommend their hospital to another doctor-in-training.

relatively poor working conditions NSW DITs face compared to counterparts across the country.

“As AMA (NSW) have reiterated time and time again, the one off \$3000 is like a very bad Band-Aid to the underlying issue. NSW Health provides some of the poorest working conditions for DITs in the country with very few protections in the JMO award. The Award needs to be completely overhauled to at least be in line with other states so that DITs actually feel valued for the excellent healthcare they provide to the residents of NSW.”

Co-chair, Dr Ho added, “This year has been one of the toughest periods as a JMO – as COVID and other respiratory illnesses resulted in increased sick leave, as well as an increasing number of JMOs experiencing burnout and unprecedented resignations meaning that our hospitals have been more understaffed than before. It’s no wonder that during this time, hospitals have become more service provision and less focus on teaching and wellbeing, and this ultimately impacts on the doctor-in-training experience.

“But this is not an excuse to go backwards from the positive changes that have been implemented in previous years. I’m hopeful that next year, we’ll see a significant improvement as hospitals and JMO units re-focus on our doctors-in-training so that we are better able to look after our patients, as well as ourselves,” she said.

Grades

As a result of changes made to our survey format, the calculations for domain grades in 2022 differ slightly from 2021. Consequently, the grades do not provide an accurate comparison to the previous year. However, they are a useful measure against the NSW overall grades and good comparison to how hospitals are performing compared to other hospitals in the State.

This year, hospitals achieved slightly higher marks in the Overtime and Leave categories, with Coffs Harbour, Manning Base, Tweed and Wagga Wagga all achieving an A in the Overtime category, while Tweed and Wagga received As in the Leave category.

While a more complete picture of how individual hospitals performed in all of the domains is available online, we did want to briefly touch on the ‘facilities’ domain. The questions in this domain asked respondents to indicate how satisfied they were with the facilities provided at their hospitals, including things such as access to rest areas, common rooms, car parking, computer access, library, etc. Hospitals that performed best in this category included Calvary Mater Hospital, Hornsby, Tamworth, and Tweed.

Areas for improvement for most hospitals included facilities such as places to sleep, pager free meal breaks and access to quality food.

To find out more about the 2022 Hospital Health Check, please go here: amansw.com.au.dr

Feature



DOCCEROOS

Medical professionals took to the pitch in September to vie for the World Medical Football Championship Cup being held in Argentina.

THE DOCCEROOS have contested The World Medical Football Championships every year until the last campaign was held in Mexico in 2019. After the pandemic forced a short break, the teams are back again to contest for the cup in Argentina.

The World Medical Football Championship 2022 was just weeks away when Dr Alan Jones spoke to *The NSW Doctor* about his hopes for this

year's team to finish in the top half of the table.

"The best we've done is fourth out of 22 teams," he said, adding that they'll be looking to beat the Czech Republic, who has been a consistent tournament performer, as well as the host team Argentina.

Dr Jones, a Brisbane-based GP and wide midfielder founded the Australian football group of doctors in 2003 and the aptly named Docceroots entered the World Medical Football Championships for first time that year.

This year's competition is a slightly smaller than previous tournaments, with teams representing just eight countries in 2022, including Australia, Brazil, Canada, Colombia, Costa Rica, Czech Republic, South Korea, and Venezuela.

The pandemic has hampered quite a few medical football teams, and Dr Jones said it's been difficult for the Docceroots to get a full squad this year after the team took a temporary hiatus during COVID.

The Docceroots normally hold selection trials in November and from that choose 25 players to prepare for the Medical World Cup. Players trial from across the country and include doctors from all specialties and at different stages of their careers.

The standard of competition is very high, with some ex-professional players playing for the various world medical teams in the tournament.

They hold three training camps a year in Victoria, NSW and Queensland. They are a self-funded team with limited sponsorship, but they do have a professional coach – Dean Ugrinic, who is also the Canberra Croatia FC Men's NPL Coach.

Dr Jones said the team camaraderie and the level of competition is what drives a lot of doctors/soccer enthusiasts to participate.

"It's a really special tournament that is professionally run and played at a decent level. For us, it's a chance to represent our country and travel the world. It's also a fantastic opportunity to learn from like-minded professionals," he said.

Held in September, the World Medical Football Championship coincided with the 26th Global Congress on Medicine and Health in Sport. When doctors aren't competing on the pitch, they are networking and discussing the latest developments in sports medicine at the medical conference.

AMA (NSW) will be barracking for this year's squad – let's hope they are successful in bringing back the 'Morell Cup' (named after tournament founder Dr Ferran Morell).

For sponsorship opportunities, contact Dr Alan Jones, alan@skinpatrol.com.au [dr.](#)

Feature



NSW DOCTORS ORCHESTRA

After a brief break during the pandemic, the NSW Doctors Orchestra has resumed activity, with their Musicus Medicus concert scheduled to be held 25 September. In this special feature, the group's founder and president, Dr Cathy Fraser shares Dr Louise Baird's connection with medicine and music, as well as this year's focus for fundraising.

DR LOUISE BAIRD'S LOVE of being in a hospital started as a young child when she would go with her father, Cardiac Surgeon Professor Douglas Baird, to Royal Prince Alfred Hospital on Sundays. While he visited his patients pre-operatively, she would sit in the nurses' office. These treasured childhood memories were to shape her life. She knew that her parents had met at the old Camperdown Children's Hospital, where her mother worked as a paediatric nurse.

His future wife turned out to be his former Physiology Professor's daughter. It was from Louise's grandfather that he'd learned all his research skills during his BSc Med Honours year at Sydney University. Louise's grandfather even features in the background of Douglas's

graduation photo, as if heralding future connections.

Louise Baird's love of music started at a similar age. She remembers that when she was five years old, she wanted to play the piano like her older sister. Luckily for Louise, a piano teacher lived behind them. From their backyard, she could hear students during their piano lessons, and longed to be playing the same pieces. She soon was. Louise's musical aspirations grew when she heard a neighbour two doors down playing the violin. Louise picked up the violin at the age of eight and hasn't stopped playing since. She has fond memories of playing in her school orchestra and in the Sydney Youth Orchestra.

When Louise was a 1st year medical student at UNSW she heard of the

Feature

Australian Doctors Orchestra playing in Sydney in 1997 in aid of the Glaucoma Foundation. She was thrilled to hear that the orchestra was not just for doctors, and that medical students were also welcome. She remembers being nervous coming into her first rehearsal, choosing to sit at the back of the section of second violinists, not knowing anybody. She needn't have worried. The GP she shared her desk with became a lifelong friend. That was the welcome beginning of Louise balancing her life in both medicine and music.

In 2004, I founded the NSW Doctors Orchestra. Louise heard about it the following year on returning from working overseas and has played in most of our concerts since. Over the years, Louise picked up trinkets of valued advice from her fellow musicians, not just about medicine and training, but also about motherhood, about life. She welcomes orchestra gatherings as an opportunity to touch base with her mentors.

"It is so lovely to come together again," she says. "Each year this is the time just for me."

Louise cannot imagine life without the doctors' orchestras. She values these opportunities which have helped her keep up her music despite a busy life with work and family commitments.

"As soon as I know the repertoire for the next concert, I download the music onto my phone and listen to it driving to work and during my exercise walks. That way, even if I can't fit practice in that day, I'm at least becoming more familiar with the music."

She feels the benefit of using a different part of her brain.

"Music calms me down. It is my escape. I feel as if my brain has been on a holiday."

Louise talks about her work in Geriatric Medicine at St George Hospital with similar passion. She welcomes the

musicusMEDICUS

medical complexities in her field and enjoys working with families, often with challenging social situations.

"Decisions are based on a patient, not on a disease. In aged care you can't separate the patient from the family. I love the multidisciplinary aspects of geriatric medicine and how important communication is between our team, the patient and their family."

"UNSW has made me a conjoint associate professor," she tells me with admirable humility nearing embarrassment. She also loves teaching medical students and supervising junior doctors. Several musicians in Musicus Medicus are her students and trainees. The roles have changed. Now it is their turn to be mentored by a musical medic.

I ask her what else brings balance into her life. She spends hours each week in parks with her two boys, six and eight, connecting with the community socially. These are the sort of social connections we've missed over the last few years during the pandemic. It has been too long between concerts. We've missed both the playing and the interaction. In busy schedules, it always helps to have something specific to work towards, to motivate us to practice our instruments. During the pandemic, many of our members confessed to regretfully neglecting their instruments. This is equivalent to an athlete stopping training. We can't expect to keep up skills and techniques without practice. Not having a 'marathon' concert to train for stopped medical musicians in their tracks.

We strongly believe that taking care of our creative health helps us in our work and contributes to our general wellbeing. The orchestra

is looking forward to reconnecting in September. This year's Musicus Medicus concert "Harp to Heart" has special significance for Louise, as the funds raised will be donated to the Baird Institute, established in 2003 in honour of her father Professor Douglas Baird. Based in Sydney, it is Australia's only dedicated cardiothoracic surgical training and research institute, committed to directly improving the quality of life for patients after surgery and save lives that may otherwise have been lost. Louise talks lovingly of her father and his legacy. He was a pioneer in cardiothoracic surgery in Sydney, trained the current leaders and was a mentor to all who followed in the field. His untimely death from cholangiocarcinoma, just six weeks after his diagnosis, at the young age of 55, would have been a devastating loss to his family, friends, patients and colleagues. Louise was just 16 when she lost her father. She remembers him as a leader who picked up on people's strengths and focused on them. Dr Louise Baird is certainly following her father's legacy in her care of patients and mentoring of students.

*Contributed by Dr Cathy Fraser
Founder and President of NSW Doctors
Orchestra*

Mission Statement:

Musicus Medicus aims to improve the health and wellbeing of Australians by using the universal language of music to raise money for charities in medicine and the arts.

For more information, go to www.thedoctorsorchestransw.com.au **dr.**

Profile

The NSW Doctor spoke with winner of the 2022 AMA Women in Health Award, Dr Ashna Basu, on gender equity and supporting women in medicine.

UPON RECEIVING THE 2022 AMA Women in Health Award at AMA National Conference, Sydney psychiatry registrar Dr Ashna Basu said she was “humbled and honoured to have even been considered.”

It’s a modest assessment of the value Dr Basu has contributed to supporting women in medicine. Currently the President-Elect for the Medical Women’s Society NSW (MWSNSW), Dr

CHAMPIONING
women in medicine

Profile

Basu has played a significant role in championing gender equality.

Dr Basu is a third-generation women's advocate. Her late grandmother was heavily involved in the Medical Women's International Association (MWIA) in India and her mother has also been a strong proponent of gender equity.

The MWSNSW are dedicated to ensuring women in medicine have a community that supports members with common issues, such as parental leave and job-sharing, and provides women with opportunities to upskill and gain new experiences.

"It's important to have a community that understands your experience, and to be around women who understand what it's like to face sexism and discrimination, the unconscious bias that assumes you're a nurse no matter what, who know what it's like to juggle a career and motherhood, and who are passionate about making medicine a more inclusive place."

As an active figure in medico-politics, Dr Basu advocates for women to not only be recognised for their achievements, but to be elevated to positions of leadership.

"It's really special for women to come together and to have that support. It's also important that we advocate for equity in medicine and in medical leadership. While we may have equal, if not more women in medical school, we can see that drops away when you look at leadership positions, such as heads of departments. There are so many factors that play into this disparity, but it's interesting to look at the literature that says that women are over-mentored but under-sponsored, and how that affects career progression."

Dr Basu also has a passion for helping the wider community. She is a director for The 100% Project – a charity and not-for-profit organisation that looks at improving gender equity

and helping Australian women in leadership across all industries, particularly in the corporate sphere. Some of the key issues affecting women in leadership more broadly are improving access to childcare, flexible work arrangements, encouraging men to access parental leave and ensuring workplaces facilitate this, battling societal expectations of women, and addressing unconscious bias.

"A lot of the things that affect women in medicine are the same things that affect women in any industry, and one of the key things that weighs on my mind is childcare. I guess in having a child and taking time off to have a child, you're necessarily taking a break in your career and you're going to take longer than someone who didn't need to take that time off. Moreover, NSW Health pays you according to the time you've worked in the system – so a man and woman may be doing the same job with the same amount of responsibility, but the woman is earning a full paygrade less,

because she had a child," she said. Providing women with access to childcare, parental leave, and part-time work, and a flexible work life balance is important for women in all professions, not just medicine.

"I've taken my general values towards equity and inclusion – not just for gender, but for race and sexuality, and a whole host of issues, into everything that I do. If I'm speaking on a panel, it's important to me that it's a diverse panel, or if I'm organising a panel then certainly those values shape that panel or the event that I construct," Dr Basu said.

A true inspiration and a strong representative of women in medicine, Dr Basu said she's grateful for all the support that's allowed her to do the roles, which in turn have created bigger opportunities.

dr.



Feature

DONATIONS with a DIFFERENCE

Looking for ways to spend your \$3000 bonus from NSW Health? High Impact Medicine Australia has partnered with The Life You Can Save Australia to match all donations up to \$50,000.

HIGH IMPACT MEDICINE Australia has developed a campaign to help medical professionals maximise their positive impact on the world.

The donation drive was sparked by the NSW Government's \$3000 'thank you' payment to doctors, which organisers are hoping will provide additional motivation and opportunity for doctors to donate to charity.

"When the NSW Government announced the one-off \$3000 bonus payment, we saw it as an unmissable opportunity to get people thinking about effective giving. And by teaming up with The Life You Can Save Australia, we're excited that we can present people with a clear way to make that money even more meaningful," explained Dr Bal Dhital, a PGY2 in Newcastle and founding member of High Impact Medicine Australia.

The organisation partnered with The Life You Can Save Australia, a non-profit organisation that makes "smart giving simple" by backing charities that save or improve the most lives per dollar. The Life You Can Save was founded by Australian philosopher and bioethicist Peter Singer to promote



the concept of 'effective giving' and make it easier for donors to support cost-effective, high impact charities.

Charities associated with The Life You Can Save include Against Malaria Foundation, the Fred Hollows Foundation, Fistula Foundation, and the Malaria Consortium, to name a few.

"We chose The Life You Can Save specifically because of their Australian connection and because the 21 most impactful charities that they would routinely support are almost all global health related, which we believe would be of close interest to Australian doctors and healthcare workers," said Dr Elina Christian, who is also a PGY2 doctor-in-training in Newcastle and founder of High Impact Medicine's Australian chapter.

High Impact Medicine was established last year in the UK and is expanding around the world. Built on the 'effective altruism' movement, High Impact Medicine encourages medical professionals to look for

opportunities to have a wide-reaching positive impact within medicine.


"We reckon that most people going into nursing, medicine, and allied health do so because they have a real motivation to do good in the world. This whole idea of effective giving is another way to do just that," Dr Dhital said.

"We recognise that donating isn't something that everyone will be able to do. For those who would be able to and would like to spare some – or all – of their bonus, we think that this is a great way to double down on the good you're doing. The unique value of effective giving is that you're doing the most evidence-based good with every dollar you donate; you're funding real, tangible, critical interventions for people suffering at the absolute extremes of poverty and disease. That's meaningful for you, and life-changing for the people you support."

The next stage of the campaign is to expand the donation drive to Victorian healthcare workers.

Hi-Med introduces members to different cause areas, ideas, and roles and covers topics such as global health, health economics, health policy, biosecurity, mental health, and chronic pain, among others.

For more information about the Donation Drive, please visit: <https://www.thelifeyoucansave.org.au/nsw-health-donation-drive/>

You can find more information about High Impact Medicine here: <https://www.highimpactmedicine.org/> and on Facebook. 

FORCED MARRIAGE



PROFESSOR JENNIFER BURN
FOUNDING DIRECTOR OF ANTI-SLAVERY AUSTRALIA

Are your patients at risk?
Professor Jennifer Burn shares what health professionals can do to identify and assist patients experiencing forced marriage.

FORCED MARRIAGE exists in Australia today. While it is significantly underreported, it is Australia's most reported form of modern slavery, and is devastating in its impact. Health professionals are trusted and respected professionals who have a unique opportunity to identify and support people affected by forced marriage.

What is forced marriage?

Forced marriage is a human rights abuse, a form of family violence, and a form of modern slavery. It occurs when a person enters into a marriage without freely and fully consenting because of the use of coercion, threat or deception. Forced marriage most commonly affects young women and girls, but can also affect men and boys, and people of all ages. It can happen to anyone regardless of disability, nationality, cultural background, religion, or residency status.

A forced marriage is fundamentally different to an arranged marriage. The key point is consent: in an arranged marriage, prospective marriage partners might be introduced through family, but they always have the option to say no to the arrangement without fear of negative consequences.

The ones forcing marriages are generally family members and/or community. While there is no 'typical' forced marriage, research suggests that it is more frequently seen in communities characterised by social conservatism, a commitment to tradition, and strict rules around behaviour.¹ Many of those who force others into marriage were forced into marriages themselves.

Forced marriage can have a disastrous impact on happiness, health, independence and opportunities of those affected – even for those

who manage to avoid, stop or leave a marriage. It is for this reason that prevention is key, and that we must do more to detect and support those affected. While these are not generalisable to all experiences of forced marriage, some specific indicators of forced marriage include:

- Siblings or family members have themselves experienced a forced marriage
- If under 18 years old and wearing an engagement ring, and/or there is the sudden announcement of their engagement
- A person expressing fear, anxiety or distress about an engagement or marriage (or appearing fearful, anxious, or distressed)
- An upcoming family trip that appears to cause fear, anxiety, or distress
- Failure to return from an overseas trip
- A person expressing that they don't believe that they have the final choice over who they marry

The unique role of health professionals

Health professionals may be one of the only outside points of contact for someone at risk, in a critical window of time. In the lead up to a forced marriage, and in the period after, a person's movements outside of the home may be significantly restricted and monitored. An appointment in a medical practice often remains one of the interactions with the outside world still accessible to those affected.

If you encounter someone that you believe could be at risk, listen without passing judgement, provide them with information, and refer them to specialist services as needed. Let them know that they do not have to go through this alone.

This year, Anti-Slavery Australia at

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UTS will be releasing community-facing resources, including a wallet-sized foldaway business card with forced marriage referral options and a poster raising awareness of human rights around marriage that is translated into 18 community languages. Displaying one of these in a waiting room or office can have a profound educational impact. You can request these from us, for free, <https://bit.ly/Speak-Now-Resources-Request> and find more information about forced marriage at [My Blue Sky](https://www.mybluesky.org.au).

The Guide

When a healthcare professional encounters forced marriage, it can be a daunting and challenging experience. This is why we have developed the Frontline Worker Guide, which provides a foundational knowledge of forced marriage in Australia, as well as

practical advice and tools for helping those affected. You can access the Frontline Worker Guide at <https://mybluesky.org.au/frontline-worker-guide>

We have also launched a free e-learning course, 'Modern Slavery in the Home', to educate frontline workers on the types of slavery that take place in domestic settings. You can enrol here: https://bit.ly/frontline_worker_course.

Referrals to My Blue Sky

Phone: 02 9514 8115

Website: [mybluesky.org.au](https://www.mybluesky.org.au)

My Blue Sky is Australia's national forced marriage service, providing free and confidential legal advice to those who may be affected by forced marriage, as well as advising those who are supporting them. If you suspect that someone may be at risk, or is already experiencing forced marriage,

we welcome and encourage you to reach out to discuss the situation. In highly time-sensitive situations, such as someone being shortly taken overseas for the purposes of a forced marriage, we recommend contacting the **Australian Federal Police (131 237)**. In cases of imminent danger, call Triple Zero (000).

Conclusion

Health professionals can provide a lifeline to someone going through what is typically a lonely, frightening and sometimes tragic experience. It is critically important to prevent forced marriages where we can, as well as helping those who are experiencing it to access support and to start again. **dr.**

¹ *Samantha Lyneham and Samantha Bricknell, Australian Institute of Criminology, When saying no is not an option: Forced marriage in Australia and New Zealand (2018).*



Medical Benevolent Association of NSW

CARING FOR DOCTORS

We've been looking after doctors and their families in the ACT and NSW for over 125 years, offering confidential financial assistance and counselling support in times of adversity or crisis. Whether your issue relates to work, family, addiction, health, loss or financial hardship, we are here to ensure you have the best chance of a full recovery.

Our support is free, independent, non-judgmental and does not require a referral.

So, if you or a colleague has fallen on hard times, please call our Social Work Team on **02 9987 0504** for a confidential chat.



If you don't need our help now, please show your compassion and support us with a tax-deductible donation so we can continue this vital work.

Visit our website www.mbansw.org.au for INFORMATION or to DONATE.



MEDICAL BENEVOLENT ASSOCIATION OF NSW
BY DOCTORS FOR DOCTORS

Workplace Relations



PRIVATE PRACTICE: AWARD COVERAGE

It can be difficult to determine which Award applies to your employee, especially if the role involves duties covered by different Awards.

Private medical practices often employ staff in a variety of roles. Sometimes selecting the applicable Award is not always straightforward where different duties are involved, and sometimes more than one Award may apply. The most suitable option will depend on the specifics of the employee's situation. In each situation, the practice must weigh up any financial and administrative burden to the practice against the risk of underpaying its employees which could, in turn, lead to an underpayment claim. Doctors have a responsibility to pay their employees at least the minimum rate of pay.

Employees working in private medical practices are usually covered by one or more of the following Modern Awards:

- Support staff working in a private medical practice are covered by the Health Professionals and Support Services Award 2020 (HPSSA). The type of employees that may be covered generally include secretaries, receptionists, practice managers, and health professionals.
- Nurses working in a private medical practice and who are principally engaged in nursing/midwifery

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duties are covered by the Nurses Award 2010.

- Private practices which specialise in cosmetic medicine may employ beauty therapists to perform a range of hair, skin, facial and body treatments. These employees are usually covered by the Hair and Beauty Industry Award 2020 (HBIA).

Which Award applies?

When determining which Award applies, we recommend you review each Award to determine the employee's classification and minimum rate of pay.

Sometimes, you may have employees performing a hybrid of two different roles which:

- May fall within more than one classification under an Award. For example, an employee who performs duties as an imaging technician but also performs receptionist duties.
- May trigger coverage under two different Awards. For example, an employee who performs a combination of practice manager duties and occasional nursing duties.

The minimum rate of pay under each of the above Awards is determined having regard to that Award's classification structure. This is outlined at Schedule A of each of the Awards.

The HPSSA classification structure is based upon the competencies of, and duties performed by, the employee. On the other hand, the HBIA has a simple classification structure that is based on the specific qualifications held by the employee. The Nurses Award classification structure is based upon a combination of qualifications held, experience and duties performed.

Award coverage for hybrid roles

The options you may consider for hybrid roles as described above are as follows:

1. Provide the employee with one employment contract but select the Award and classification that

corresponds with the higher rate of pay.

The simplest and safest option is to classify and pay your employee under the Award and classification that has the higher rate of pay.

This is the most risk averse option with the lowest level of exposure to an underpayment claim. It is also the simplest option from an administrative point of view. However, it may come with the highest financial cost to the business.

2. Provide the employee with two different employment contracts, with each contract referring to a different Award and a different rate of pay. Sometimes an employee's duties may vary so much that an employer may not be able to easily classify the employee within the terms of one Award. In this case, you may decide to issue two employment contracts for each role with a different Award or classification for each role.

This option will involve a higher administrative burden and will only be appropriate where the different roles performed can be separated and easily distinguished from each other. This could involve splitting the days of work according to the duties and paying according to the role performed – for example, practice manager on certain days, and the nursing role on the other days.

If your employee will be performing different duties throughout the day, we would not recommend this option given the difficulty to distinguish between the tasks performed and to ensure payment at the appropriate wage rate. In this case, we recommended that you engage the employee at the higher wage rate in accordance with option 1.

3. Provide the employee with one employment contract under the Award and classification that is "most appropriate" to the work

performed by the employee and pay for "higher duties" where performed.

The Awards acknowledge that sometimes an employee may perform work that falls under two separate classifications. Where you have an employee appointed to one role but occasionally performing the duties of another role, you will need to establish the "principle" or "major and substantial" purpose of the employee's employment, and then consider paying the employee at the higher wage rate for any higher duties performed. If the majority of the employee's role will be spent performing the classification with the higher wage rate, then it is recommended that you engage the employee at that classification.



For assistance in assessing your options and other employment-related enquiries, please contact our Workplace Relations Team on 02 9439 8822 or workplace@amansw.com.au. **dr.**

Contributed by AMA (NSW)'s Workplace Relations Advisor, Felicity Buckley.

Workplace Relations

MONEY ISN'T EVERYTHING



LISA BENNELL

**AMA (NSW) WORKPLACE
RELATIONS ADVISOR**

Feeling the pressure to keep your staff happy? It is not always about the money...

WE ARE ALL TOO AWARE of the increasing cost of living with headline inflation rate increasing to 6.1% and the talk in the media about stagnant wage growth. Conversations about a pay rise can be tricky at the best of times, but a low unemployment rate, rising inflation, and financial pressures can make these discussions even more challenging.

We are hearing from some of our members that they are feeling the pressure to increase staff wages. However, a pay increase may not be the only way to keep your staff happy. Here are some ideas to consider.

Be respectful of your employees

Asking for pay rise can be a daunting task for employees and the subsequent discussion may be stressful for both employee and employer. It is important to listen to what your employee has to say. Ask questions to clarify your understanding of the request and their motivation. Do not be dismissive. Give yourself time to think it over, do your own research and consider all the options available to you to show your employee they are valued and appreciated.

Should I grant my staff a pay rise?

You may be paying your staff well for the work that they do. Do your research by talking to colleagues/ associates and recruitment agencies or look at job advertisements to see what the going rate is for similar roles. Remember that recruitment agencies and job advertisements may offer slightly higher rates of pay as they try to attract candidates to apply.

Award rates are minimum rates and employers may choose to pay above them. If you are paying above the award rate and feel that the pay rate is appropriate for the job your employee is employed to do you may want to share some of the market data with the employee when explaining to them the reasons why you may not be agreeable to the requested pay increase, or any increase.

Listen and consider what the employee has to say. They may not like the outcome of the discussion but if they understand the basis for your decision then they may be more likely to accept the decision and appreciate your honesty and openness. Avoiding the issue and hoping it will go away will not help the situation.

If you do decide to give a pay increase to an employee who is already paid above the award rate, consider whether there is any potential for any associated productivity gains for the business, for example extra responsibilities that the employee could take on.

Making your employee feel valued

Working in a medical practice is not perhaps as attractive as we continue to learn to live with COVID-19, and in a tight labour market, with rising inflation you may be considering how to attract and retain good staff. It might not only be about the money.

There are a number of things that you might do that may make all the difference to your employee. These may include simple gestures such as giving the employee a paid day off on their birthday, buying a round

Workplace Relations

of coffees for staff, providing the employee with parking, providing lunch or drinks after work, allowing your employee to take a bonus paid day off over the Christmas period. Over the holiday period, there are often increased financial pressures, so a one-off bonus or gift card may be a good way to show your appreciation.

Another way of showing your appreciation could be to invest in your employee's ongoing development. Are there training or development programs you could send your employee to that would support their career goals? Perhaps even a weekend away in association with a training or development course. What about an industry event, such as a conference or dinner as a reward?

Flexible working is the flavour of the month, and many employers are offering employees the ability to work from home. While this is not always possible, it may be worth considering what flexibility you could offer without negatively impacting your practice. Many employees appreciate having the flexibility of being able to attend important family or other events, so

consider if it is possible to allow the employee to leave early or start a bit later, on occasion, for example if they have would like to attend a school assembly, sports carnival, or medical appointment.

What about the working environment?

Another issue you may like to consider is the work environment. Are there things that you can do to make the practice a better place to work? We are not talking just about the physical environment, although having a comfortable chair, decent workspace and providing a place to take a break to eat lunch are often appreciated. It's the working environment that matters as well. Do your employees feel like they know what is going on at the practice? Are they included in decisions that involve them, as is appropriate? Is there open communication and a friendly atmosphere? What about teamwork, do they feel like they are a part of a team, working together to provide the best outcome for patients? Are there improvements that could be made as

to how the practice is run?

Talk to your staff and find out what they value, but don't make promises you can't keep. If you fail to deliver on what has been agreed, it can do more harm than good, so manage employees' expectations to avoid disappointment.

Consider the consequences

On a final note, it is always worthwhile considering what the consequences could be if you decide not to do anything. The employee may leave or remain but become increasingly disengaged. Finding a replacement in the current tight labour market may not only be challenging but costly and investing in your team may prove to be a very worthwhile investment.



Need help?

The AMA (NSW) Workplace Relations Team is here to help and can be contacted via email at workplace@amansw.com.au or by calling (02) 9439 8822.

Who's looking after you?

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

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

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



Final Year Students

Preparing for Internship in 2023

Can you believe it? The new year is just around the corner and with it a new cohort of interns.

DR SANJAY HETTIGE
*Doctors-in-Training
Committee Co-Chair*



AS YOUR PROFESSIONAL representative association, the AMA (NSW) is here to assist and support final year medical students with all things intern related – there's nothing we haven't heard before! Whether it's guidance, general advice, or assistance with a personal matter, we are here for YOU.

Take it from us, your internship year can certainly be quite a challenge. AMA (NSW) is here to help you in the transition from medical student to internship and prepare you for the workforce.

We have an impressive line-up of guest speakers hosting a number

of 'Ask Me Anything' online Q&A sessions, Webinars, and Clinical School visits to make sure you are on top of all the relevant information and to answer your burning questions. In addition – and not to be missed – we are planning an Intern face-to-face social event before O-week kicks off, so watch this space.

We look forward to seeing you online and in person – please keep an eye out for event dates and resources via our emails or on our website. More information will be released soon.

In the meantime, if you haven't upgraded your membership from student to Intern and started

experiencing ALL the AMA (NSW) member benefits yet – you can do so now! Join AMA (NSW) before January 1, 2023 and pay the \$19 joining fee and you'll receive a 3M Littmann Classic III Stethoscope and ID Tag (at a combined value of \$160), as well as free membership until March 2023.*

Congratulations on getting through your medical school years, the AMA (NSW) wishes you an exciting and rewarding internship year ahead and we look forward to working with you.

Please reach out to us with any concerns, our team is here for you every step of the way.

dit@amansw.com.au

2023 INTERNS



Be bright and early

Start your membership before January 1, 2023 and pay the \$19 joining fee and you'll receive a 3M Littmann Classic III Stethoscope and ID Tag (at a combined value of \$160), as well as free membership until March 2023.*

JOIN NOW



*Terms and conditions: The \$19 joining fee is non-refundable and the membership term is 12 months.

Vale **Dr Geoff White** OAM

AMA (NSW) IS MOURNING the loss of Dr Geoff White OAM. Dr White was a passionate advocate for rural medicine and a much-loved and respected general practitioner, who served the small NSW community of Manilla for almost four decades.

Dr White was committed to medico-politics. He served as President of the Rural Doctors Association of Australia and is recognised as one of the founders of RDANSW.

Dr White was an AMA (NSW) Councillor for many years and represented AMA (NSW) on the Board of the Rural Doctors Network and at Federal AMA Council of General Practice.

Rural Doctors Network Acting Chief Executive, Mike Edwards said, “Dr White was one of the first board members of NSW Rural Doctors Network (RDN) and for decades he has been a core part of this family. His drive



and his passion for rural health helped embed the sense of community and commitment that remain at the heart of RDN to this day.”

Dr White received an Honorary Fellowship from the Australian College of Rural & Remote Medicine in 2007 and was recognised by the AMA with a Fellow Award in 2009. He is remembered for being a leader in the rural doctors’ movement.

Dr White began his medical career

as a locum in 1981 and received an award for his long service to Manilla at the Rural GPs conference in Sydney in 2016.

Dr White had a no-nonsense approach which he delivered without fear or favour to politicians or anyone he needed to influence on rural health policy. This approach was driven by his absolute belief in caring for rural communities.

Among Dr White’s lasting achievements was the development of the Rural Doctors Settlement package which, for many years, could only be accessed via’s Dr White’s computer in DOS format. This extraordinary package formed the basis of the remuneration arrangements for doctors serving in rural and regional communities to this day.

Dr White will be sadly missed by his family and friends, as well as his colleagues, his community, and the AMA. **dr.**

IMPROVING HOSPITAL SAFETY

SYDNEY LOCAL HEALTH DISTRICT (SLHD) is implementing a 24/7 specialised support team care model to prevent and respond to acute work-related violence.

The program is the result of an enforceable undertaking secured by SafeWork NSW and SLHD. The measure follows a workplace incident in 2019 where three nurses and a patient were stabbed by another patient in a Sydney hospital.

The new measure includes implementation of a Behavioural

Escalation Support Team. In addition SLHD will develop and accredit a Graduate Diploma in the Assessment and Management of Acute Behavioural Disturbances to support staff to develop specialist skills in the management of work-related violence and aggression.

The enforceable undertaking included an agreement to spend \$3 million to promote workplace safety and employ a program manager for the safe care of mental health and behaviourally disturbed patients.

The AMA recognises that violence

against doctors is a growing concern that has significant damage on doctors’ mental health and personal safety.

In 2005, the AMA released a position statement to provide an effort to reduce vulnerability of medical practitioners to physical harm in all locations or settings in which they practice or may be exposed to personal danger arising from their professional work as doctors. The statement is framed within a risk management approach, focussing on risk identification, risk assessment, risk control and evaluation of the effectiveness of risk management strategies. **dr.**

AMA (NSW) Events

AMA (NSW) A Night for the Profession

6:30pm – 11:30pm, Friday 21 October @ Sheraton Grand Sydney

A NIGHT FOR THE PROFESSION is a black-tie event dedicated to doctors, to honour and acknowledge your achievements and hard work over the past few years. The evening is an opportunity to network and reconnect in a relaxed and elegant atmosphere whilst raising funds for the AMA (NSW) Charitable Foundation, which has supported a number of worthy charities since its inception.

The night will include live entertainment, special guest speakers, award presentations, and raffle giveaways.

Now's the time to thank you staff, and what better way than to book a table? Your ticket will include entry to the event and a 3-course meal with beverages on the night.

Principal sponsor Cutcher & Neale



Tickets are on sale now! [Click here to book your tickets](#)

AMA (NSW) Women in Medicine High Tea

1:30pm – 3:30pm, Saturday 5 November @ NSW Parliament House

YOU'RE INVITED TO JOIN A GROUP

of passionate and exceptional women for an afternoon of inspiration and celebration at the AMA (NSW) Women in Medicine High Tea.

This year the Women in Medicine High Tea will be held in association with the Medical Women's Society of NSW (MWSNSW) as we celebrate 101 years of the Medical Women's Society.

Bring along the inspiring women in your world. This event is the perfect opportunity to catch up with old friends and meet new ones in an empowering environment. With the perfect arrangement of great company, elegant foods, lucky door prizes, and inspirational panel speakers – this is a day you don't want to miss!



Tickets are on sale now! [Click here to book your tickets](#)

Classifieds

CLASSIFIEDS

CANBERRA SESSIONAL CONSULTING ROOMS

Deakin Medical Precinct. Comprehensive radiology practice in building, pathology nearby. Spacious, light, modern & well-equipped. Adjacent to Calvary John James & Canberra Private Hospitals. Terms negotiable.

Contact: Practice Manager

Email: info@canberrahandcentre.com.au Phone: 02 6185 2705

ST LEONARDS NSW

Specialist consulting rooms available on sessional basis in brand new North Shore Health Hub. Co-located with North Shore Private & Royal North Shore Hospital.

Large, light-filled suite with stylish Reception/Waiting Room. Consulting room with floor-to-ceiling windows, examination couch, sink and bedside ultrasound. Treatment Room suitable for minor procedures.

For further information email nicole@shoreforwomen.com.au

GENERAL PRACTICE FOR SALE

Well established, fully staffed with two doctors and Practice Nurse, majority privately billed, fully computerised, AGPAL accredited until 2025 within medical hub, including pathology and specialist practices in S-E Sydney, close to train station and shopping precinct, over 4000 patients and billings over 1.2 million Opportunity for growth.

Contact Domenic Cutrupi

Phone: 02 8263 1000 with E.O.I

PINNACLE HEALTH CLINIC

Pinnacle Health Clinic, traditionally a natural health clinic is looking to add a GP to its team in North Parramatta. We have many services, so an interest in Sports Medicine, recovery, or natural health may be an asset.

Your own client base, or an ability to generate clients would be a plus. Opportunity to use services, and run as business if interested.

Contact: Will Shannon

0404 891 784 or 02 9890 7004

FOR LEASE

AMAZING OPPORTUNITY IN BUSY KANWAL VILLAGE SHOPPING CENTRE

Shop 1/258 Wallarah Rd, Kanwal, NSW, 2259

Located on the corner of busy Wallarah Road and Walker Avenue. On the Central Coast about an hour north of Sydney.

Since 2010 the current tenant has been running a successful doctor's surgery from this 165sqm location and is in the process of re-locating to larger premises.

Currently comprises of a large reception area with built-in reception desk, 4 rooms/offices and a large disability toilet. A Laverty Pathology clinic is also located inside. Can also be offered as an empty shell if you prefer to do your own fit-out.

Common carpark with 87 car spaces at the door. Property is zoned as B1 - Neighbourhood Centre.

Contact Theoni Lamaris on 0407 788 684

Members

AMA (NSW) Exclusive Member Benefits

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

CORPORATE PARTNERS



Accountants/Tax Advisers

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



Health Insurance

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



Tyro

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

PARTNERS



Accor Plus

Members are able to purchase Accor Plus membership at a discounted price. As an Accor Plus member, you will enjoy a complimentary night stay at participating AccorHotels each year and up to 50% savings on rooms and food bills.



Preferred Partner Program

Alfa Romeo

Alfa Romeo® Program allows members to take advantage of incredible discounts across the Alfa Romeo® range. Go to www.alfaromeo.com.au/fleet or and use your Preferred Partner Login.



AMA Training Services

AMA Training Services offers HLT57715 Diploma of Practice Management for current and aspiring practice managers. Receive the member discount for yourself or nominated staff off the first ASP term, valued at \$500. Three scholarships valued at up to \$2,000 each are available for current and future students.



BMW

Members can enjoy the benefits of this Programme which includes complimentary scheduled servicing for 3 years/60,000 km, preferential pricing on selected 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. Booktopia carries a wide range of medical books in stock, including textbooks that are prescribed across all medical faculties in NSW and essential texts used by doctors.



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! Through the partnership of AMA and Dell Technologies, members have access to an array of valuable benefits.



Emirates

Emirates offers AMA members great discounts on airfare around the world: 8% off Flex Plus fares or flex fares on Business and Economy. 5% off Saver fares on Business and Economy class. The partnership agreement between Emirates and Qantas allows codeshare.



Hertz

As an AMA (NSW) member, receive the below exclusive rates and benefits when you rent with Hertz in Australia.* 10% off the best rate of the day on weekdays and 15% off the best rate of the day on weekends.



Jaguar Land Rover

AMA (NSW) Members can now enjoy the benefits of the Jaguar Land Rover Corporate Advantage programme, including: Free scheduled servicing for 5 years/130,000 kms, 5 Year Warranty, reduced new vehicle delivery costs, and more.



Jeep

Jeep's® Preferred Partner Program allows members to take advantage of incredible discounts across the Jeep® range. Go to www.jeep.com.au/fleet and use your Preferred Partner Login.



Qantas Club

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



Sydney City Lexus

Lexus Members can enjoy the Lexus Corporate Program Benefits including 3 year/60,000kms complimentary scheduled servicing, reduced delivery fee, priority ordering and allocation, complimentary Service loan car & complimentary pick-up/drop-off, Lexus DriveCare providing 24-hour roadside assistance.



Samsung Partnership Program

We've teamed up with our partners Samsung to give you access to incredible savings across the Samsung mobile and wearable range. Members of the Australian Medical Association are entitled to amazing offers, limited time deals and great perks through an exclusive AMA / Samsung online portal.



Solahart

Solahart do Solar Panels, not just Solar Hot Water. We continue to build here locally in Sydney 68 years on. AMA members receive 10% off retail price of any of our Solar Power or Solar Hot Water Systems. Please mention your AMA membership. Not in conjunction with any other discount offer.

AMA (NSW) Careers Service

Providing assistance to medical professionals throughout your career. You can access AMA (NSW)'s Careers Service free of charge as part of your membership. We offer ongoing support including CV review and development, as well as interview skills and preparation. Online or phone meetings can be arranged depending on your availability.

"Having Jessica from the AMA Careers Service review my resume gave me confidence that my application was going to be competitive. Then following that with an interview preparation session online made me feel prepared to face interview panels."

Rene L, O&G Registrar

To make a booking visit us at www.amansw.com.au/careers or email: workplace@amansw.com.au or call us on 02 9902 8158

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