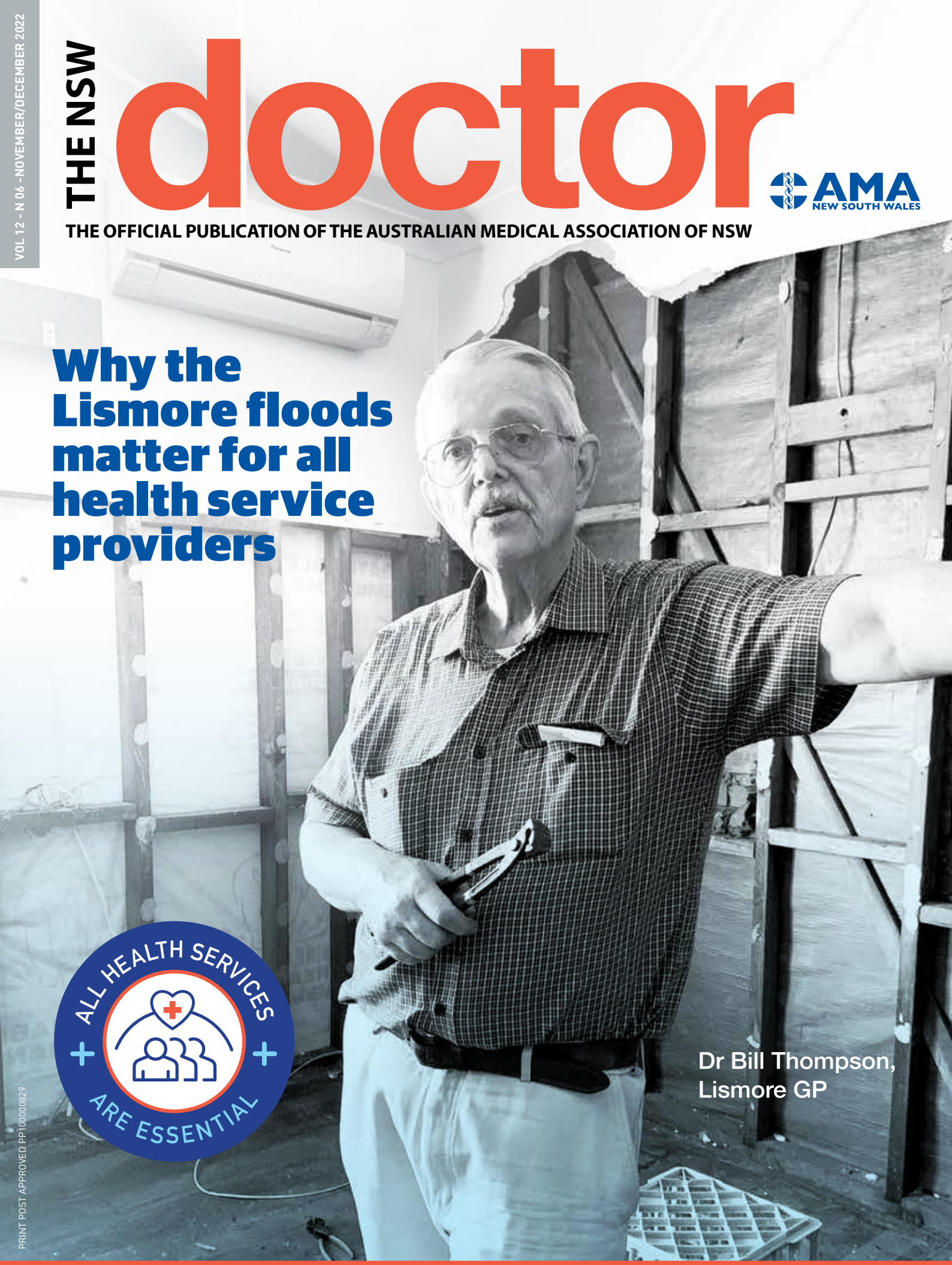
VOL 12 - N 06 - NOVEMBER/DECEMBER 2022

THE NSW doctor

AMA NEW SOUTH WALES

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION OF NSW

Why the Lismore floods matter for all health service providers



Dr Bill Thompson, Lismore GP

PRINT POST APPROVED PP100000829

Medical complaints • Holiday leave • Assaults on healthcare workers

Dr Andrew Zuschmann
O&G, NSW

Leading support in your times of need – it's why more doctors choose Avant

When the moment arrives, how confident are you in the quality of support you'll receive? Avant offers unrivalled protection.

Award-winning defence

A 295-strong* team, including one of Australia's largest medical defence law firms, recognised for their expertise, providing members with on-the-ground support across Australia.

Industry-leading insights

With half of Australian doctors as members, we handle more calls and cases. This wealth of insights and experience helps us determine the best approach for your matter, to achieve a positive outcome.

Expert advice and risk management

Prevention is better than cure. That's why members have access to our medico-legal experts, 24/7 in emergencies, risk advisers and high-quality educational resources.

To request a quote or for more information, please contact:

Michael Carbery, Head of Growth - NSW/ACT
0419 279 286 | avant.org.au/practitioners

Avant
By doctors for doctors

Contents

Why do more doctors choose Doctors' Health Fund?

Your health and wellbeing are protected with quality cover provided by one of Australia's fastest growing health funds. Designed exclusively for doctors and their families, there are several reasons why you should join Doctors' Health Fund.

- Out-of-pocket protection with Top Cover Gold Hospital paying benefits up to the AMA list of services and fees
- Choose your treating professional with no preferred provider networks for allied health services
- Get more back with generous extras benefits, including 100% back on dental checkups with all levels of cover.

Dr Arany Nerminathan
Member since 2018

Join today
1800 226 126
doctorshealthfund.com.au

AMA NEW SOUTH WALES

Doctors Health by Avant

THE NSW doctor

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
Julia Arellano
julia.arellano@amansw.com.au

From the Editor

In the midst of the Medicare maelstrom, there was one bright spot of news recently: La Nina is expected to peter out by February 2023.

For communities that have been hammered by flooding this year, this is really great news.

The Northern Rivers of NSW has been particularly hit hard. First in late February, then March, and again in October.

Months after the initial disaster, exhausted healthcare providers – including GPs, specialists, pharmacists, dentists – are all struggling to rebuild their businesses. Healthcare access to patients, many of whom are traumatised from the events earlier in the year, continues to be limited.

Prior to these healthcare providers reaching out to the AMA for assistance, I had assumed that Government had stepped in with assistance. But unfortunately, these providers have largely been left to their own devices, with some taking out loans, or dipping into their superannuation to get their businesses back up and running. They feel abandoned by politicians who offer sympathy in the media, but very little in the way of grant funding. Part of the difficulty is that it seems to be 'somebody else's problem' – with NSW politicians insisting it's up to the Federal Government to provide assistance. We have argued that this is 'every body's problem' and that everyone – our members included – should be very interested in how Government looks after health services in Lismore. While the rains may be easing, it won't be long before natural disaster strikes again. Fires, drought, typhoons, earthquakes – it's difficult to predict what Mother Nature has in store. But one thing is for certain, healthcare access in regional communities is already compromised – if Government does nothing to protect providers who are already established in rural and regional communities, how can it hope to attract more to these areas? AMA (NSW) will be distributing postcards with images of Lismore to practices in November and December. Please encourage your patients to sign the postcards and return the reply-paid cards through the mail to both the Federal Health Minister Mark Butler and NSW Regional Health Minister Bronnie Taylor. Let them know 'All Health Services Are Essential Services.'

Andrea Cornish, Editor

PROTECTING DOCTORS IN PRIVATE PRACTICE

DR MICHAEL BONNIING
PRESIDENT, AMA (NSW)

Verbal and physical assault from aggressive patients is not uncommon in private practice and as such, it's important doctors in all settings are covered by legislation that applies tough penalties for offenders who assault health workers.

A few years ago, just before closing, a new patient walked through the door. It was obvious when he was booking in with the receptionist that he was upset, but initially it wasn't clear why.

Once inside my consultation room, he asked for a scheduled medication. Prescribing scheduled medication is something I do rarely, and certainly not for a new patient. As I was trying to ascertain why he was seeking this medication, the patient became increasingly agitated, and very demanding.

While our consultation rooms are beautifully designed spaces, they all situate the patient closer to the door, with the practitioner's desk further away. They offer privacy for patients and practitioners, but in this moment, the isolation made me feel vulnerable. For those who haven't met me, I'm not a small person. As a 6'5" man, rarely do I feel physically intimidated. However, this experience had all the hallmarks of a bad situation – a large, drug-seeking, angry male that wasn't getting what he wanted.

I considered pushing the alarm button under my desk, but I was conscious that the only other person in the practice was our receptionist, and I was worried about also putting her at risk.

As his anger escalated, I slowly wheeled by chair backwards. I anticipated his punch and managed to be out of range. I quickly moved to door and left the room before he could turn on me again. I closed the door behind me and walked to the waiting room. After a few moments, he followed me out. By this time his anger had dissipated, and I was feeling a little more secure standing behind the large receptionist desk. At this point, I firmly told him the consultation was over and he left the practice.

While I was unharmed, the experience left me rattled. My mind played through all the potential 'what ifs'. What if he had connected with his punch? What if he knocked me out? What if he turned on the receptionist?

Thankfully, I won't know the answer to those questions, but I know from my conversations with colleagues, many of you do. I'm cognisant that my own physical presence means I haven't had to deal with threats to my safety to the same extent as some of my other colleagues. I don't regularly check over my shoulder, feel scared walking alone to the car, or going for a night-time jog. My experience likely pales with the fear that many others deal with on a daily basis. But my point is within the four walls of a consultation room all of us are at increased risk of violence, and therefore we deserve to be extended the same protections as healthcare workers in other settings.

Verbal and physical assault in medical practices is sadly not uncommon in private practice. The extent to which this occurs is not entirely clear, as previous reports into occupational violence towards healthcare workers in Australia have highlighted there is significant under-reporting.

The first national study to be conducted in Australia examining the

President's Word

incidence and prevalence of violence against general practitioners and general practice staff was conducted between April 2009 and March 2010.

It found almost all GPs and practice staff had experienced verbal aggression at some point in their career and 72% of GPs had experienced verbal aggression in the last 12 months.

In addition, GPs experienced physical aggression with damage to property (37%) being most frequently mentioned.

Much like my own experience, GPs in the survey identified that they were at most risk of aggression when the practice was closing for the day.

Triggers were identified as when the practice was short staffed and when GPs are running late.

The Medicine in Australia: Balancing Employment and Life (MABEL) longitudinal survey conducted between 2010 and 2011 of almost 10,000 Australian doctors found 70.6% reported experiencing verbal or written aggression, and 32.2% reported experiencing physical aggression in their previous 12 months of practice. General practitioners reported slightly lower rated than hospital colleagues in that survey, but incidents were still high – 54.9% verbal aggression, 23.4% physical aggression.

Given these alarming statistics it's clear more needs to be done to protect medical professionals working in private practice.

The Crimes Legislation Amendment (Assaults on Frontline Emergency and Health Workers) Bill 2022 ("the Bill") which came into effect on 19 October 2022 amended the Crimes Act 1900 ("the Act") to create new offences in relation to assaults on, and other actions in relation to, certain workers and officers including health workers. These reforms will ensure tougher penalties for offenders who assault certain health workers in the course of their duties.

The law carries new offences ranging from 12 months to 14 years in prison for assaulting frontline health or emergency workers.

The laws were introduced in response to the unacceptable violence that increased with the COVID-19 pandemic.

During the consultation process, AMA (NSW) submitted that the application of the Bill be extended to include all settings (including medical practices) where health services are provided, including in patients' homes. This submission was based on feedback from members who had personally been the victim of an assault in the course of their private practice.

However, the Bill limits the definition to "frontline health worker" rather than capture all health workers. Accordingly, the Bill applies specifically to paramedics, pharmacists and pharmacy staff, community first responders, community health workers, persons engaged to provide medical treatment to patients in hospitals and other similar health institutions, and persons engaged to provide security services in hospitals and other similar health institutions.

In effect, the Bill excludes a range of healthcare providers, including general and private practitioners, from the application of the Bill by reason of the location of their practice (which is not in a hospital or other similar health institution).

AMA (NSW) is calling on the NSW government to reconsider the definition of "frontline health worker" as encompassing any person engaging directly with patients in a health-related capacity, independent of the location.

Patient aggression is a major contributor to doctor burn-out, and at a time when many general practitioners are questioning the financial sustainability of continued practice these incidences could exacerbate the already critical GP shortage.

Tougher penalties are not a complete solution – there must also be a focus on prevention – but they are a signal to patients about seriousness of this kind of anti-social behaviour. It's also a signal to medical professionals about the value of their role in society. This is particularly important, given that years of chronic underfunding by successive Governments has left doctors – particularly general practitioners – feeling undervalued and taken for granted.

AMA (NSW) has been surveying its private practice members about the verbal and physical aggression they face and will be releasing the results of that survey shortly, along with an advocacy campaign targeting NSW. dr.


President@amansw.com.au

@michaelbonning

www.facebook.com/amansw

...we're here for you

Support and guidance whenever you need it,
from the experts in medical indemnity insurance.

For assistance call our friendly team on
1800 777 156 or visit www.miga.com.au

miga ALWAYS

Earn 75,000 bonus Qantas Points when you first insure with MIGA by 31 January 2023[1]

Plus earn 1 Qantas Point per eligible $1 paid to MIGA for your medical indemnity insurance[2]

FREQUENT FLYER | BUSINESS REWARDS

Insurance policies available through MIGA are underwritten by Medical Insurance Australia Pty Ltd (AFSL 255906). Membership services are provided by Medical Defence Association of South Australia Ltd. Before you make any decisions about our policies, please read our Product Disclosure Statement and Policy Wording and consider if it is appropriate for you. Call MIGA for a copy or visit our website. **1** 75,000 bonus Qantas Points offer only available to registered Australian medical practitioners who first insure with MIGA in a fully insured category, as a doctor in private practice, for cover commencing in the period between 1 December 2022 and 31 January 2023, and who pay in full by 31 January 2023 or enter into a direct debit arrangement with MIGA by 31 January 2023, and pay at least one instalment by 31 January 2023, who have not exercised their rights to cool off nor had their insurance cancelled by MIGA, as per the terms and conditions of the Policy. MIGA Terms and Conditions for bonus Qantas Points for Fully Insured are available at www.miga.com.au/qantas-bonus-tc-pp. **2** A business must be a Qantas Business Rewards Member and an individual must be a Qantas Frequent Flyer Member to earn Qantas Points with MIGA. Qantas Points are offered under the MIGA Terms and Conditions at www.miga.com.au/qantas-tc. Qantas Business Rewards Members and Qantas Frequent Flyer Members will earn 1 Qantas Point for every eligible $1 spent (GST exclusive) on payments to MIGA for Eligible Products. Eligible Products are Insurance For Doctors: Medical Indemnity Insurance Policy, Eligible Midwives in Private Practice: Professional Indemnity Insurance Policy, Healthcare Companies: Professional Indemnity Insurance Policy. Eligible spend with MIGA is calculated on the total of the base premium and membership fee (where applicable) and after any government rebate, subsidies and risk management discount, excluding charges such as GST, Stamp Duty and ROCS. Qantas Points will be credited to the relevant Qantas account after receipt of payment for an Eligible Product and in any event within 30 days of payment by You. Any claims in relation to Qantas Points under this offer must be made directly to MIGA by calling National Free Call 1800 777 156 or emailing clientservices@miga.com.au.

SHOWING UP

When the medical profession came under attack, which organisations came to the defense of doctors? AMA (NSW) CEO, Fiona Davies on the importance of 'showing up' when things get difficult.

MOST DOCTORS I KNOW can recall a moment in which they realised that they were in charge, that no matter how difficult the situation they were facing, they were ultimately responsible. Obviously, this situation ideally reflects a suitable period of training and development, but it is the essence of what it is to be a doctor, a sense that even when things are difficult, you keep going.

I have been reflecting on what it means to be a professional following the events of October when, seemingly out of nowhere, the medical profession in its entirety suddenly became the focus of a media onslaught around the suggestion of $8billion being "rorted" by doctors. The AMA responded on behalf of doctors with complete and understandable outrage, only to find our own organisation and office bearers also attacked. It was suggested by some that the outrage was concocted and inappropriate when all the media were doing was reporting.

The AMA relies on the media as one of our many tools in advocating for a stronger health system. It's not our only tool and in fact we think carefully about how we use the media. We recognise that the media has an important role. When dealing with the media, it's sensible to know that they are not on your team but that usually they will be fair, particularly health journalists. We are used to the fact that the AMA has an important role in being available to media to educate and inform or simply provide background. During Covid, AMA (NSW) President, Dr Danielle McMullen did 570 media engagements on her own – that does not count the thousands done by the Federal President and Vice President, other state presidents and other Councillors.

We even know when there will be "bad doctor" stories – we are used to them and we plan for them the way we plan for our "don't eat too much at Christmas" media releases. Every year, the media covers on the report of the Professional Services Review.

The Professional Services Review is the organisation which is responsible for oversight of doctors with regard to Medicare billing. Ironically, most of the "evidence" contained in the media coverage about the failures with Medicare came from this year's Professional Services Review report.

It is important to note that the AMA does not and never has condoned fraud. However, in making that statement, it is even more important to be clear what fraud is. Fraud is claiming for a service not provided or a similar level of criminal behaviour. The majority of conduct associated with Medicare is the misuse of item numbers, often as a result of the significant confusion around the Medicare system. Those held to account by the PSR are required to repay the amounts and may also face other sanctions, such as in some instances the loss of their provider number.

The $8billion figure has now been widely discredited by many sources. It is not hard to understand why – $8billion represents a significant proportion of the overall billings undertaken in Australia calling into question how anyone could have suggested it was a valid number. However, neither the media outlets who promoted the figure nor other media outlets were willing to correct the inaccurate reporting, so the AMA will continue to press on this.

In my more than 20 years of working for the AMA, I have seen few issues unite the profession like this attack. From my exhausted surgeon husband arriving home late at night who said "it makes me wonder why we bother" to the amazing doctors of Lismore who felt it was yet another blow, to the medical students and DITs. Many doctors talked about how it will sadly change the way they practice, although most also said where patients raised it, they knew that their doctor did the right thing.

In response to this distress, the AMA did not step back but stepped up when many other organisations did not. AMA President Professor Steve Robson chose to front up to the 7.30 Report knowing he would be stepping up to a difficult media challenge. He did that because that's what doctors do, they show up, even when it's hard. The AMA will keep showing up for the medical profession. dr.

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

STEWARDS OF THE SYSTEM

Change is needed to ensure Medicare meets the needs of Australians, as is a truthful public debate about the issues, writes AMA President, Professor Steve Robson.

MEDICARE. It's perhaps Australia's most treasured piece of public policy. The green and gold card is practically part of the Australian identity. As well it should be.

Introduced by the Hawke government, the insurance scheme has helped millions of Australians over the better part of 40 years, to access high quality, affordable healthcare.

It's completely understandable, therefore, that when allegations of $8 billion being wasted in fraud are made, national attention is swift and condemnation fierce.

If only it were true.

The suggestion that $8 billion (around 30 percent) of the spend on Medicare is being defrauded has been shown to be based on anecdotes, simplistic analysis and opinion, rather than any rigorous data or comprehensive statistical analysis. This goes someway to explaining the utter puzzlement of the medical profession, and the Federal Government (as the holder of Medicare data) for that matter, at the suggestion.

But it's completely understandable that Australians responded this way, when presented with these figures as "facts".

We've seen Medicare used as a political football before — through five years of a Medicare freeze as a savings measure — pushing costs away from government and onto patients.

And we're seeing pressures on general practice like never before, with increasing out-of-pocket costs as the Medicare patient rebate falls further and further behind.

Clearly change is needed. Doctors and the community know this.

From the AMA's perspective, to achieve this change it's critical we do three things.

Firstly, we do need to increase the funding to Medicare. At the beginning of the year the patient's rebate for a regular GP consult was $39.10. After indexing it in July, it is now $39.75. That's not going to do much in an inflation environment of around 7 per cent. Something is broken here.

Secondly, we need to continue to stamp out any fraud, mistakes, and wastage — something the AMA (with the wider profession) has dedicated a

significant amount of its resources to over many years.

Over 700 clinicians gave up their time to be part of a five-year effort to review the entire Medicare system, through the MBS Review. You don't do that if you're not interested in protecting the system from misuse.

In recent years we have backed legislative reforms to increase Medicare audit and compliance powers, making it easier for Government to tackle allegations of Medicare fraud. The specific cases being quoted in the media are largely those that have been detected under the current compliance and audit regime, showing the system is working.

We've been regularly consulted on the Department of Health's education program — helping to shape letters to practitioners on Medicare by using the Department's advanced data analytics to support practitioners who genuinely struggle to understand often complex Medicare rules.

Where issues of fraud appear, we've worked with the government's compliance and risk program, alerting them to issues, and supporting efforts to quickly address any inappropriate and unethical use — including where necessary through referral to the Professional Services Review. The AMA always has, and always will, have a strong stand on our role as stewards of the system. It's also why we implored health ministers to ditch a plan that would have seen cosmetic surgeons able to use patient testimonials on social media. We need tighter controls on cosmetic surgery, not a TikTok free for all.

Thirdly, much of the recent debate has centred on how complicated, confusing, and convoluted the system is. We'd agree. It's why the AMA is running a campaign called "Modernise Medicare", focussed on reforming the system to fund co-ordinated, multi-disciplinary care under one roof.

PROFESSIONAL SERVICES REVIEW EXPLAINED

The Professional Services Review (PSR) Scheme protects patients and the community from the risks associated with inappropriate practice and protects the Commonwealth from having to meet the costs associated with medical and health services provided because of inappropriate practice. Inappropriate practice is conduct by a practitioner in connection with the rending or initiating of services that a practitioner's peers could reasonably conclude was unacceptable to the general body of their profession.

According to the PSR Annual Report for 2021 – 2022, fraud was a concern in only small number of cases. Concerns about major non-compliance or fraud will be referred to the appropriate authority for investigation and if appropriate prosecution. The major concerns identified related to a lack of clinical input and poor documentation evidencing or supporting the services for which practitioners had billed under Medicare.

The PSR Agency is required to publish the details of statutory appointments made under the Act to enable the operation of the PSR Scheme. The Director of the PSR, the PSR Panel, Deputy Directors, and Determining Authority are statutory appointments made by the Minister of Health. Under the legislation, the appointments are made after consultation with the AMA.

You shouldn't have to bounce around the health system to see a doctor, a nurse, an allied health specialist. It's a travesty those with chronic wounds can't afford bandages to take to the GP, because we don't fund it as a nation. We don't fund GPs to make it sustainable to be open after hours, while also expecting them to devote huge of amounts of their time to completely unfunded healthcare delivery, because the 'system' hasn't kept up with Australian's healthcare needs.

It's no surprise Australian's needing healthcare miss out, become sicker and end up caught in the hospital logjam.

One of the very few areas of the recent media coverage we do agree with is that there is more work to be done.

Doctors go to work every day with the express purpose of caring for other people, healing them and making them well. Recently in theatre I worked to save the life of a woman who had lost 12 litres of blood — more than twice her blood volume. This is the job doctors quietly go to work and do every day. That's what doctors want to focus on.

It's no surprise then that hundreds if not thousands of hard-working dedicated doctors have been dismayed by recent media stories.

There are important issues to be debated relating to the health system, including the pressures placed on that system by an ageing society, rising chronic disease rates and the long tail of COVID-19 in the community. I can only hope we have the political will to invest in Medicare as it is needed, and the opportunity to have a truthful public debate about these issues. dr.

ABOUT THE AUTHOR

Professor Steve Robson was appointed the President of the AMA in July 2022, and is an obstetrician & gynaecologist.

ONE ULTIMATE DRIVING MACHINE. THOUSANDS OF AMAZING REWARDS.

In partnership with Qantas Frequent Flyer.

As a member of the Australian Medical Association of NSW, BMW Group Australia would like to make it even easier for you to get behind the wheel of an Ultimate Driving Machine.

- Complimentary 3 years/60,000km BMW Service Inclusive – Basic*
- Recommended dealer delivery reduced to $1,850 excluding taxes^

In partnership with Qantas Frequent Flyer, now you can also earn **60,000 Qantas Points~** when you purchase a new BMW before 31 December 2022. Take a well-earned break with a Classic Flight Reward, experience premium cabins with a Classic Upgrade Reward, book an unforgettable rail journey, or treat yourself to something from the Rewards Store - all on us.

To find out more, contact your preferred BMW Dealer today.

Offer applies at participating BMW Dealers while stock lasts to new BMW vehicles ordered by members of Australian Medical Association of NSW between 01.10.22 and 31.12.2022 (Promotional Period) and delivered by 30.06.2023 and cannot be combined with any other offer. BMW Australia reserves the right to change or extend the offer. Vehicle exclusions apply consult your participating BMW Dealer for further details. *BMW Service Inclusive - Basic is based on the vehicle's condition based service monitoring system for 3 years from the date of first registration or up to 60,000 kilometres, whichever occurs first. Normal wear and tear items and other exclusions apply. Scheduled servicing must be conducted by an authorised BMW Dealer. ^Dealer delivery subject to negotiation between the customer and the vendor dealer. ~Membership and Qantas Points are subject to the Qantas Frequent Flyer T&Cs, available at qantas.com/terms. Not a member, join free at qantas.com/freejoinbmwgroupaustralia. To earn 60,000 Qantas Points, Frequent Flyer members must provide a valid Qantas Frequent Flyer membership number at the time of purchase for an Eligible Product. In order to be eligible, the contract for an Eligible Product must be signed and a deposit paid during the Promotional Period, and Qantas Points will be awarded on final payment of the purchase price and delivery of the vehicle. Qantas Points will be credited to the Frequent Flyer account within 30 days of vehicle delivery.

NSW STATE ELECTION

The NSW State Election is scheduled to be held in March 2023. In the lead-up, AMA (NSW) is focused on building not only a better health system, but one that is among the best in the world.

AMA (NSW) IS URGING the incoming Government to not only improve healthcare in this state but making NSW a world leader in healthcare.

AMA (NSW) is outlining four priorities for the 2023 election statement: the Best Resourced Health Services, the Best Care for Families, the Best Care for Rural Communities, and the Best Care for Doctors.

Within each priority, we're asking government to address these issues:

- **Workforce:** implement solutions to address structural system workforce pressures resulting from sustained and growing demand due to demographic and non-demographic drivers. In recognition of the growing competition for doctors from other states, to review the outdated industrial arrangements for doctors in training, VMOs and staff specialists.

- **Rural and regional health:** Fund the recommendations outlined in the rural health parliamentary inquiry. Support rurally based training. Support later stage rotations for doctors-in-training – noting that for many trainees, they rotate during their early years of training. This limits the scope of services the trainee can provide and more importantly means trainees are experiencing rural and regional practice years prior to them being able to establish their practices. Ensure that where doctors are regionally-based, they receive equal or greater financial support if they are required to rotate back into metropolitan areas than is currently provided in the Award for metro to rural rotations. Review the existing VMO Determinations, specifically those provisions relating to the Regional Support Package which have not been indexed. Ensure the Determinations appropriately reflect the added burden of regional and rural practice in terms of time on call and call back requirements.

- **Paediatric care:** Develop services for children across NSW to ensure that primary, secondary, and tertiary level care can be provided as close as possible to home as possible and consolidate highly specialised levels of care in such a way that is accessible to the whole state. Introduce new models and supports for training of the workforce to reduce duplication and improve healthcare outcomes.

- **Maternal care:** Give babies the best start in life by supporting maternal first trimester screening program.

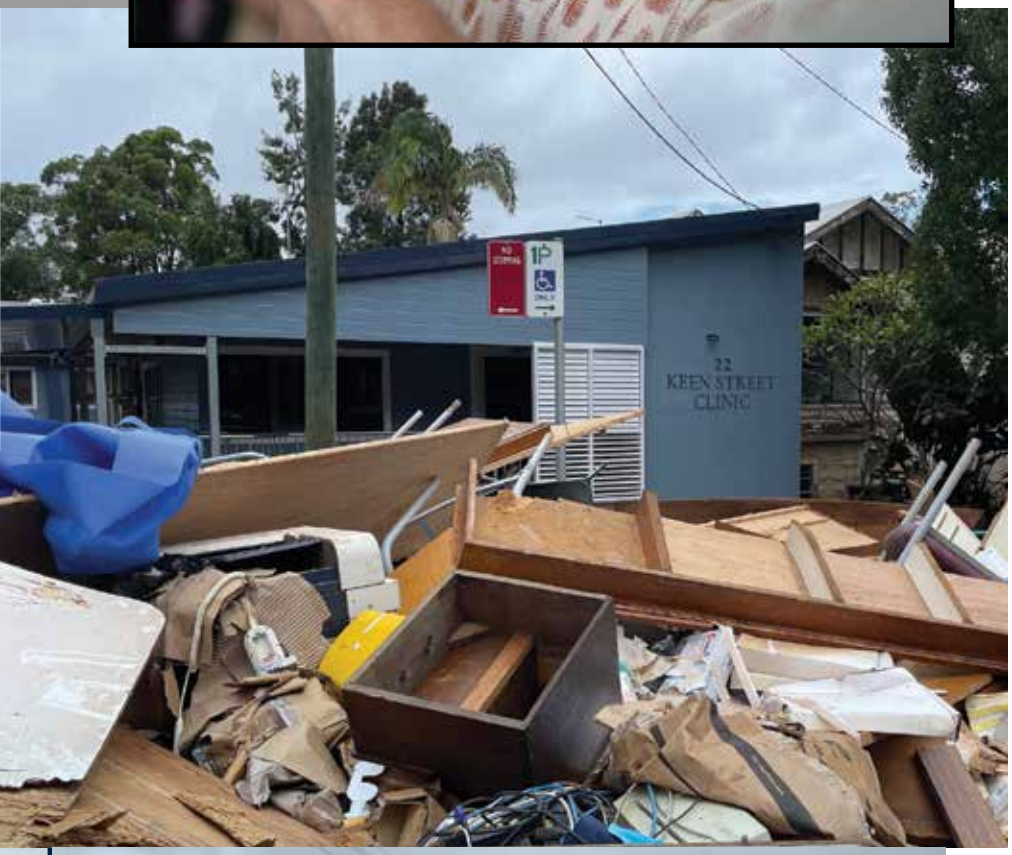
- **Doctor wellbeing:** address significant levels of burnout and fatigue in hospitals and expand protection of frontline health workers to include medical professionals in private practice. Support current workforce in rural and regional areas by implementing a payroll tax exemption for general practitioners. Give medical practitioners assurance they will be supported in the immediate aftermath of a natural disaster with grant funding.

AMA (NSW) will be publishing a full statement soon and look forward to engaging members and decisionmakers on these issues. dr.

ALL HEALTH SERVICES ARE ESSENTIAL

Why the **Lismore disaster** matters

TO ALL HEALTH SERVICE PROVIDERS



Feature

The shocking lack of support for health service providers in the Northern Rivers region should be of great concern to medical professionals everywhere. Natural disaster hit Lismore earlier this year, but with climate change triggering increasingly severe weather events around the country, every private health business in Australia is at risk.

EIGHT MONTHS AFTER epic floods destroyed homes, businesses and livelihoods in Lismore, health services are still struggling to rebuild. While the Government recently announced a much-needed buy-back scheme for homeowners in the region, financial support has been insufficient for flood-devastated private health services, which have been left to try to self-fund their own hugely expensive recovery. The situation is so dire some are considering closing their doors permanently.

There is something uniquely cruel about floods. They often leave the building standing but everything inside completely ruined. It appears salvageable, but once inside – even after you've gutted the contents, replaced the electrical wiring and redone the plumbing, peeled the flooring and ripped up the carpets, repainted the walls and replaced all the fixtures and furnishings, a faint smell of mould often remains. A reminder that you'll never completely be able to put the experience behind you.

After months of being ignored, Lismore dermatologist, Dr Ken Gudmundsen acknowledges he is desperate.

"It's been a tough time – a distressing time financially, personally, mentally and physically..."

"In the flood, I lost virtually everything in my medical practice – computers, beds,

equipment, stock, lights, loupes, etc. The walls, floors, ceilings, the kitchen, the bathroom, all were destroyed," Dr Gudmundsen said.

"Then followed weeks to months of cleaning up the building and sheds, removing debris, dirty furniture, destroyed equipment and stock. Working, with staff and others, in the dirt, the smell, the mould, the rain and grey days – on and on."

And, months later, the rain keeps falling… as water levels rise so do the debts, the anxiety and fear that they can't continue.

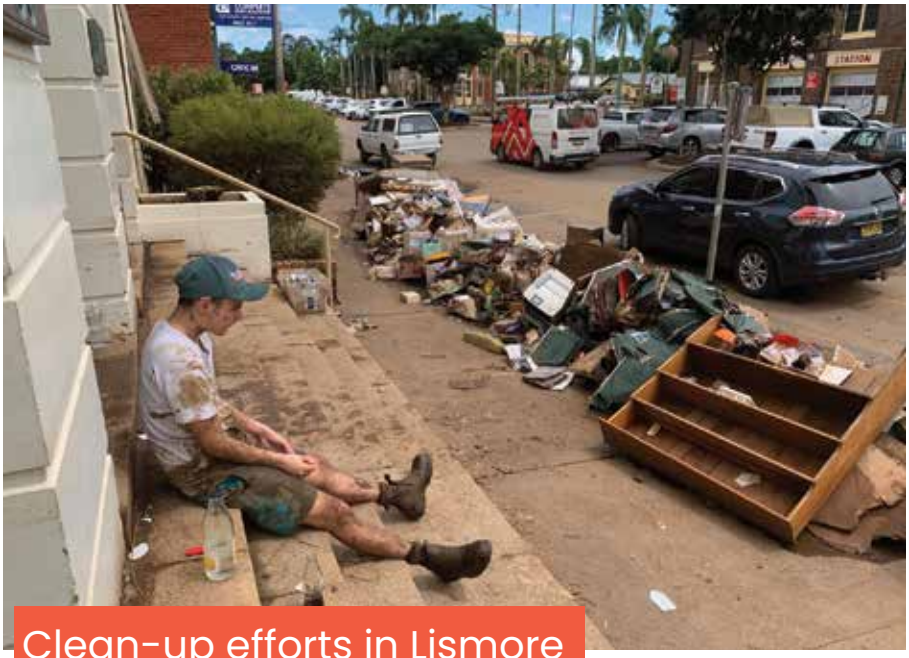
"The slow pace of government help for my practice is a scandal. This neglect and incompetence on behalf of the Governments has added to my stress and gives me great uncertainty as to whether I can or should keep practicing in Lismore," Dr Gudmundsen said.

He spends hours every night writing letters, sending emails, talking to health groups – just looking for answers – the mental toll is obvious.

"I have had an offer to relocate to a practice in Brisbane by a colleague who is helping me through this nightmare," Dr Gudmundsen said. "I rejected this at first, but unfortunately, slowly but surely, my thoughts are turning to this not being such an impossibility and leaving this god-forsaken town in which government has no interest in, or appreciation of, its medical workforce doesn't seem so bad."

Health services providers, like Dr Gudmundsen, including general practice owners, pharmacists, dentists, and other specialists, have begged and borrowed, pleaded and petitioned, but the funds they've received from Government have been a pittance – a drop in the bucket compared to what they lost.

Most are eligible, and have applied for, a $50,000 Small Business Recovery Grant. While appreciative of the funding, business owners said it doesn't begin to cover the damages to the premises, as well as their equipment, consumables, lost wages and income.



Clean-up efforts in Lismore have taken months

"I am not a wealthy person – I currently live in my caravan with my partner, infant baby and three-year-old son. We do not have the financial capacity to rebuild and restore to where we were prior to the flood. I feel an obligation to my staff and the community to keep providing the services our business is renowned for, but we need assistance to do so. The small business grant of $50k was welcome but basing grants off staff numbers fails to take into account the many, many variables and costs associated with businesses like ours," said pharmacist and owner Kyle Wood.

The NSW Government also offers a $200,000 flood grant to medium sized businesses that employ between 21 and 90 staff; however, the health care businesses in the region do not meet these criteria.

The NSW Rural Doctors Network (RDN) developed the Healthcare Flood Recovery Grant Proposal in response to Northern Rivers floods in late February/early March. In the proposal it argues that the current eligibility criteria for grant funding, which is based on the business's number of staff, has no alignment to the value of the service to the community (and therefore government).

"Eligibility should be aligned to the significance of the impacted service to the community, and to the quantum of damages occurred," it stated.

The proposal also identified that the approval process for the grants was a barrier to some health service providers.

"Currently applicants must have spent the money prior to grant approval, let alone receipt of grant funding. This is problematic when businesses may not have funds available to pay upfront, or the business viability of the rebuild relies on the grant funding."

The RDN estimates there are 25 healthcare businesses that sustained damages in the region, with 10 of those experiencing a "very high level of damage". Several of the affected businesses have incurred damages more

than $1 million.

Many of these businesses are not insured for flood as such cover is unavailable or unaffordable. In addition to the 2022 floods, these businesses are suffering the compounding impacts of multiple disasters and emergencies, including the 2017 floods and the COVID pandemic.

The proposal recognises that affected businesses are currently deciding whether they can afford to restart operations, and if continuing, whether they can afford to offer the same levels of service and product to the community as they did prior to the 2022 flood events.

The RDN argues rural and regional populations are already seeing the impacts of decreased healthcare access on patient populations due to COVID, and that these will be exacerbated if non-government healthcare businesses are not adequately supported to return to pre-flood operation levels.

Some of the impacts of reduced healthcare access on the population include decreased vaccination clinics, decreased chronic condition management, decreased screening, and decreased support for vulnerable patient cohorts.

The GP shortage is a crisis across all of NSW and for the Northern Rivers community, further deterioration in healthcare access would be devastating.

In addition to ongoing physical health requirements, residents in Lismore and surrounding areas continue to face significant mental health impacts from the flood disaster. Residents are traumatised and the continued threat of flooding is worsening the toll on their mental health.

The loss of Dr Gudmundsen, who has been providing services to the Northern Rivers region since 1998, would be particularly difficult for patients in the area. The next closest practice is located in Byron Bay – about 45 kilometres away. He currently has 6500 active patients on his books.

(Top) Lismore MPJanelle Saffin, (bottom) Southside Chempro owner and pharmacist Kyle Wood, (left) AMA President, Prof Steve Robson. speaking at the emergency summit held 16 Sept.

There is a significant shortage of specialist dermatologists in Australia with under 600 nationwide, which equates to roughly two dermatologists per 100,000 Australians. The dermatology workforce shortage is even more acute in rural and regional areas.

In September, AMA (NSW) gathered a group of stakeholders to ask the Federal and State Governments to support the NSW Rural Doctors Network's Healthcare Flood Recovery Grant Proposal and provide $15m in immediate grant funding to all flood affected non-government primary health, health practitioners and heath service providers.

In an unprecedented show of support of the grant proposal, AMA President, Prof Steve Robson led an emergency summit of healthcare leaders that included AMA (NSW) President, Dr Michael Bonning, and leaders from the Pharmacy Guild, the Pharmaceutical Society of Australia, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, and the NSW Rural Doctors Network.

In addition to calling for immediate grant funding for the affected health service providers, the AMA announced the introduction of a new policy resolution declaring rural health services as essential services for the purposes of support and recovery in the event of a disaster.

The AMA is calling on Governments to recognise the policy statement, which if acknowledged, would give some surety to all healthcare providers going forward.

As floods hit Victoria and NSW in late October, healthcare providers should watch closely. It is Lismore today – is your town next? dr.

COMPLAINTS AGAINST MEDICAL PRACTITIONERS

DOMINIQUE EGAN
DIRECTOR OF WORKPLACE RELATIONS, AMA (NSW)

With complaints, it's not a case of 'if' but 'when'. And while they are always unsettling, knowing what to expect can make the process a little easier.

UNFORTUNATELY, MOST MEDICAL practitioners will be the subject of at least one complaint during their career. If you are the subject of a complaint, it is important to seek support from peers and professional advisors. You are not alone.

HOW ARE COMPLAINTS MANAGED IN NSW?

Prior to the commencement of the National Registration and Accreditation Scheme (NRAS) in 2010, medical practitioners were registered by the individual State or Territory where they practised.

When the NRAS commenced in New South Wales, New South Wales opted out of that part of the NRAS concerned with managing concerns and complaints about health practitioners (including medical practitioners) and instead opted to continue with its co-regulatory model under which the investigation and prosecution of serious complaints is undertaken by the Health Care Complaints Commission (HCCC), and the Medical Council of NSW (the Council) manages non-disciplinary matters.

Regardless of whether that complaint is made to AHPRA, the Medical Council or the HCCC, the Medical Council and the HCCC must consult about how the complaint should be managed.

WHAT HAPPENS WHEN A COMPLAINT IS MADE?

In general terms, when a complaint is made against a medical practitioner, the following process will be followed:

- The HCCC will assess the complaint. This may or may not involve obtaining an initial response from the medical practitioner. Some complaints result in a decision to take no action and without the practitioner being informed of the fact of the complaint.
- At the assessment stage, the HCCC will consult with the Medical Council of NSW regarding the management of the complaint.
- The most common outcomes of the assessment process are a decision to take no further action, or a decision that the HCCC will investigate the complaint to determine whether the medical practitioner has engaged in unsatisfactory professional conduct or professional misconduct, or referral of the complaint to the Medical Council.

WHAT WILL HAPPEN IF THE HCCC DECIDES TO INVESTIGATE A COMPLAINT?

If the HCCC investigates a complaint the investigation process can take some time. The investigation will include gathering records and information and obtaining an expert opinion. At the conclusion of the investigation, the medical practitioner will be afforded the opportunity to respond to the findings and proposed action which may include prosecution of a complaint before the NSW Civil and Administrative Tribunal or a Professional Standards Committee.

REFERRAL OF MATTERS TO THE MEDICAL COUNCIL OF NSW

Matters that are managed by the Council

Workplace Relations

will be matters where the behaviour or conduct in question is unlikely to amount to unsatisfactory professional conduct or professional misconduct.

Conduct Pathway

Complaints about behaviour and conduct that are less serious may be referred to the Medical Council for management. A response and / or further information will be sought. Having considered the response / information, one of the following options will be taken:

- No further action; or
- Written advice will be provided to the medical practitioner; or
- The doctor will be required to attend an interview at the Council; or
- Referral to the health or performance program; or
- Referral to a section 150 Inquiry; or
- Referral to the HCCC for investigation or to another body, e.g., the Office of the Australian Information Commissioner.

Impaired Practitioners

Medical practitioners who participate in the Impaired Registrants' Program will be required to engage with their treating doctors and Council-appointed practitioners. The medical practitioner's treating practitioners are not required to routinely report to the Medical Council and the relationship between patient and treating doctor remains confidential.

Medical practitioners in the Health Program will have private Health Conditions on their registration which are not publicly published. They may also have Practice Conditions which will be publicly available on the AHPRA Register of Practitioners.

For many practitioners, the outcome of the program is to return to unconditional medical registration, although some with chronic or recurring illnesses may remain on the program for a longer period, or perhaps even indefinitely. Many practitioners will be able to continue to practise, albeit subject to conditions, and participation in the Health Program does not mean that a practitioner cannot work.

Performance Pathway

Complaints about performance that do not meet the threshold of unsatisfactory professional conduct or professional misconduct may be managed in a non-disciplinary manner under the Medical Council's Performance Program.

The Medical Council will seek a response from the medical practitioner, and having considered the response may decide:

- no further action is necessary, or
- the doctor be provided with advice about his or her professional responsibilities, or
- the doctor may be asked to attend an interview to discuss the complaint, or
- the doctor be required to undergo a Performance Assessment and / or be referred to a Performance Review Panel.

If you are the subject of a complaint, please contact the AMA (NSW) Workplace Relations Team at workplace@amansw.com.au or +61 2 9439 8822 for support and assistance.

HCCC ANNUAL REPORT FOR 2020/21

3,029 complaints were made regarding medical practitioners, and of those:

1,496 discontinued

530 were discontinued with advice

160 were referred for investigation

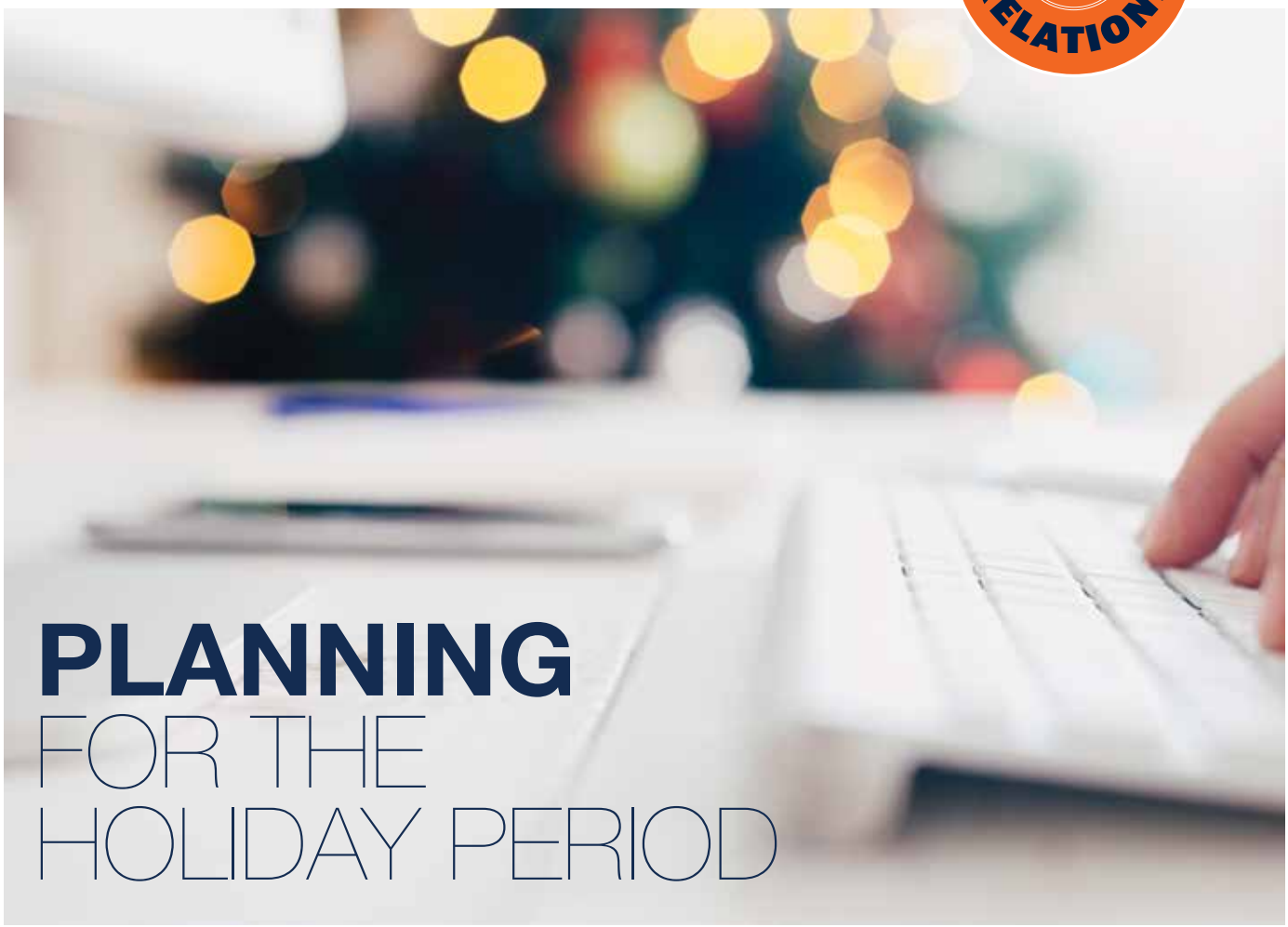
502 referred to Medical Council

94 were referred elsewhere

73 were resolved during the assessment process

WHAT IS A SECTION 150 INQUIRY?

Under the National Law, the Medical Council may conduct an inquiry to determine whether it is necessary to take immediate interim action to protect the health and safety of any person or if it is otherwise in the public interest. The powers of the Council include suspension or imposition of conditions. If action is taken at the section 150 inquiry that matter will then be investigated by the HCCC.



PLANNING FOR THE HOLIDAY PERIOD

It's that time of year again! Get your practice ready for the holidays by planning annual leave arrangements with staff.

WITH THE CHRISTMAS period quickly approaching, now is a good time to start thinking about your plans for managing staff over the holidays. There are a few different factors to take into account, such as will you close the practice down and take leave yourself? Will you stay open, and what will you do on the public holidays? After the last few years of limited travel, do you have staff members with excessive annual leave accruals, and would you like to manage that liability? The Workplace Relations Team at AMA (NSW) are here to help you understand what options are available to you and how you can go about implementing them.

Practice close downs

The Health Professionals and Support Services Award 2020 (HPSSA) and the Nurses Award 2020 have rules around when and how an employer can temporarily close their medical practice and direct staff to take a period of leave. This is often referred to as a practice shutdown or close down and is outlined in clauses 27.5 and 22.7 respectively.

You may direct your employees to take paid annual leave during a temporary close down, provided your direction is considered reasonable.

If an employee does not have enough annual leave accrued to cover the period, they may be eligible to take some annual

leave in advance.

In terms of what is 'reasonable', we recommend you consider a few factors, such as the size of the business, period of notice being given, and length of the close down period. It's often a good idea to discuss with your employees what the business is planning to do in advance and seek their input so you can come up with a solution that works for everyone. This may involve your employee taking a period of leave without pay if they would rather not have a negative leave balance. However, please note, this can only be at the employees' request.

When an employee is on paid leave, they will continue to accrue leave entitlements, however, they will not if they are on a period of unpaid leave.

Public holidays

When a public holiday falls on a day that a permanent part-time or full-time employee normally works, they are to be given the day off and still paid their base pay rate for their ordinary hours that day. This does not apply to casual employees, who are only paid for the hours they actually work, including on public holidays. Employees are not entitled to be paid for a public holiday that falls on a day they do not normally work.

If your practice is staying open on the public holidays and you need to request that staff attend work, you need to ensure that your request is reasonable. In determining what is reasonable, you will need to consider the needs of the workplace, the nature of the employee's work, the employee's personal circumstances including family responsibilities, is the employee entitled to any penalty rates, the employee's type of employment (e.g., full time, part time, or casual) and the amount of notice given.

Health professionals and support staff who are required to work on a public holiday are to be paid double time and a half for those hours. Practice nurses who work on a public holiday are to be paid double time for those hours. This public holiday loading applies to casuals who are required to work on public holidays as well. If a public holiday falls during an employee's period of leave (either annual or leave without pay) they are to be paid their base pay rate for their ordinary hours that day, and not have the day of annual leave deducted.

This year, there are public holidays on the following days over the holiday period:

- Christmas Day – Sunday, 25 December 2022
- Boxing Day – Monday, 26 December 2022
- Additional Day – Tuesday, 27 December 2022
- New Year's Day – Sunday 1 January 2023
- Additional Day – Monday, 2 January 2023

Excessive Annual Leave Accruals

After the last few years of COVID, many practices are finding themselves in a situation where their employees have accrued significant annual leave liabilities. The HPSSA considers anything over eight weeks of annual leave as excessive and the Nurses Award, anything over 10 weeks. The preferred option is always to discuss with your employee and reach a solution together to reduce the leave balance. However, under the relevant award, when an agreement is not reached, you may be able to direct your employee to take some annual leave. An employee must be given at least eight weeks, and no more than 12 months' notice that they are being directed to take annual leave, and the duration of leave must be at least one week. The result of the direction to take leave can not mean that the employees' accrual will fall below six weeks. dr.

For further assistance in assessing your options and other employment-related enquiries, please contact our Workplace Relations Team on +61 2 9439 8822 or workplace@amansw.com.au

ABOUT THE AUTHOR

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

MEDICAL INDEMNITY CONCERNS

It is imperative that medical indemnity premium growth is kept in check to ensure patient access to care is not jeopardised.

MEDICAL INDEMNITY insurance is critical to ensuring doctors have the confidence to practice, particularly in high-risk specialties. For more than two decades, the Australian Medical Association has worked to ensure a stable, secure system of medical indemnity in Australia.

AMA (NSW) members have reported feeling the sting of sharp increases in medical indemnity insurance premiums this year. In some instances, our members have also raised concerns of "risk surcharges" being imposed by their indemnity providers, often with little warning.

In this article, we address the key findings of AMA (NSW)'s medical indemnity survey and present issues affecting the stability of the medical indemnity industry. As we discuss below, key to this stability is Government funding and it is the responsibility of the Government, not of doctors and patients, to intervene when this stability is threatened.

Survey results

Recent feedback from AMA (NSW) members about increases to their medical indemnity premiums prompted us to conduct a member survey to gauge the extent of these cost rises.

This survey was conducted over five weeks and received over 360 responses from members insured by:

1. Avant Mutual Group Limited (49% of respondents);
2. MDA National Insurance (17% of respondents);
3. Medical Insurance Group Australia (15% of respondents);
4. Medical Indemnity Protection Society (10% of respondents);
5. Berkshire Hathaway Specialty Insurance, distributed by Tego Insurance (7% of respondents).

Almost 80% of respondents indicated

that their premiums had increased over the last two years. The amount that premiums rose by varied quite a bit, but the median increase was 20%.

Close to one-fifth of respondents (18.53%) revealed that they also had a risk surcharge applied to their premium in the last two years, with prices ranging from $1,000 to $20,000.

The survey also found that 10% of respondents had been advised by their indemnity providers that their premium will likely increase if a further complaint or claim is made against them.

Threat to stability

Medical indemnity providers have indicated recent cost increases are the result of medical inflation, social inflation, and speciality specific issues – all of which have risen in response to the pandemic. At the same time, we have also seen the devastating consequences of natural disasters in the last few years which has also placed pressure on the insurance industry.

With the cost of premiums rising, so does concern about the future stability of the medical indemnity system. These concerns are not new, and many will recall the medical indemnity crisis of the early 2000s in which sky-rocketing medical indemnity costs brought our health system close to the brink of collapse.

We have seen many years of stability in the medical indemnity system with the implementation of government schemes in response to the crisis almost two decades ago, including the Run Off Cover Scheme, Exceptional Claims Scheme and Premium Support Scheme. However, the effects of the pandemic and recent natural disasters on the insurance and re-insurance markets are likely to persist for the foreseeable future and have the potential to threaten this stability.

It is imperative that, amid these issues, medical indemnity premium growth is kept in-check to ensure patient access to care is not further jeopardised by unaffordable indemnity insurance costs. This concern is particularly pressing given the negative impact that the pandemic has had our already financially strapped health care system. The AMA is monitoring medical indemnity premiums and will, as it did in the early 2000s, seek government support and intervention to ensure the viability and vitality of medical practitioners and medical services.

Reminder

Medical indemnity insurance is a requirement for all registration. The importance of medical indemnity can be overlooked by doctors who, understandably, are more concerned about their rising premiums. At the same time, we acknowledge the pressures doctors may experience and that they may feel they are being compelled to practise 'defensive medicine' out of fear of further premium increases. This can place a wedge between doctors and their patients.

Medical Indemnity providers are an important source of advice and support when complaints or claims are made.

AMA (NSW) encourages members to engage with their indemnity provider and ask questions about their premiums if concerns arise. All indemnity providers have a complaints process if a medical practitioner may be unhappy with a decision made regarding, among other things, their premium and there is an external right of review to the Australian Financial Complaints Authority.

Medical practitioners should regularly review risk management processes and procedures to ensure they are proactively taking steps to manage and minimise potential risks in their practices.

AMA (NSW) regularly meets with medical indemnity providers and will continue to engage with them on the issue of premiums. AMA (NSW) and the medical indemnity insurers have a common interest in ensuring a viable system now and into the future.

The AMA (NSW) Workplace Relations Team is available to assist members with advice and support regarding risk management, complaints and claims made in your practice. dr.

If you would like further information on the matters above, please contact our Workplace Relations Team on +61 2 9439 8822 or workplace@amansw.com.au

ABOUT THE AUTHOR

Melanie Fayad is a Workplace Relations Advisor (Legal & Policy) and can assist members with enquiries regarding risk management, complaints, and claims made in your practice.

Avant Life Insurance

Of all the life insurance providers we looked at, only 4 made our LIST.

Finding the right life insurance can be time consuming, full of fine print, confusion and uncertainty. So, to make life easier, Avant looked at leading life insurance providers and came up with a list of 4 whose life policies, features and benefits we think doctors will value.

Dr Sofia Ambreen
General practitioner, NSW

THE DOCTORS'
LIST
LIFE INSURANCE SELECTION TOOL

The LIST makes Life easy for doctors.

The LIST, designed for doctors, is an Avant comparison tool that puts a curated list of life insurance providers at your fingertips. Simply compare policies and consider whether one is right for you.

It's fast, easy and you can apply by phone – we take care of the rest.

Compare, select, apply.

Call for the LIST on 1800 128 268
or visit avant.org.au/life

Avant
By doctors for doctors

WORKPLACE RELATIONS EVENTS

IT'S BEEN A TOUGH couple of years for NSW medical practitioners. From bush fires, floods, a pandemic, and even more floods – The AMA (NSW) Workplace Relations Team have been working hard to provide members with continued support and advice to help them be the best they can be.

The team have held many successful events this year with attendees walking away with newly gained skills and knowledge, and many have appreciated the opportunity to re-establish networks and connections.

Did you miss this?

Events held by the AMA (NSW) Workplace Relations Team this year include:

- Webinar: VMOs – Your Rights and Entitlements
- Webinar: Living with COVID-19: WHS Risks & Your Medical Practice
- Webinar: Understanding the VMO Appeals Process
- Practice Managers' Masterclass in Sydney, Dubbo, Canberra & Ballina

The Team have been delighted to reintroduce face-to-face events after a hiatus due to the COVID-19 pandemic. The in-person Practice Managers' Masterclass is very popular. Registration was limited for these events, and tickets sold out quickly.

Upcoming

- Starting & Working in Private Practice Conference – Saturday 19 November
- Practice Managers' Masterclass in Nowra – early 2023
- Practice Managers' Masterclass in Sydney – early 2023

Special thanks to our sponsor for the Starting & Working in Private Practice Conference – Cutcher & Neale, HWL Ebsworth, CJU Medical Marketing, MDA National, Credabl, and Experien Insurance Services.

If you would like to find out more information about these upcoming events, please visit https://www.amansw.com.au/events/

Please stay tuned for even more AMA (NSW) Workplace Relations events to be added in the new year. dr.


Welcome to
A Night for the Profession
IN SUPPORT OF THE
AMA (NSW) CHARITABLE FOUNDATION

A Night for the Profession

A Night for the Profession was a special celebration for medical professionals and health sector colleagues, and an evening to raise funds for some well deserving charities.

AFTER A BRIEF COVID HIATUS, AMA (NSW) held the hotly anticipated 'A Night for the Profession' on 21 October at the Sheraton Grand in Sydney Hyde Park.

More than 150 well-heeled guests attended the black-tie event to raise money for the AMA (NSW) Charitable Foundation in support of three exceptional charities.

In addition to championing the work of these organisations, the event was an opportunity for medical professionals to get together and acknowledge the challenges of working in healthcare during COVID-19.

Celebrated Australian author, journalist, and television and radio presenter, and the evening emcee, Indira Naidoo, acknowledged the rollercoaster of anxiety, stress, fear and fatigue that doctors experienced throughout the pandemic.

Given the experiences of the last two years, A Night for the Profession held even more significance, as colleagues reconnected and relaxed over drinks, dinner, and dancing.

The event was also made special by the opportunity to raise funds for the AMA (NSW) Charitable Foundation, which was established in 1995 to harness the goodwill and charitable spirit of the medical profession. It has a commitment to addressing the physical, social, and emotional needs of all Australians, particularly those disadvantaged in our society. Since its inception, the Foundation has donated more than $1m to many organisations, including the Fred Hollows Foundation, Bear Cottage, Royal Flying Doctor Service, the Luke Batty Foundation, among others.

This year, the AMA (NSW) Charitable Foundation chose to raise funds for three very deserving charities, including:

- The Torie Finnane Foundation for women, which strives to improve maternity services in regional New South Wales through the provision of professional development opportunities and by assisting with the purchase of equipment;
- Bravehearts, which provides a coordinated and holistic approach to the prevention and treatment of child sexual abuse; and
- The Medical Benevolent Association of NSW, which provides counselling and short-term financial assistance for doctors and their families through times of crisis, illness, accident, mental health conditions, grief and loss of income.

President's Awards

The evening was also an opportunity for past Presidents, Dr Kean-Seng Lim and Dr Danielle McMullen to present a President's Award to two members of the profession that have been outstanding, both as clinicians and in terms of their contribution to the profession and the health system.

Dr Kim Loo

Dr Lim recognised Dr Kim Loo for her commitment to tackling climate change. Dr Loo is a general practitioner at Riverstone Family Medical Practice, AMA (NSW) Councillor, and the NSW Chair of Doctors for the Environment.

As Dr Lim remarked, many people talk about climate change, but Dr Loo lives and breathes her pledge to create a healthy environment.

Dr Loo strongly believes that the environmental determinants of health are clean air, clean water, healthy soils, a safe climate, and a healthy ecosystem. In her advocacy, Dr Loo also highlights that depending on where you live – the impacts of climate change can be more acute, with society's most vulnerable and disadvantaged often the worst affected by the developing environmental crisis.

As a medical practitioner working in Blacktown, she is very aware that many of her own patients will be among the hardest hit by climbing temperatures. Residents in lower socio-economic areas of Sydney are least able to afford to retrofit their homes in way that improves energy efficiency and safeguards their health.

Her interest in housing as a key component of good health has led her to become a spokesperson for Better Homes for Renters. She is also the medical spokesperson for the Western Sydney Regional Organisation of Councils and plays an active role in helping them to establish their heat adaptation plan, which will set the foundation for improved heat resiliency.

Dr Loo is also a leading figure in Healthy Futures, a network of health professionals, students and supporters who organise collective action to reduce pollution and protect health.

Dr Penny Browne

Immediate Past President, Dr Danielle McMullen followed up with the presentation of a second President's Award, which she awarded to Dr Penny Browne.

Dr Browne has been a GP for more than three decades, a GP supervisor, and a senior staff specialist at the Hornsby-

Overseas model shown.

EXCLUSIVE CORPORATE BENEFITS

LEXUS CORPORATE PROGRAMME — Get exclusive benefits

across a range of Lexus models with our Lexus Corporate Program*.

THE BENEFITS FOR AMA NSW MEMBERS

- **Preferential Corporate Pricing[1]**
- **3 year / 60,000kms complimentary scheduled servicing[2]**
- **Reduced delivery fee of $995 (ex GST)**
- **Priority ordering and allocation**
- **Lexus Encore Owner Benefits^, including:**
  - Service Loan Car
  - Invitations to Exclusive Events
  - DriveCare Roadside Assistance
  - Luxury Hotel Partnership Benefits
  - Generous fuel offer
- **Encore Platinum (available on select models):**
  - Encore benefits, plus:
    - Lexus OnDemand
    - Valet Parking
    - Home charger installation (UX 300e & NX 450h+ models only)[3]
    - Charging cables (UX 300e & NX 450h+ models only)
    - Complimentary charging with Chargefox (UX 300e models only)[4]

Find out more at Lexus.com.au/Corporate

To access the Lexus Corporate Program please contact Ronald Chin from Sydney City Lexus

SYDNEY CITY LEXUS | 824 Bourke St, Waterloo
PH 02 9160 0325 | **www.sydneycitylexus.com.au** | MD4859

1. Conditions apply. See your Lexus dealer for further details.
2. Complimentary servicing expires at 3 years or 60,000kms from the date of first registration, whichever occurs first.
*Eligible models for the Corporate Programme are subject to change and may vary from time to time. Please contact your local Lexus Dealer for more information.
3. Complimentary ABB Single Phase 7kW AC wall charger supplied and installed by JET Charge Pty Ltd (JET Charge). Eligibility determined at Lexus and JET Charge's discretion. Vehicle owner must obtain appropriate site permissions and access prior to installation. Electricity consumption charges are owner's responsibility. Refer to operating instructions for usage guidance. Upgrades and equipment add-ons at additional cost. Rainchecks not available. Cannot be redeemed for monetary value. See jetcharge.com.au for T&Cs and lexus.com.au/encore for details.
4. Complimentary charging provided to Encore Platinum members for first 3 years of membership. Fees may apply thereafter. Charging stations provided by ChargeFox at selected locations. Usage at vehicle owner's risk. See chargefox.com for T&Cs. Frequent use of DC Fast Charging can impact battery performance & durability. Lexus recommends minimising DC Fast Charging usage. Refer to Owner's manual and lexus.com.au/lexus-electrified/charging for guidance.
^Encore and Encore Platinum Benefits apply on selected new and demonstrator vehicles for a 3 year period, extended for a further 2 years limited services for UX Battery Electric Vehicle, from the date Encore is first activated by the Dealership. Inclusions may change without notice. Subject to availability. For full T&Cs and see your Lexus Dealer or lexus.com.au/encore.

LEXUS
EXPERIENCE AMAZING

Brooklyn GP Unit and Bungee Bidgel Aboriginal Health Clinic.

She is passionate about GP education and encouraging the next general of GPs. She has taught and mentored hundreds of registrars, JMOs, and students and was awarded the RACGP NSW GP Supervisor of the Year in 2018.

Dr Browne's interest in health law led her to working with Avant Mutual, where she has been the inaugural chief medical officer for more than seven years. During her time with Avant, she introduced a registrar training role, which has created an opportunity to nurture future medical leaders with an understanding in health law.

She also established the Avant Advocacy, Education and Research Division and drove messaging regarding the impact of complaints and claims on doctors' health to medical regulators.

She is committed to doctors' health, protecting the workforce and patient safety. Dr Browne also played an integral role during the pandemic. She led Avant Mutual advocacy throughout COVID-19, bringing stakeholders together to share knowledge and drive policy cohesion and support for the profession in a rapidly changing environment.

She established the Avant Foundation which provides funding for doctor-led projects and research in quality, safety, and professionalism in medicine. Dr Browne received the Quality and Safety in Medicine Award from Avant in 2022.

Her expertise as a clinician, and her knowledge of the health system, public affairs advocacy, health law, executive management and governance have been fundamental in supporting and protecting general practice both now and in the future.

Thank you to all attendees for the memorable evening and special thanks to our major sponsor, Cutcher & Neale Accounting and Financial Services, as well as our general sponsors Doctors Health Fund, Lipman Burgon and Partners, and AMA Wealth Planning. dr.

We'd like to thank our sponsors

Major Sponsor

Cutcher & Neale
ACCOUNTING AND FINANCIAL SERVICES

Event Sponsors

Doctors Health by Avant

LIPMAN BURGON & PARTNERS

AMA WEALTH

2022 DIT AWARD WINNERS

AMA (NSW) recognises outstanding doctors-in-training with the 2022 DIT Awards. This year's winners have made exceptional contributions to medicine and continue to have a positive impact on their colleagues and patients.

2022 DIT OF THE YEAR

Dr Adrian Siu

Dr Adrian Siu is an intern at Bankstown-Lidcombe and Campbelltown Hospitals and is also the AMA (NSW) DIT Representative for Network 2. From the onset of his medical training, Dr Siu has demonstrated a passion for medical education. He is also an advocate for community healthcare, and an inspiration to colleagues to achieve clinical excellence.

Why did you choose medicine?

After graduating high school, and unsure of my career pathway, I decided on a Bachelor of Pharmacy (Honours) due to my interest in science. After finishing my degree, I became frustrated by the business and sale-orientated nature of community pharmacy. Therefore, I began to see medicine as the perfect profession which combines science, the human body, and patient interaction – with my core belief of social justice and enacting positive social change. I was then later accepted into the medicine program at the University of Wollongong and have not looked back since.

What qualities make you suited to this career?

I strongly advocate for patient-centred care, I'm also a collaborative team player, strong communicator, empathetic, and passionate about holistic healthcare. From the beginning of my medical

DIT AMA (NSW) AWARDS 2022

training, interacting, and advocating for patients has always been the most enjoyable aspect of medicine.

Tell us about a patient/doctor interaction that has impacted you.

During my ED rotation, I came across a non-English speaking lady in her mid-70s with a CT-diagnosed mass in her pancreas. Her family were also present and stated that she had never been to hospital and rarely saw her GP. Knowing that the patient spoke little English, I sat down and carefully explained the findings of the CT scan and that she would need to be admitted for further investigations under the on-call surgical team. Having never been inside a hospital, the patient and her family explained that she was not prepared to stay overnight. However, I carefully and professionally explained the reasons why and with the help of her family, she was eventually convinced to be admitted. To me, it was through professionalism and taking my time with the patient that allowed for a positive outcome. In the end, she even asked if I would be on the ward the next day to look after her. Ultimately, she trusted me as a doctor, and this case reminded me that every doctor-patient interaction may be the difference between a patient trusting you or your colleague in the future.

What do you find most rewarding about being a DIT?

I once thought that medical school was all the education you needed to be a doctor. However, after nearly a year as an intern, it is clear to me that there is still a lot of medical learning and professional growth that is required. While this may seem daunting, it does not deter me, and rather it inspires me to achieve and learn more. To me, the term 'DIT' perfectly encapsulates the true beauty of medicine, where there is an expectation for life-long learning, and constantly striving towards clinical excellence.

Something my colleagues don't know about me is....

When I was younger, my childhood dream was always to be a pilot and fly. Hopefully one day I may somehow combine my childhood dream of flying with my love of medicine!

If you could go back to day one of internship, what would you tell yourself?

"Everything will be okay in the end. If it's not okay, it's not the end."

There will be times where you don't know everything, and you may feel like the most stupid person in the room. But always remember a few points – trust in your training, be bold, ask questions, talk to your mentors, and most of all – enjoy the whole experience!

What does receiving this award mean to you?

As the recipient of the 2022 DIT of the Year, I feel honoured and thankful to have this prestigious award bestowed upon me. As an intern there are many days that I have left work often feeling drained and devoid of energy. However, I have managed to relish every opportunity that has been presented before me and have not regretted a single moment. In the process, these experiences have ultimately helped shape my personal and professional development as a medical practitioner. dr.

2022 REGISTRAR OF THE YEAR

Dr Mithila Zaheen

Dr Mithila Zaheen is a Basic Physician Trainee at Westmead, Blacktown and Hornsby-Ku-ring-gai Hospitals and has held numerous leadership roles within her hospital community. Dr Zaheen is admired for her compassion for patients and colleagues, and dedication to her education and training, as well as her advocacy and volunteer work.

Why did you choose medicine?

I've always been someone who wants to make a difference, and I was drawn to medicine primarily because it is a career driven by service. During my general practice placement, I was able to recognise that doctors do not simply provide healthcare, but they are intimately involved in peoples' lives as they act as navigators through times of hardship and joy. Having the chance to develop close relationships and care for someone when they are vulnerable is a truly humbling and rewarding experience. I also love the problem-solving aspect of medicine.

What qualities make you suited to this career?

I think my friends would describe me as someone who is determined, ambitious and motivated to make changes. Having grown up in Western-Sydney and being of Bangladeshi background, I am passionate about advocating for access to healthcare for disadvantaged and minority groups. I always felt that pursuing a career as a doctor would equip me with the necessary skills and knowledge to serve those in need, so medicine felt like the right fit for me, and I hope to engage in aid work in the future.

Tell us about a patient/doctor interaction that has impacted you.

Being a junior doctor in Western-Sydney and managing patients from a diverse range of cultural and linguistic backgrounds has been challenging and very rewarding. On my cardiology rotation last year, I had the pleasure of treating a lovely 30-year-old gentleman with end stage heart failure. Unfortunately, he was an overseas visitor from a non-English speaking background who could not return to his own country due to the pandemic. He was stuck in Australia, unemployed with no access to Medicare subsidies, minimal social support, and was feeling extremely isolated – on top of a new, life changing diagnosis. The immunology, cardiology and hospital pharmacy teams worked collaboratively to devise a treatment plan that would improve the patient's quality of life, at the most affordable cost. Thankfully, financial support was able to be secured, and the patient was followed up in clinic and remained symptom free, thanks to our teamwork and advocacy. Working with the multidisciplinary team to help support these disadvantaged patients has left an impact on me, and it is times like this when it all feels worth it.

What do you find most rewarding about being a Registrar?

Stepping up into a registrar role has been a challenging and enriching experience. Having that extra responsibility and managing sick and deteriorating patients has been tough at times; however, being more actively involved in decision making, patient care and developing rapport with patients and their families has been especially rewarding. Teaching and mentoring junior doctors and medical students has been a highlight, as I finally have enough experience to pass on some pearls of wisdom.

Something my colleagues don't know about me is….

I am a self-taught ukulele player! I am far from being an expert, but I find it a great way to relax after a long day at work (much to the dismay of the rest of my household!).

If you could go back to day one of internship, what would you tell yourself?

Enjoy being an intern! Internship was a stressful, but it was also a lot of fun going through the first stage of your medical career with a lovely group of colleagues. I'd also tell myself to try to check in on my colleagues and offer to support them from time to time, as burn-out is a major issue among junior doctors that needs more awareness.

What does receiving this award mean to you?

I feel truly humbled and honoured. I'm very grateful to be surrounded by so many supportive mentors, colleagues, and juniors. I will continue to strive to be the best advocate, mentor, doctor, and friend that I can be. dr.

2022 SUPERVISOR OF THE YEAR

Dr Danielle Unwin

Dr Danielle Unwin is a Supervisor in the Emergency Department at Westmead Hospital. She is highly respected by DITs for her excellence in leadership, commitment of teaching skills and mentorship, and well-liked for her 'everyday' empathetic and understanding support and advice.

Why did you choose medicine?

According to my parents, I told them I hoped to be a doctor since I was in primary school. I was the first in my family to attend university, so there are no medical role models in our family and no life events that precipitated my aspirations. I think perhaps it was the detective side of medicine and solving a problem that attracted me as a child. Interestingly, my sister works in the same field so perhaps there was something in our childhood that pointed us both in this direction.

What qualities make you suited to this career?

There are many qualities needed in a medical career but working in an Emergency Department you need to have sound communication and people skills, decisiveness, and the desire to work in an unpredictable environment. I think I bring these qualities and also a continued passion for medicine and always evolving and learning. I enjoy working in the multidisciplinary team that ED is, as a leader and also a mentor. I think the juniors learn as much from as I do from them.

Tell us about a patient/doctor interaction that has impacted you.

So many come to mind which all have shaped who I am and how I practice as a doctor. It is a privilege to advocate on the behalf of patients' and their family. Personally, a simple thank you has always had a significant impact – It makes me feel I have made a difference for that person and ultimately helped them.

What do you find most rewarding about being a supervisor?

I enjoy watching the evolution of junior doctors from terrified day one interns, to capable and confident trainees and eventually consultants. But it's not just about the medicine and their career – for me it's about actually 'knowing' who they are as a person. It's understanding what else is happening in their world and then giving guidance and advice. It's a privilege to watch them grow and succeed.

Something my colleagues don't know about me is....

I am a fairly open book – many know I love shopping, exercising, eating out and socialising..... but I don't think many would know that I enjoy gardening.

If you could go back to day one of internship, what would you tell yourself?

Perhaps I would tell myself that you are not an imposter and that you are 'enough'. I think my Western-Sydney public school background often made me think that I was a fraud which I now know many years later is not true.

What does receiving this award mean to you?

I am honoured and appreciative to be nominated for this award... let alone to win. The time I have been able to spend with the junior doctors and relationships that have developed are a reward in itself.

dr.

Available Workspace For Lease

Level 6, 69 Christie Street, St Leonards NSW 2065

Newly renovated **top floor** suite in prestigious AMA House

- Top floor tenancy
- Newly renovated large open plan room
- Reception, main open space, boardroom, office and kitchen
- Perfect for running courses, workshops or office space
- Incredible natural light
- Ideally suited to medical or dental tenants
- Onsite parking and easy walk to St Leonards railway station

Ideally placed within close proximity to the Royal North Shore & Mater hospitals, AMA House is located in one of the most sought after locations in St Leonards. Across the road from 'The Forum', St Leonards station, Reddam House early learning centre and Fitness First gym. Short walk to Cafés, Restaurants, retail precinct of Crows Nest and the future Metro Train Station.

Contact Kerry Evripidou 0410 540 326 or kerry.evripidou@amansw.com.au

RURAL TRANSITIONS: how to prepare

Australian Medical Students' Association President, Jasmine Davis shares advice on how to prepare for, and embrace, the beginning of a new term or life rurally.

A CAREER IN MEDICINE is full of transitions: from high school to medical school to clinical placements to internship; and then residency, specialty training and fellowship. It can sometimes feel like you are always changing roles, locations and needing to figure out where you fit in.

In a country as geographically diverse as Australia, we have the added challenge of physical relocation also occurring alongside such transitions.

Shifting to live and work or complete placement in a regional, rural, or remote community often comes with its unique challenges and benefits. The way in which we approach such a move, whether it be from metropolitan to rural or between rural sites, can have implications on the overall experience of your placement or rotation.

HERE ARE MY TOP TIPS:

1 Get to know the community you are entering

Once you find out where you are moving for your placement or rotation, make sure to find out as much as you can about the location, community, and local surroundings. If you are a student, the best way to do this is to chat to students who have previously been placed in the rural area and ask them about their experiences. It is also worthwhile chatting to any educators or doctors who work in the area about their experiences and why they love working there.

2 Bring everything you may need

Sometimes the hardest part about constantly moving for rural rotations is the packing. What you need to bring will depend on the distance your home is from the rotation, how long the rotation is, and the kind of facilities are provided at the place you will be staying. If you find yourself far from home with forgotten items, ask other students or doctors in the accommodation, or try and get things from the local op-shop so you don't end up with two of everything!

3 Seek out colleagues early

A key part of any transition into a new team and community is finding those people who you really click and work with well, and people who you can debrief with about your experiences. Spend some time at the start of your rotation getting to know your colleagues. Investing time early in the creation of friendships and relationships with colleagues will make your experience richer and more valuable; and will be incredibly useful should you find yourself in need of someone to whom you can talk.

4 Explore

When you get time off, make sure you explore as much as possible! Ask the staff at the hospital or clinic for activities to do on the weekends. Rural Australia is incredibly beautiful, and you are often not far away from a breath-taking hike, a gorgeous winery, or a beachside town. Make the most of your rural time and see as much as you can, whilst supporting local businesses

5 Look after yourself

Sometimes going rural can be tough. You may miss your family, friends, and the familiarity of wherever your home base usually is. Make sure in the period of transition into your rural placement or rotation, that you continue your usual routine as much as possible. Talking to your friends and family as much as possible can also really help with the transition. Be patient, look after yourself and make the most of the time you have on the placement.

6 Share your experience!

If you enjoyed going rural, tell people about it! We need more students, doctors-in-training, and specialists to experience rural practice, and stay there. The more you share about your experience, the more we can do to dispel some of the fears people have about making the transition to become a rural doctor. Whether you want to be rural long term or not, sharing your experience can help others take the step to a potential future career in rural Australia. dr.

Previously published in AMA Victoria's, VICDOC.

ABOUT THE AUTHOR

Jasmine Davis is a penultimate year medical student at The University of Melbourne and is the current President of the Australian Medical Students' Association (AMSA).

Vale Dr John Dixon Hughes

AMA (NSW) ACKNOWLEDGES the sad passing of Dr John Dixon Hughes OAM on 14 September 2022. He is remembered for his life of service to his patients and Sydney Hospital, and his support of medical research and innovation.

Dr Hughes was a well-known and highly esteemed consultant general surgeon. He served on multiple committees throughout his career and was valued for his contributions to medicine.

In addition to being a life-long member of the Australian Medical Association for 58 years, he was the longest-standing Director and former Chairman of the National Foundation for Medical Research and Innovation (NFMRI) and founding member of the Foundation in 1977. The NFMRI established the Dr John Dixon Hughes Medal for Medical Research Innovation in his honour. The medal is awarded every two years to

a researcher under the age of 45 for outstanding contribution towards the development and advancement of a biomedical innovation related to the nature, prevention, diagnosis, treatment and incidence of disease and other health problems that have a significant impact on the health of humans.

He was a Fellow of the Royal Australasian College of Surgeons and was awarded the College Medal in 1990 and the NSW State Committee Merit Award in 2008 for distinguished service to surgery.

Dr Hughes was a Foundation member of the Australian Association of Surgeons, Distinguished Councillor from 1982 and served as President, Secretary and Councillor for many years.

He received the NSW President's Award in 1990 for distinguished services to medicine in NSW.

In addition, he served as Chairman of the Infection Control Advisory Group for NSW Health and an approved medical specialist for the Workers Compensation Commission NSW for disputes and appeals. He was also a Board member for more than 14 years, and served as Senior Vice President, Chairman of Medical Staff Council and Chairman of the Surgical Research and Ethics Committees at Sydney Hospital.

Dr Hughes was awarded an OAM in 2010 for his services to medicine.

He is remembered by his family, friends and colleagues. dr.

RACGP'S 2022 AWARD WINNERS

CONGRATULATIONS to the Royal Australian College of General Practitioner's 2022 Award winners for New South Wales and the ACT.

The awards recognise the value of GPs in the community and celebrate their achievements. This year's winners are:

- Joint winners - GP of the Year – Dr Anju Aggarwal from Strathfield, and Dr Chris Harrison from Bruce.
- GP Supervisor of the Year – Dr Rohana Wanasinghe from Narrabri.
- GP in Training of the Year – Dr Katie Fisher from Lambton.
- General Practice of the Year – Barton Lane Practice in Tamworth.

The State Awards winners go into the running for the RACGP's National Awards under their respective categories.

The National Awards winners will be announced at the RACGP's annual conference GP22 on Sunday 27 November 2022. These awards include:

- Rose-Hunt Award
- Corlis Award
- Future Leaders President's Medal
- Honorary Membership
- Honorary Fellowship
- Life Fellowship
- RACGP Aboriginal and Torres Strait Islander awards
- RACGP Rural awards

RACGP President Adjunct Professor Karen Price acknowledged the importance of recognising general practice, particularly given the increasing pressure clinicians are under.

"These awards give us cause to reflect on the amazing contribution GPs continue to make within communities all over Australia, and how fortunate we are to be given the chance to have such an impact on people's lives," Adj Prof Price told *newsGP*. dr.

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.

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 5 years/80,000 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.

Cutcher&Neale

ACCOUNTING AND FINANCIAL SERVICES

You look after others, but do you look after **your own finances?**

Since opening our doors in 1953, medical clients have been at the heart of our business. We can help you put the right structure in place now to ensure you reap the appropriate rewards in the future.

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

1800 988 522

cnmail@cutcher.com.au

cutcher.com.au

Newcastle
130 Parry Street, Newcastle West
Sydney
20 Berry Street, North Sydney
Brisbane
36 Agnes Street, Fortitude Valley

SCAN ME

We're here to help. Learn more by visiting our website.

Innovative thinking. Traditional values.

cutcher.com.au

SAMSUNG

Save up to 20%

As an AMA NSW member, you'll enjoy "always on" discounts on the latest Samsung products.

Check your member portal now for the latest offers.

Plus, get ready for gifting season with Black Friday and Holiday deals on the way

T&Cs apply.