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JUNE 2019

VOLUME 32 NUMBER 3

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DOCTORS' HEALTH
A COOL CHANGE

NATIONAL CONFERENCE
IMPRESSIONS OF A
NEW RECRUIT

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AT THE 2019 AMA(SA)
GALA DINNER

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VISION

NEW AMA(SA) PRESIDENT: WHAT IT IS TO BE A DOCTOR

At the 2019 AMA(SA) Charity Gala Dinner, our new AMA(SA) president Chris Moy explained his vision for the AMA(SA) – and why he loves toy stores so much.



UPDATE

GENDER EQUITY SUMMIT 2019

Gender inequity does exist in medicine. Those who attended the AMA Gender Equity Summit in Sydney recently found it helped with understanding why. By Hannah Szewczyk.



NATIONAL CONFERENCE IMPRESSIONS OF A 'NEW RECRUIT'

The AMA National Conference is a stage for debating what the medical profession's future can and should hold, as AMA(SA)'s new media advisor discovers. By Karen Phillips.



REFLECTION TIME – THE DANCE OF PRIORITIES

What are your priorities? What do you value most? Time slips by fast, so consider how you spend it, and spend it wisely ... by GenWise co-founder Troye Wallett.



New Clinics at Gawler & Angaston

Dr Jones & Partners now offers a comprehensive range of radiology services with new state-of-the-art equipment for the Barossa community.

This includes a range of specialised imaging for the easy access of referring clinicians and patients. Conveniently located in the Gawler Health Service and Angaston Hospital, from May 2019.

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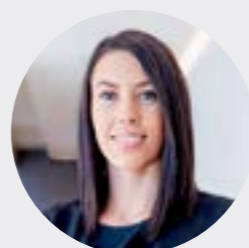
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DR CHRIS MOY
PRESIDENT'S REPORT

YOUR AMA(SA): LET'S HEAR YOUR VOICE

It's a great pleasure to greet you as president of the Australian Medical Association in South Australia. This association means a great deal to me as the one voluntary membership organisation that represents the entire medical profession. I cherish my membership of a group seen and respected by government, industry and our patients, because we act and speak for the people who matter most: our patients.

I want to enhance the legacy of my predecessor, Associate Professor William Tam, by building an even stronger, more effective AMA in this state. William has shown us what is possible and much of what I hope to achieve as president will be largely due to his efforts.

It was exactly a week – almost to the hour – after I accepted the President's Medal from Will, when the result of the Federal Election was announced on 18 May. The election and its ramifications certainly gave my fellow Council members and I much to talk about at the National Conference in Brisbane the following week (more on that on page 32), but it may be some time before the impact can be calculated in detail.

One issue that has loomed large in recent months has been the fate of SA Pathology. The AMA has argued steadily for the continuation of a system in which public and private pathology providers work side by side and complement each other in providing best-quality services for the SA community. Pathology as a whole has borne the brunt of inadequate funding, having been the victim of decades of freezing of Medicare rebates. The AMA(SA) has repeatedly highlighted the importance of pathology services across the state that are efficient, that meet the highest standards of quality and

safety, that support valuable research, and that enable the next generation of pathologists to receive the training they need. The future of SA Pathology will be become clearer in coming months, and the AMA will continue to express the importance of both public and private providers in that future.

The quality of doctors' education and training is essential to a high-performing health system. Last year we supported members of the Flinders Medical Students' Society amid major changes to the Flinders University medical course and proposed moves to end their much-treasured Qualifying Ceremony. I will continue to support our younger colleagues at FMSS on these matters.

As I write this, South Australia remains in the grip of an unprecedented influenza epidemic. But the experience has been valuable in demonstrating to our members, to SA Health, to the Minister and everyone connected to this epidemic that we must be partners. The AMA(SA) has been extremely active behind the scenes in working to ensure the maximal distribution of influenza vaccines to GPs.

Finally, I'd like to highlight the aspect that I believe will be critical to my success as president: communication. I can only lead the AMA if I know what you all think about the issues that come before us and understand how you want me to advocate for you. The AMA(SA) is looking to enhance the ability for all members to contribute to, and therefore influence, what we advocate for and what we say. So, please provide feedback when we seek it for the government submissions on matters of interest to you. This is your organisation; I hope that you will be able to better hear your voice in our advocacy during the time I serve you as its president.

... The quality of doctors' education and training is essential to a high-performing health system ...



EDITOR'S LETTER

DR PHILIP HARDING

There are years and there are years. There is the calendar year and the financial year, which have very different implications as they come to an end or a beginning. Now it's time for a new AMA(SA) year, with the election and induction of our new president Chris Moy and a number of new councillors (page 19). Chris introduces himself as president on page 5, and if you don't read everything in this issue, don't miss the extracts from his speech at the Gala Dinner (page 28) which was greeted with wild enthusiasm and contains an interesting echo back to childhood.

Apart from a new president, we have a re-elected federal government which will have implications for our approach to advocacy. Representing the profession and our patients is always paramount for the AMA, but in this issue of *medicSA*, there is much good reading about how to look after yourself outside of work. Must-reads are Troye Wallet's article on time management on page 36 and Roger Sexton's review of Doctors' Health SA on page 38. As your editor, I do go to quite a few funerals to glean information about sadly departed colleagues, and it's also amazing what one learns about their life that was little-known. At the last one I went to, I discovered that one of our past presidents had recently turned 100 – I'm pleased to say it was somebody else's funeral – see page 43 for details. Elsewhere in our pages, you'll see how recent Order of Australia awardee Bronte Ayres has been devoting his spare time over the years, and get some really good cooking advice from CarrMen Chung. And if you're interested in the health of the planet as well as your own, there is one of the latest electric cars to look at as well.

So read on, and get that work/life balance right!

WORK BURNOUT A DISEASE

The WMA has welcomed a new decision on burnout.



The World Medical Association has given a warm welcome to the decision by the World Health Assembly to classify work related burnout as a problem that influences health status and to include it in the new version of the international code of diseases.

WMA President Dr Leonid Eidelman said: "For too long burnout among physicians has been largely ignored. Emotionally exhausted physicians are a danger to patients and a danger to themselves. The cost in terms of human lives and money is appalling.

"The number of suicides among doctors resulting from burnout is a scandal and I hope that the WHO's new classification will shine a spotlight on this disgraceful situation.

"I hope that the World Health Assembly's decision will lead to a new approach that addresses multiple factors including working conditions for physicians around the world."

The decision to classify burnout in its International Classification of Diseases was taken during the World Health Assembly in Geneva in May.

Turn to page 38 for more on doctors' health.

AUSTRALIA RANKED SECOND IN REGION

Australia has been ranked number two overall in a recent study of healthcare systems in the Asia-Pacific.

The research was analysed by ValueChampion Singapore, a consumer spending information service.

The study aimed to examine which countries in the region were leading the way in terms of healthcare quality, accessibility and affordability.

Japan ranked first, due to its "exceptional healthcare outcomes, accessibility and affordability" and because its "citizens enjoy long lives and have access to healthcare that provides quality treatment for common health conditions, suggesting quality healthcare is a priority" even in old age.

Australia came next, followed by New Zealand, Singapore and South Korea to make the top five.

The study's analyst, Anastassia Evlanova, said: "Australia ranked second in our study due to its robust government expenditure on healthcare, good citizen health and high concentration of doctors and nurses per capita.

"It scored exceptionally well on the Health Access and Quality index, suggesting that individuals have access to necessary treatment for life-threatening illnesses such as cancer, diabetes and respiratory infections. In fact, Australia's cancer mortality-to-incidence ratio is one of the lowest compared to other developed countries.

"However, despite Australia's rank for government health spending, its citizens pay higher out-of-pocket expenses than seven other countries on this list. This may stem from Australia's high rate of private healthcare coverage.

"The conscious decision to pay out-of-pocket for private healthcare may be part of the reason for the relatively high individual expenditure."

A full analysis can be found at: valuechampion.sg/top-5-healthcare-systems-asia-pacific

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CHRONIC PAIN MANAGEMENT PATHWAY FOR SA DOCTORS

A new pathway supporting SA doctors caring for patients with chronic pain has been launched.

The opioid epidemic and chronic pain management are complex and inextricably linked issues with increasingly serious clinical management and legal implications for all doctors.

Practical management of a patient with chronic pain in the consulting room is difficult because best practice advice on management, resources and referral options are complex, disparate, and limited – leading to suboptimal care and increased risks for both the patient and the doctor.

With this in mind, HealthPathways South Australia – a combined initiative of SA Health and the Adelaide and Country SA Primary Health Networks – has launched its newest pathway: *Chronic Non-cancer Pain in Adults* to support all frontline SA doctors faced with the care of patients with chronic pain.

HealthPathways South Australia is a website that provides general practitioners and other health professionals with fingertip access to comprehensive, evidence-based assessment, management and localised referral resources for an array of health conditions.

Dr Tim Semple, a pain medicine physician and a contributor to the pathway, said:

"South Australian doctors working at the coal-face have been crying out for this 'one-stop' shop for best practice management, resources and referral options for too long – now they have it."

Dr Simon Lockwood, a GP and incoming AMA(SA) councillor who edited the pathway, said:

"This pathway gives me immediate access to the concise information that I need to care for a patient with chronic pain: how to assess and manage them, and who I can refer to in my local area if I need more help."

The HealthPathways South Australia website was launched last year and now includes a steadily growing number of localised pathways, related to a range of common medical conditions.

Access to the *HealthPathways South Australia website is free for all doctors and other health professionals – all that is required is an online login and an internet connection. Jump onto the project site for information and register for access at saproject.healthpathwayscommunity.org.*

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Refurbishment of patient accommodation (ongoing)



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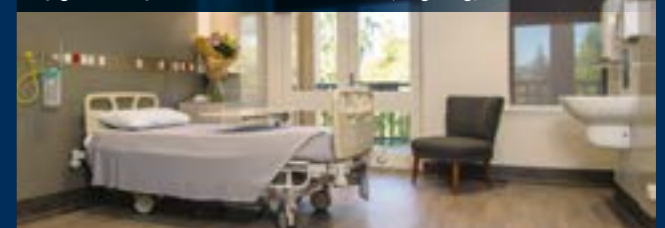
Expansion of existing Operation Theatre (complete)



Dedicated Paediatric Day Stay Unit (expected completion July 2020)



Upgrade of patient accommodation (ongoing)





(L-R) AMA(SA) vice president Dr Michelle Atchison, Attorney-General Vickie Chapman, AMA(SA) president Dr Chris Moy, and AMA(SA) councillor Dr Thiru Govindan.

AMA(SA): BLOOD BORNE VIRUS ADVOCACY

AMA(SA) president Dr Chris Moy has emphasised the need for legislation to deter individuals who might use bodily fluids to assault doctors acting in emergency situations, in a productive meeting with Attorney-General Vickie Chapman.

Dr Moy, AMA(SA) vice president Dr Michelle Atchison and the emergency medicine representative on the AMA(SA) Council, Dr Thiru Govindan, met Ms Chapman to discuss AMA(SA) suggestions to improve the proposed Criminal Law Consolidation (Assaults on Prescribed Emergency Workers) Amendment Bill 2019.

Dr Moy advised the Attorney-General of the AMA's strong support for the legislation, which proposes harsh criminal penalties for people convicted of assaulting emergency

personnel with bodily fluids, including blood, urine and saliva.

Introducing the Bill's second reading, Ms Chapman stressed the Bill's importance in better protecting front-line responders and medical officers from harm.

In their discussions with the Attorney-General, the AMA(SA) argued strongly to ensure the legislation adequately covered doctors and other emergency workers such as police officers and ambulance officers.

"We helped provide the Minister with a more comprehensive definition of body fluids, and advocated strongly for the inclusion of all doctors working in emergency settings, whether they worked within an emergency department or were responding in the field, with particular reference to our wonderful country colleagues," Dr Moy said.

CODEINE DISPENSING

The decision to ban over-the-counter sales of codeine has been vindicated by figures showing that the amount of potentially addictive and harmful codeine products dispensed to Australians halved in 2018, federal AMA president, Dr Tony Bartone, has said.

The Therapeutic Goods Administration (TGA) up-scheduled codeine to prescription-only in February 2018, following evidence

that alternative over-the-counter painkillers were just as effective for short-term pain as low-dose codeine products, but without the codeine-related health risks.

The TGA has now released an analysis of pharmaceutical industry sales data, which found that 17.1 million packs of codeine-containing products were sold in 2018, about 50% lower than the yearly average of 34.7 million for the previous four years.



DR TONY BARTONE

AMA RURAL DOCTOR SURVEY

Rural doctors around the nation are crying out for an urgent investment in funding and resources to improve staff levels and hospital facilities in the struggling rural health system, a new survey has found.

The AMA Rural Health Issues Survey 2019 found that more staff and workable rosters was the most critical priority for improving rural health outcomes as rated by rural doctors, unchanged since the last survey in 2016.

That was followed closely by more trainee doctors in rural areas, and the need for modern hospital facilities and equipment.

"These survey results paint a picture of a struggling system being held together by hard-working and dedicated doctors," federal AMA president, Dr Tony Bartone, said.

"All of the groups surveyed – GPs, non-GP specialists, salaried doctors, doctors in training, and other medical professionals – identified extra funding and resources for staff, including core visiting medical officers (VMOs), to allow workable rosters as their top priority.

"This reflects rural doctors' long-held concerns about the lack of staffing in rural hospitals, the high workload, and the significant levels of responsibility placed on hospital doctors and VMOs.

"Poorly designed rosters and staff shortages lead to fatigue, and doctors in training often have a significant burden of responsibility placed on them in rural hospitals.

"It's not surprising that the survey results have barely changed since the last AMA Rural Health Issues Survey in 2016 – because the conditions in rural and remote Australia have barely changed.

"While there have been some positive developments as a result of the 2016 survey, the impact of these initiatives will not be felt in rural communities for years."



DR JOHN WOODALL
FROM THE CEO'S DESK

On 11 May, the AMA(SA) had its annual Gala Dinner and feedback indicates it was a great occasion. One highlight was the people gathered in their best form and finery, including the Minister for Health and Wellbeing and his Shadow Minister. A second highlight was the exuberant entertainment provided by Ding Productions, introduced masterfully by Rob Mills.

The third highlight was the ceremonial passing of the Medal of AMA(SA) Presidency from A/Prof William Tam to Dr Chris Moy. Guests heard a first-rate address by Dr Moy, replete with reflection and visionary inspiration (see p28).

The fourth highlight of the evening, true to the mission and values of the AMA(SA), was the presentation of a \$10,000 donation to charity Foodbank (SA), to support the neediest members of our communities in SA.

This gala event would not have been possible without the generous contributions of our sponsors, notably MIGA, ACHA, Calvary Hospitals, and Hood Sweeney, AMA(SA)'s platinum preferred partner. As (acting) chief executive, I thank all our sponsors for their generous support. (See more about

our sponsors and the fun in pictures on p23-25).

Where to from here for the AMA(SA) in 2019? I think it vitally important to encourage membership growth – the 'life force' of the AMA(SA). The AMA(SA) must regularly reflect on and revise its 'value proposition' – that which distinguishes it – marking the core from which strategic objectives and operational purposes arise. I urge existing and prospective members to re-envision the value proposition of AMA(SA), by reflecting on three attributes that could define our membership: *courage*, *curiosity* and *commitment*.

It is *courage* that enables AMA(SA) members to listen to concerns of colleagues, especially the most vulnerable, such as medical students and doctors in training. With *curiosity*, members will ask questions on how our healthcare teams, systems and processes might be changed to better serve our patients and communities. *Commitment* to the four principles of ethical medical practice – autonomy, justice, beneficence, and non-maleficence – will see us well positioned to lead change within the social, political and environmental determinants of health and wellbeing.



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NEW BMD AT ADELAIDE MEDICAL SCHOOL EXPLAINED

The Adelaide Medical Student's Society explains the move away from the MBBS degree to the 'new MD'.

The Adelaide Medical School is moving away from its current Bachelor of Medicine Bachelor of Surgery (MBBS) degree and towards the 'new MD' – a Bachelor of Medical Studies/Doctor of Medicine program (BMD). So, what's the rationale behind this?

Firstly, the BMD is a Masters level qualification (AQF level 9) which better reflects the length of study and depth of knowledge required to complete a medical degree (the current MBBS is a Bachelor level qualification – AQF level 7). The BMD allows students to exit after three years of study and graduate with a qualification (Bachelor of Medical Studies).

Secondly, the BMD brings the University of Adelaide into alignment with what is occurring across the Australian sector. The BMD offers Adelaide graduates the same opportunities and post-graduate prospects as interstate students (who graduate with both a Masters level qualification and with a GPA).

Thirdly, the BMD improves the portability and global recognition of the program. An MBBS degree is common in Australia and the United Kingdom, whereas an MD degree is recognised more in North America and Asia.

It is planned that the BMD program will be introduced at the beginning of 2021. Some changes are already being made to specific courses to ensure a smoother transition in 2021. It is important to note that students who graduate with an MBBS degree are unable to convert their degree to a BMD.

The BMD program will be six years duration, as is the current MBBS program. Students will need to successfully complete the Bachelor of Medical Studies (first three years) before embarking on the Doctor of Medicine (second three years). Students will be awarded both degrees at the end of the six years. Students will be allowed to exit after three years, and achieve a Bachelor of Medical Studies at this point.

The program has a semesterised structure, with year-to-year progression through the program managed through course-level prerequisites. The overall learning outcomes will align with the four domains as defined by the Australian Medical Council (AMC): Science and Scholarship, Clinical Practice, Health and Society, and Professionalism and Leadership.

Another large change is that both the Bachelor of Medical Studies and the Doctor of Medicine will comprise courses for which students will obtain a graded pass, using the M10 grading system (HD, D, C, P, F).

For more information, contact Victoria Langton vpe@amss.org.au.

CALLING ALL MBBS GRADUATES FROM THE UNIVERSITY OF ADELAIDE!



In the spirit of the much-loved MedBall and Skullduggery celebrations, MBBS graduates are invited to attend a series of reunion events in 2019.

Saturday 27 July – graduating classes of 1990, 1991, 1992, 1993 and 1994

Friday 18 October – graduating classes of 1985 and 1986

Saturday 2 November – graduating classes of 1995, 1996, 1997, 1998 and 1999

With special guest professors including Frewin, Devitt, Horowitz and MacLennan, these events will be filled with *Traditio*, *Spiritus*, *Gaudium* – tradition, spirit, good times.

For more information and to register please contact Emily Kemp on 8313 3317 or Emily.kemp@adelaide.edu.au or visit the website: ua.edu.au/alumni/reunions.

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AMA CONGRATULATES COALITION ON ELECTION VICTORY

The AMA has congratulated the Liberal-Nationals Coalition on its election victory and remains committed to working with the Government to strengthen Australia's health system.

The Coalition defied the odds and unexpectedly won a third term in office at the federal election on 18 May.

Mr Morrison and the Coalition beat Bill Shorten's Labor Party in the face of opinion polls strongly suggesting the Government would fall.

Federal AMA President Dr Tony Bartone has congratulated Mr Morrison and his re-elected Government, saying the AMA stands ready to continue working cooperatively to bolster the health system to meet the needs of the nation's growing and ageing population.

UNFINISHED BUSINESS

"There is a lot of unfinished business in the Coalition's health reform agenda to be completed. We cannot stand still," Dr Bartone said.

"The policy priorities highlighted in the AMA's *Key Health Issues* document for the election remain our policy priorities.

"We look forward to working closely with the Government on its health agenda for the next three years."

Dr Bartone also acknowledged the health platform put forward by Mr Shorten and Shadow Health Minister Catherine King at the election.

AMA EVER PRESENT

The AMA was ever-present during the election campaign, keeping all parties aware of the importance of health policy to the outcome.

During the campaign, the AMA released its *Public Hospitals Report Card*, its *Rural Health Issues Survey* and its overview of election campaign health policy announcements, which rated policy announcements against the AMA's *Key Health Issues* document.

"There were some very welcome policy announcements from the

Coalition, Labor, and the Greens, but there were also some glaring omissions or significant underfunding in some key areas, most notably aged care, mental health, rural health, and prevention," Dr Bartone said in releasing the AMA's overview.

On specific issues throughout the campaign, the AMA's voice was heard consistently on health policy. Dr Bartone made numerous, well-targeted comments during the election.

On private health insurance: "The major parties must commit to ensuring the long-term value of private health insurance and the sustainability of the private health sector in Australia should they be elected to form the next Government.

"Just as we need to ensure our public hospitals are funded and supported appropriately, so too must our governments ensure that the private health sector remains strong to help meet growing community needs for high-quality affordable healthcare where and when it is needed."

On rural health: "People in rural, regional, and remote Australia face many obstacles when they require access to the full range of quality medical and health services. There are shortages of doctors and other health professionals.

"It is harder to access specialist services such as maternity and mental health.

"And country people often have to travel to capital cities and large regional centres for vital services such as major surgery or cancer care. We need to see tailored and targeted policies to address these inequities. Rural Australians deserve nothing less."

On mental health: "The AMA acknowledges that the Coalition and



Labor have made funding commitments and investments, but the reality is that there is still no leadership in funding evidence-based policies across Australia that help people access the services and supports they need."

On Indigenous health: Indigenous health policy announcements by Labor are a good start to a much-needed, strongly-funded, long-term strategy to close the life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

"Aboriginal and Torres Strait Islander people have the right to enjoy the same level of good health that is experienced by other Australians. A key part of achieving this goal is to provide culturally responsive services for Indigenous people, where and when they need them."

On hospital funding: "The AMA is calling on all the major parties to make a meaningful election promise to commit to significant new long-term funding for Australia's public hospitals.

"The ability of the hospitals to cope with ever-increasing patient demand continues to decline, and it is a trend that will only accelerate unless something is done."

On cancer care: "It is a sad reality that every Australian is touched by the scourge of cancer, directly or indirectly, through their own experience or that of a family member, neighbour, colleague, workmate, or loved one.

"Easing the financial burden of many cancer patients and families will help them focus on the primary challenge of treatment and recovery."

This article by Chris Johnson was first published in *Australian Medicine* on 20 May 2019.

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DR JEGAN KRISHNAN
COUNCILLOR

AMA(SA) COUNCIL MEETING
May 2019

The May Council meeting, opened by Dr David Walsh, chairman of the Executive Council, was an abbreviated meeting due to the AGM which followed.

The first issues that were discussed in the meeting were nominations and appointments to State Council. Dr David Walsh has now been nominated as an Ordinary Member of Council in alignment with the constitution and precedent. Dr Penny Need and Danny Byrne, and Dr Simon Lockwood were also nominated and appointed to the State Council.

Reports were presented from the president, the CEO, and the Membership Council, and these reports were endorsed by the Council. The Council also endorsed the Audit Report and the need to have the Auditor reappointed through a proper tender process.

The Council and Executive took this opportunity to thank A/Prof William Tam for his inspiring term as president of the AMA(SA), and also endorsed the appointment of Dr Chris Moy as the incoming president of the AMA(SA) and Dr Michelle Atchison as the vice-president of the AMA(SA).

The Council also approved A/Prof Tam as our representative on Federal Council, and noted that he has now been made a member of the Federal AMA Board. He continues to serve on the AMA(SA) Executive Board, of which the new chairman is Dr John Nelson.

Reports from doctors in training were also presented, with particular emphasis on the Gender Equity Forum, which was well attended and represented by AMA(SA) members. A wide range of issues were addressed and there was great enthusiasm from the delegates who attended (see p30).

Four submissions were approved by Council to be placed on the AMA(SA) website – on EPAS, the LHN's report, the ReturnToWorkSA report, and the SATAC report.

Other issues that were raised involved the relationship between the AMA(SA) and Doctors for Environment. There was general consensus that the AMA(SA) should continue to develop its collaborative relationship with this organisation.

Changes to the private practice arrangements in public hospitals were discussed. This is of particular importance at the moment with the Women's & Children's which was thought to be probably extended to the

other public hospitals. This may have been well represented by SASMOA, which is taking the lead. There has been some reassurance from the CEO of SA Health that no changes are anticipated until 1 July 2019, after which it is unclear as to what the outcome will be. One of the potential outcomes is that the LHNs would have to lose funds and reimburse the Treasury for the Medicarised payments. The other option is that specialists would be made to pay back any incomes generated. This is still being debated and no clear solution is yet determined.

The meeting ended with an acknowledgement of the contribution made by Dr David Walsh as Chair of Council. Under his chairmanship the meetings have been run efficiently and effectively, with opportunity for all members to participate in discussion freely.

The meeting was closed after this acknowledgement and the AGM commenced.

ABOUT MEDICSA

medicSA is the official publication of the Australian Medical Association (SA) Inc. Six issues are published each year, and are sent to all AMA(SA) members. Twice a year, we publish special 'bumper' issues which are larger in size and are sent to members and non-members in SA. To find out more, or to join, visit amasa.org.au.



Gayle Silveira

M.B.B.S., F.R.A.C.S (Ortho), FA (Ortho) A.
Masters Sports Studies (Biomechanics & Sports Physiology)
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AMA(SA) 2019 COUNCIL ELECTIONS

The AMA(SA) Annual General Meeting took place on 2 May. The AGM provided an opportunity to look at some of the highlights of 2019, and give thanks to our dedicated councillors and Executive Board, as well as take care of the official AGM business, including elections to and retirements from the AMA(SA) Council.



PRESIDENTIAL TEAM:
Dr Michelle Atchison and
Dr Chris Moy

AMA(SA) councillors have been at the forefront of health system and clinical policy development, covering a wide range of issues including a new Women's and Children's hospital to be co-located with the RAH, the re-configuration of the Repatriation Hospital, free flu shots and meningococcal B immunisation program for children, limitations to availability of e-cigarettes and sought a different approach to providing health care in regional South Australia.

AMA(SA) councillors are responsible for representing the views of their specialty group and the medical profession. They play an influential role in the debate and the decision making that will ultimately lead to policy development and sustained political engagement and advocacy.

Nominations for specialty group representatives were called earlier this year and we sought representation for the following positions:

PRESIDENT:

AMA(SA) congratulates Dr Chris Moy on his election to president.

VICE-PRESIDENT:

AMA(SA) congratulates Dr Michelle Atchison on her election to vice-president.

SPECIALTY REPRESENTATIVES:

AMA(SA) congratulates the following Specialty Group Representatives who were elected by their peers:

- Anaesthetists**
Dr Simon Macklin
- Dermatologists**
Dr Patrick Walker
- Doctors in Training Representative**
Dr Hannah Szewczyk

- Emergency Medicine**
Dr Thiru Govindan
- General Practitioners**
Dr Bridget Sawyer
- Obstetricians and Gynaecologists**
Dr Jane Zhang
- Ophthalmologists**
Dr Edward Greenrod
- Orthopaedic Surgeons**
Prof Jegan Krishnan
- Paediatricians**
Dr Patrick Quinn
- Pathologists**
Dr Shriram Nath
- Physicians**
Dr Andrew Russell
- Psychiatrists**
Dr Tarun Bastiampillai
- Public Health Doctors**
Dr Nimit Singhal
- Radiologists**
Dr Jill Robinson

ELECTIONS, RE-ELECTIONS AND RETIREMENTS FROM COUNCIL



Dr Fletcher was the fourth female president of AMA(SA), between 2015-17, and vice president of AMA(SA) 2013-15. She represented Women in Medicine on

AMA(SA) State Council between 2006-10. Dr Fletcher has also contributed to the AMA Federal Council, and the AMA(SA) Executive Board.

AMA(SA) also acknowledges and thanks the doctors who are retiring from their current position on Council, some of whom are assuming another role on Council, namely:

- Dr Michelle Atchison, retiring from her position as Ordinary Member, a position she has filled since 2017.

- Dr Andrew Russell, retiring from his position as Specialty Group Representative – Public Hospital Doctors, a position he has filled since 2013.

- Dr Nimit Singhal, retiring from his position as a Specialty Group Representative – Physicians, a position he held since 2015.

On behalf of the membership, AMA(SA) congratulates and thanks all Office Bearers and Council Representatives for their work for the profession and the communities we serve and looks forward to working together in the year ahead.

The experts recommended for health experts by the AMA(SA) & ADASA.



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Adrian Zoppa+
Financial Planning

Mark Mullins+
Risk Insurance



Heang Lay+
Accounting

Trien Ly+
Accounting

Simon Starr
Coaching

Hood Sweeney is a preferred provider of Accounting services and Financial Planning services to members of the Australian Medical Association of South Australia, an exclusive provider of accounting services to members of the Australian Dental Association of South Australia, and a long-standing sponsor of both organisations.

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*Adrian Zoppa (239866) and Mark Mullins (323919) are Authorised Representatives of Hood Sweeney Securities Pty Ltd AFSL 220897

AMA(SA) DISPATCHES

AMA(SA) COUNCIL MEETINGS

Meetings of the AMA(SA) Council are open to all members. AMA(SA) Council meetings are held monthly, excluding the months of January, April, July and October. The next meeting will be held on Thursday, 1 August at 7.00 pm. Any member wishing to attend Council meetings should contact Claudia Baccanello on claudia@amasa.org.au or 8361 0109.

HAVE WE RECEIVED YOUR NEW DETAILS?

Have you recently moved, changed your mobile phone number or your workplace? Please contact AMA(SA)'s membership officer Karen Flinn to discuss on 8361 0108 or email membership@amasa.org.au. **Helpful hints** – logging into the Member Portal Having trouble logging on to update your details or pay your fees? Here's a simple tip to help: Head to: members.amasa.org.au Username: your email address Password: whatever you have set this as.



AMA(SA) PLATINUM PARTNER HOOD SWEENEY OFFERS MEMBER DISCOUNTS

Thinking about tax time and who understands your specific requirements when it comes to claiming? Need a financial health check-up? Want to plan for your financial future?

Hood Sweeney, our platinum partner, offers AMA(SA) members special discounts for accounting services.

Your membership is tax deductible. As a doctor in training your first tax return is free via our member partner

Hood Sweeney, plus you receive a 20% discount on all accounting services thereafter. All other member classifications receive a 10% discount for their accounting services. Start the road to good accounting practices early in your career and reap the rewards. Contact amasa@hoodsweeney.com.au.

Phone 1300 764 200 or amasa@hoodsweeney.com.au.

Hood Sweeney also hold regular seminars at AMA House, so don't forget to look on our events page.

FAMILY DOCTOR WEEK

This year AMA's Family Doctor Week, with the theme 'Your Family Doctor and You: partnering for health', will run from Sunday 21 July 2019 to Saturday 27 July 2019. The posters for the annual event can be downloaded and displayed in your practice. AMA Family Doctor Week provides the opportunity to highlight the important role GPs play in serving the community and the wider health system. To help promote Family Doctor Week, you can check out resources – including posters – at ama.com.au.

EVENTS/SEMINARS

We have an excellent array of seminars scheduled for 2019 and many more new events to come. Please see the link to our website, where you can view and book online at ama.com.au/sa/sa-events-seminars.

Don't forget to keep checking the page regularly so you don't miss out! Members are free, non-members \$40

FIND A DOCTOR

This is the place to go when you want to find colleagues and specialists for a referral. It enables you to search for a doctor, anywhere in Australia, by name, address or discipline. The search provides a doctor's name, specialty, current practice contact details and a scalable map that can be printed and provided to patients. Go to doctorportal.com.au/find-a-doctor.



WHAT'S HAPPENING WITH THE AMA(SA) WEBSITE?

We have taken your feedback and ideas on board and will be making the AMA(SA) website more user friendly.

A project has begun to improve the user experience and we are aiming to have this finished prior to the renewal period at the end of the year.

Please bear with us as we navigate through this, we want to get this right so taking our time to ensure this will be the key.

If you have any ideas and feedback for improvement, please contact AMA(SA)'s membership officer Karen Flinn to discuss on 8361 0108 or email membership@amasa.org.au.

REDUCE YOUR LIFESTYLE EXPENSES

Your AMA(SA) membership card doubles as an Ambassador Card. Use it to maximise savings at supermarkets, travel centres, beauty and retail outlets, and even leisure activities or membership with fitness centres such as the Goodlife Health Clubs. Access from your Smartphone via ama.ambassadorcard.com.au.

GET SOCIAL WITH US!

@amasamembers
 AMA(SA) Doctors Group & AMA(SA) Doctors In Training Committee
Don't forget to add the #amasamember to your pictures so we can see them and share!



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If there was a stroke/heart attack/cancer in your family, would you be able to afford a nanny to look after the children?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE
If there was a major illness in your family, would you be able to cover your medical bills, medicines, and/or ongoing rehabilitation costs ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE

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'OPENING NIGHT' AT THE 2019 GALA DINNER

THE AMA(SA)'S annual black-tie charity Gala Dinner at the Adelaide Convention Centre on Saturday 11 May 2019 was a thoroughly entertaining night out, providing an opportunity to recognise members' contributions to the Association and celebrate our successes over the last 12 months.



Andreina Adames & Dr Ingo Weber

Attendees included a 'who's who' from across the South Australian medical and healthcare community, from many fields of medical practice and also many stages of practice in attendance.

The theme was 'Opening Night', and Ding Productions certainly brought the entertainment. The audience was led through a night of amazing musical theatre, dance and song. Guests clapped in their seats to the tunes of *Wicked*, *Abba*, *Aladdin*, *Rocky Horror* and more.

MC for the evening was Rob Mills, Australian actor, television host and singer-songwriter, and *Australian Idol* season one finalist. Rob surprised the audience in the opening act by sashaying his way out of the

entertainment into his MC duties on stage for the night. The audience loved it! DJ Josh brought the evening home, as people danced the night away.

Attendees this year included Minister The Hon Stephen Wade, Shadow Health Minister Mr Chris Picton and Federal AMA president Dr Tony Bartone. Others attending included AMA(SA) councillors and past presidents, doctors in training, medical students, AMA(SA) members, preferred providers and corporate supporters.

Three prestigious awards were presented on the night - see page 27 for more on the awards.

This year the AMA(SA) also presented a cheque for \$10,000 to the charity Foodbank SA. More on this in the August issue of *medicSA*.

Rex Airlines proudly presented a lucky raffle winner with two flights to Port Lincoln, an overnight stay and exclusive dinner for two. Second prize was for two tickets to the SA school musical production of *Wicked*.

All who attended deemed the night a marvellous success, and the AMA(SA) would like to extend its sincere thanks to platinum sponsors of the evening - MIGA and ACHA - gold sponsor Calvary and Hood Sweeney, platinum preferred partner of the AMA(SA).

Thanks also to corporate sponsors the Country Health Network and Healthscope/Parkwynd.

All wines on the night were donated by Bird in Hand winery.

© Blue Razoo



Connie & Chris Picton, Dr William & Feng Tam



BACK: David Rynes, Noelene Cooper, Inara Beecher, Sarah Wiles, Litza Myers, Helen Exley and Stephanie Combs. FRONT: Chris Sexton, Liz Kennedy, Keiran Mether.



Rob Mills, and Ding Productions



Prof Richard & Dr Mika Logan, Olivia & Derrick Jee, William & Feng Tam, Nick & Louise Brook



Dr John Woodall & Philippa Rowland



Dr Robert Whitfield, Gayle Bradbrook, Dr Daniela Ciccarello, and Dr Ashani Couchman



Andy Brown, Amanda Brown, Kathy Allen, Dave Allen



Dr Chris & Dr Monika Moy



Dr Peter Joseph, Dr Philip Harding, Dr Janice Fletcher, A/Prof William Tam, Dr Chris Moy, Dr Tony Bartone, Dr Patricia Montanaro, Dr Andrew Pesce, Dr Andrew Lavender, Dr Peter Ford



THE HOOD SWEENEY TEAM: Heang Lay, Olwin Cole, Samantha Good, Leigh McMahon, Helen Hadjisavva, Lisa Hickey



Dr Nick & Effie Vlachoulis



Dr Nimit & Dr Deepti Singhal, Dr Phil & Julie Worley, Dr William & Feng Tam



Dr Bill and Daria Oberda



The team from Arkaba Medical Centre, with Dr Chris Moy



Raymond Barber



Dr Chris Moy, Minister Stephen Wade, Dr Tony Bartone, Dr William Tam



AMA(SA) AWARDS PRESENTED AT GALA DINNER

The AMA(SA) awards presentation is a highlight of the annual Gala Dinner. This year there were three awards presented to outstanding AMA members by outgoing AMA(SA) president A/Prof William Tam.

(L-R) Dr Patricia Montanaro, A/Prof William Tam, Dr Janice Fletcher



Prof Ted Mah

Dr Montanaro is passionate about training, teaching at both the University of Adelaide and Flinders University. In addition to being a GP supervisor, she is a coordinator of GP training, an expert clinical teacher and an examiner. She is also a former AMA(SA) president.

Congratulations to Dr Patricia Montanaro.

AMA(SA) PRESIDENT'S MEDICAL LEADER AWARD DR JANICE FLETCHER

The AMA(SA) President's Medical Leader Award is awarded to an AMA member who has demonstrated outstanding leadership amongst medical peers.

Dr Janice Fletcher trained in Sydney but has spent much of her career in Adelaide, initially in paediatrics and genetics and later in administration and genetic pathology.

Formerly executive director (medical) of the Children, Youth and Women's Health Care Service, Dr Fletcher is clinical director of Genetics and Molecular Pathology and deputy director for SA Pathology.

She has done much to advance newborn screening, postgraduate medical training and the interface between the lab and the clinician. An active researcher and an examiner, she is also a former president of the AMA(SA).

Congratulations to Dr Janice Fletcher.

AMA(SA) MEDICAL EDUCATOR AWARD DR PATRICIA MONTANARO

The AMA(SA) Medical Educator Award is awarded to an AMA(SA) member who has demonstrated an outstanding contribution to medical education.

Dr Patricia Montanaro has been in general practice for more than 25 years and has done much to advance outcomes in community health, drug and alcohol treatment and Indigenous health.

As well as working in general practice where she held leadership, advisory and mentoring positions, she has also worked in hospitals, in accident and emergency, in intensive care, and in maternity and palliative care.

AMA(SA) AWARD FOR OUTSTANDING SERVICE IN MEDICINE PROF TED MAH

The AMA(SA) Award for Outstanding Service in Medicine is awarded to an AMA(SA) member who has demonstrated an outstanding contribution to the medical profession.

Prof Ted Mah is nominated for his tireless work in teaching, research and practice of orthopaedic surgery. Generous with his time, he has worked to advance knowledge of his specialty in Australia and internationally.

Prof Mah graduated from Flinders Uni with a medical degree in 1984 and received a doctorate of medicine in 1994.

Currently professor of the College of Medicine and recognised for excellence in hand and upper limb surgery, he has a string of awards for research, publications and training.

He has also been instrumental in establishing international and local training programs.

Congratulations to Prof Ted Mah. (Prof Mah was unable to attend the dinner to accept his award.)

Our Doctors

Dr Chuks Ajaero
Dr Justin Ardill
Dr Bronte Ayres
Dr Tapash Bakshi
Dr Alistair Begg
Dr Ian Button

Dr Jonathan Cherry
Dr Yann Chow
Dr Vincent Goh
Dr Angus Hains
Prof. Ian Hamilton-Craig
Dr William Heddle

Dr John Hii
Dr Richard Hillock
Dr Luan Huynh
Dr Andrew Kelly
Dr Kashif B. Khokhar
Dr Payman Molaei

Dr Gao Jing Ong
Dr Eng Lee Ooi
Dr Susie Parnham
Dr Andrew Philpott
Dr Abdul R. Sheikh
Dr Mark Sheppard

Dr Navin Sinhal
Dr Peter Waddy
Dr Matthew Worthley
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NEW AMA(SA) PRESIDENT: WHAT IT IS TO BE A DOCTOR

At the 2019 AMA(SA) Charity Gala Dinner, our new AMA(SA) president Chris Moy explained his vision for the AMA(SA) – and why he loves toy stores so much.



DR CHRIS MOY
AMA(SA) President

FACT FILE: CHRIS MOY

Graduated: University of Adelaide, 1991.

Practices: full-time GP in Parkside.

Professional interests: aged care, palliative care and health communication systems.

Federal AMA: member Federal AMA Council – on the Medical Practice Committee and Ethics and Medico-legal Committee (Chair).

Awards: AMA(SA) Presidents Award 2012; AMA Roll of Fellows, 2015.

Family: married to Monika, also a GP; two young adult children.

Hobbies: Crows-specific AFL and (tellingly) Xbox games.

Ever since my mentor, former AMA(SA) president Dr Peter Ford, first signed me up for Council, I have never felt quite able, or qualified, to clearly express to others why the AMA is so important. I felt it, but I could not explain it.

Now, after years of seeing the incredible work that the AMA does at a state and national level, I get it. And the best way I can explain it is this ...

When I was 10, I remember standing in the old David Jones toy department where I bought this much-loved toy: a Luke Skywalker Star Wars figure. I loved this toy so much that when Luke's head later fell off, I tried to melt it back on ... with limited success. I remember standing in the toy department that day, looking at all the adults with their serious, glum faces and wondering why they didn't like toys anymore.

Then I thought, with a mind unspoilt by a life of worries and responsibility, that this toy department represented all the joy ... and that this toy represented all the spirit of heroism and adventure that I would ever need.

At that moment I made a promise that I would always love toys and toy stores – something that my wife Monika and my children will confirm that I have held true to.

WITH PURPOSE AND INTENT

My belief is that the AMA is about maintaining and fostering the very aspirations, spirit, values and commitment that all of us, as medical students and young doctors, enter the profession with – like my promise in the toy store.



We enter the profession with the purpose and intent that patients will always be our first concern – and that our careers will be altruistic, heroic and of service to our patients and the community.

The problem is that there is a thing called reality. In our area of work, the population is growing and ageing, and there are the increasing pressures of economics and patient expectations. At a career level, it has never been harder to become a doctor, and then never more competitive in navigating career paths. And, on a personal, individual level, our lives may not always go as planned.

Because of these pressures, it's easy to stray off the track. Our minds can trick us into starting to think about our patients merely as a fee, a unit cost, model of care, a process, or – worst of all – a problem, rather than a human being who we are privileged to care for.

It's easy for minds to become cynical and hearts to become hard.

For me, the AMA is about maintaining the resolve that our patients come first, and because of this, that being a doctor is more than a job. To keep the promise to love the toy store.

Because on this foundation is built the trust that patients have for us – for without it we are nothing – and from this trust comes the power to advocate and stand up for patients and the community.

BRINGING DOCTORS TOGETHER

This leads me on to, what I believe, is the other role of the AMA. The AMA stands as the only voluntary



membership organisation representing ALL doctors. It brings all doctors together, focusing on the important things we have in common and acting as a united force for good.

This is why I would like to declare my intent to bring the generations of doctors together in my upcoming term as president.

While enhancing the respect of our senior doctors and legends, and all that they have done for us, I would also encourage our younger doctors to join the AMA and to take up the mantle of upholding the values of our profession into the future – to keep the toy store open.

So, to my more experienced colleagues, I would encourage you to give the next generation the room to advocate for the things that matter to them – such as gender equity, bullying in health, and the health effects of climate change.

Some of you may say why? To that I would ask you to remember that you were young once, with fire in your bellies about issues that your

own seniors may have regarded as too modern. Please give them room to grow and express the incredible leadership qualities that I have seen in our medical students and Doctors in Training members.

Please help me to teach them the history of the profession and all that the generations before them have done for them. And help me to teach them – as Peter did with me – how to advocate for the things that matter to them, but also in understanding the concurrent responsibility to undertake the service for the whole profession which is often behind-the-scenes and unacknowledged, but, for those that know, ultimately has huge impacts to make things better for others.

To the doctors of the future: remember that our senior doctors were you once.

To our senior doctors: you were one of those young doctors once, and they will be you in the future.

Our legacy through the AMA should be to help them to uphold the profession and what it is to be a doctor.

FRONT (L-R): Dr Michael Haynes, Dr Lucy Haynes, Dr Hannah Szczczyk and Dr Chris Moy

BACK (L-R): Dr Jess Garwood, Dr James Besanko, Dr Peter Ford, Dr Gordon Goh, Dr Georgia Walter, Dr Riche Mohan, Dr Mekha John, Dr Denise Braica, Patrick Kennewell, Dr Maud Mussared and Diana Hancock.

I leave you with an image.

About being inspired by observing a gathering of our 50-year AMA(SA) members who were debating enthusiastically about medical issues with as much passion as any new graduates.

They still have the joy and pride in their profession which reflects careers of substance and joy.

They still love the toy store.

I hope that I will experience this. And I hope that I can count on the support of all the senior members to help our younger colleagues to have this future in the toy store.

It's time to set targets ...
to change the system

GENDER EQUITY SUMMIT 2019

Gender inequity *does* exist in medicine. Those who attended the AMA Gender Equity Summit in Sydney recently found it helped with understanding why, and helped spark ideas for how to create equity for everyone.

BY HANNAH SZEWCZYK



DR HANNAH SZEWCZYK is an unaccredited O&G registrar, at Flinders Medical Centre and chair of the AMA(SA) Doctors in Training Committee. She can be contacted at ditchair@amasa.org.au.

How inspiring it was to sit in a room full of passionate women and men, from different industries around the country and discuss the issue of gender inequity in medicine.

I grew up understanding that men and women were equal and thinking that they had equal opportunities. I'm grateful that this was my perspective growing up. I was never deterred by my gender. I did well in school, as girls so often do, and went on to do well in university. I was never held back by my gender and during serious discussions I'd confidently state that I didn't believe in gender-based quotas and that women should be given jobs based on merit, not their sex.

I knew that there was no shortage of women with the skills, knowledge and education to make them suitable for almost any job, so why shouldn't they be getting these jobs?

A CHANGE IN PERSPECTIVE

While that question remains the same, my perspective has changed. It changed when I realised that despite their capabilities, women aren't getting high-level jobs and leadership positions at anywhere near the rate that men are. Only 16.5% of CEO positions in Australia are filled by women and a gender pay gap still exists in every industry.

SO WHAT ABOUT MEDICINE?

Forty per cent of the medical workforce are women including 53% of early career doctors, but this doesn't translate to higher up with only 10% of department directors being female. I shouldn't complain though. I work in obstetrics and gynaecology, a specialty which tends to have a gender balance

skewed the other way. O&G is one of the few specialties where women run the show right? Well, no. The RANZCOG Board is made up of only 14% women. I suppose this is better than the Australian College of Emergency Medicine board that currently has exactly 0% women.

Research has shown that women in medicine perform equally on all measures, so why is there such gender disparity in high level roles? Unconscious bias plays a major role. We tend to assume that we live and work in meritocratic systems, however research shows that for identical CVs where only the name differs, male candidates are more likely to be seen as hireable than women. Start-up businesses using a male narrator in promotional material are deemed twice as investible as those using female narrators. Female postdoctoral applicants need to be two and a half times more productive than male applicants to be hired.

CONSIDERING COMMITMENTS OUTSIDE WORK

Another major contributor to gender inequity is the traditional structure of our workplaces that favours unencumbered workers who can work long hours and don't have commitments outside of work. Whilst almost everyone has commitments outside of work, men tend to fit in to these roles more easily, as women are more likely to take parental leave and take on the majority of domestic and care roles. A large jump in the gender gap occurs when workers are in their thirties, as this tends to be the time when people either get promoted or step out to have children. Getting back into the system isn't easy with a lack of flexible employment options and having to start back in lower-level jobs.



These biases and workplace structures aren't just to the detriment of women, but to men too. Men are twice as likely as women to have requests for flexible working arrangements rejected and are often seen as 'non-committed' if they make these requests, and it is rare for men to take any significant parental leave.

NOW IS THE TIME FOR CHANGE

It's difficult to summarise all of the complex issues that contribute to gender inequity in medicine in one short article, but at the Gender Inequity Summit this was done extremely well. Attendees put their heads together to come up with practical strategies to tackle these issues head on. The woman who was once against quotas is now all for targets. We've understood that we need to improve gender equity for some time, but simply stating that this should happen has not led to any change.

We need to change the system so that culture will follow. Setting targets

will help over-ride those well-ingrained unconscious biases and seeing women in leadership will inspire other women to seek leadership roles.

We need to encourage capable women to apply for leadership roles. We need to gather and publish data so we can see where improvements are needed and strive to do better. ACEM have recognised their deficiency of women in leadership and have committed to improve. We need to provide breastfeeding and childcare services at work, exams and conferences to help bring down barriers.

We need to disrupt the system and make changes so that flexible work arrangements and access to parental and carers leave are more widely available to women and men. A groundswell can be felt, and I believe that now is the time for change.

For more on the Gender Equity Summit, go to ama.com.au/ges19

CLOCKWISE (from top left): 1) SA DiTs who attended included (L-R) Dr Annie Collinson, Dr Hannah Szevczyk, Dr Jarrad Hopkins, Dr Jemma Wohling, Dr Victoria Cox. 2) Dr Jemma Wohling 3) Dr Annie Collinson 4) Dr Cathy Ferguson of RACS.

**... We need to
change the system
so that culture will
follow ...**



IMPRESSIONS OF A 'NEW RECRUIT'

The AMA National Conference is a stage for debating what the medical profession's future can and should hold, as AMA(SA)'s new senior policy, media and communications advisor discovers.

BY KAREN PHILLIPS

A quick scan of the program outlined briefly what I'd see, hear and undoubtedly learn much more about during the three-day for the 2019 AMA National Conference in May.

Protecting doctors, improving care for the aged, the implications of artificial intelligence (AI) for healthcare, and issues plaguing Australia's mental health system – these and more would be discussed and deliberated and disputed in about 30 hours of official and less formal gatherings over two-and-a-half days.

DOCTORS' HEALTH

But it soon became clear what would be remembered as providing the tenor of debate: doctors' health.

From impassioned pleas from students and doctors in training to the presentation of the President's Medal to CrazySocks4Docs founder Dr Geoff Toogood at the Gala Dinner, the recognition that doctors' physical and mental health and safety is essential if they are to provide good care was evident in policy proposals, coffee-break huddles and Twitter feeds.

The conference began with a reminder from federal AMA president Tony Bartone of the work the AMA had done since last May to foster and build resources for better health care. Sub-standard aged care, the lack of resources in rural communities, the cost and quality of care in public hospitals, mental health, domestic violence – the

SA DELEGATION AT GALA DINNER (L-R): Dr Annette Newson, Dr Andrew Russell, A/Prof Susan Neuhaus, Dr Daniel Byrne, A/Prof William Tam, Dr Michelle Atchison, Dr Chris Moy, Dr Hannah Szewczyk, Karen Phillips, Dr Matthew McConnell, Dr Monika Moy and Dr Tarun Bastiampillai.

AMA has advocated for people affected by all these and more, at state and federal levels. "While governments underfund (public hospitals), they are making a choice to constrain the supply of public health services," Dr Bartone said.

But it was the dangers posed by doctors ignoring their own health and that of their colleagues that soon



AT THE LECTURN:
AMA(SA)'s A/Prof William Tam

... NatCon is a place where "your team and others meet" ...

dominated discussion. In a session entitled 'Protecting doctors and their families: a call to action', keynote speaker Dr Michael Myers, the American 'doctors' doctor', noted pointedly that "wounded healers wound". Dr Myers was joined by Dr Toogood, Avant Chief Medical Officer Dr Penny Browne, doctors' clinician Dr Helen Schutz and intensive care trainee Dr Jessica Dean on a panel, chaired by Dr Mukesh Haikerwal, that highlighted how essential it is for doctors to look after themselves, if they are to help others, today and tomorrow. Throughout the conference, the prevalence, impacts and risks posed by bullying, of overwork, of working in understaffed emergency departments, by sexual harassment, by training systems that haven't kept up with students' needs and expectations – all were illuminated and reinforced as having potentially catastrophic effects on medicine and the people who want to practice it to the best of their abilities.

AGED CARE

This is not to underplay the important of the other themes. In the 'Aged Care – Improving Clinical Care in an Era of Financial Constraint' session, Dr Richard Kidd – who represents the AMA on the Ministerial Aged Care Clinical Advisory Committee – was joined by Aged Care

Quality and Safety Commissioner Janet Anderson, Australian Nursing and Midwifery Federation Federal Secretary Annie Butler, geriatrician Dr Chris Davis, dementia specialist Professor Andrew Robinson and Aged & Community Services Australia CEO Pat Sparrow in discussing how AMA members can best work to improve care for the aged.

The panel agreed there was no simple answer – but that more doctors, nurses and care workers, and including education training for the students in all healthcare professions about how to care people with dementia, were vital. It was all too common for family members of people with dementia to know more

about it than the people caring for them, Professor Robinson said. "Our undergraduates are educated in siloes," he said. "We need to bring the curricula into the 21st century so students can address the issues they face."

On Saturday morning clinicians were alerted to the increasing risks of ignoring AI, both in its implications for efficient care today and its potential for transforming processes and replacing fields of expertise – probably within 10 years. Data will diagnose known diseases such as Alzheimer's and could define new patterns for diseases such as schizophrenia. The medical profession has a key role in leading AI innovations and ensuring they are developed, trialled and introduced to support patient-focused care. As attendees were warned, ignore AI at your peril. AI won't replace doctors, but doctors who use AI will replace those who don't.

MENTAL HEALTH

Later, participants heard that integrated approaches to developing mental health services – approaches that seek and include the range of professions, careers, academic specialties and on-the-ground jobs that contribute to care in hospitals, aged-care facilities, rural settings and in homes and communities across the country. Dr Bartone was joined by Professor Ian Hickie, A/Prof David Mountain, Dr Margaret Kay and chair Dr Sebastian Rosenberg in discussing the devastating impacts on individuals, families and the people who care for them. Clinicians were left considering how to most effectively lead the design and implementation of evidence-based, adequately funded and resourced, multi-disciplinary services for maximum community benefit.



PRESIDENT'S MEDAL:
Dr Geoff Toogood won for CrazySocks4Docs.

THE AWARDS

In between, awards were presented for the best and most effective promotional and advocacy campaigns and programs – the activity that highlights most vividly to the public the ongoing work to improve their health. The Queensland Government won the ‘best health initiative’ award for introducing the health promotion agency Health and Wellbeing Queensland. AMA Victoria produced the best state publication and the best public health campaign; its advocacy for a medically supervised injecting centre contributed to the opening of a centre in North Richmond in July 2018. AMA Tasmania’s daily email that collates and alerts members to all health-related media coverage was judged the most innovative use of new media. All winners and nominees demonstrated the power of the AMA voice, and the importance of partnerships and technology to ensure it is heard.

NEXT GENERATION

Many people told me the Australian Medical Students’ Association (AMSA) president’s speech would be a highlight. They were right. Jessica Yang spoke

boldly and forcefully as a representative of the next generation – but in doing so, reminded everyone that today’s students and doctors in training are part of the AMA now. They represent 27.5% of the AMA membership. Their issues are the AMA’s issues. It is a constituency that must not be ignored.

Ms Yang’s speech preceded the Soapbox. We heard members talk passionately of the pressing concerns of climate change and sustainability. Preventing organ transplant tourism. Credential creep. The problems of rural practice. Issues of medical training. And, on a slightly different note from South Australian Dr Daniel Byrne, a first-time attendee’s appreciation of the “spirit of collegiality” he relished at the conference. It was an apt finale.

As I write this, I have The Village People’s *In the Navy* ringing through my head. There are a surprising number of lines that align with

everything I saw and heard in Brisbane. “Learn science technology” – we were certainly reminded of that. “Make your dreams all come true” – obvious for the people who have chosen medicine as their vocation. Members help people who “need a hand”. NatCon is a place where “your team and others meet”. And, especially after the final morning, “make a stand”. As Ms Yang said, “the medical profession can do amazing things when they stand together for a common cause”.



AMSA PRESIDENT:
Jessica Yang with
Dr Tony Bartone

TWO SA DOCTORS INDUCTED INTO AMA ROLL OF FELLOWS

The AMA has inducted seven new members into the AMA Roll of Fellows, in recognition of their outstanding contributions to both the medical profession and the AMA. Two were from South Australia ...

The two new South Australians inducted into the AMA Roll of Fellows are anaesthetist and AMA(SA) past president, Dr Andrew Lavender; and consultant surgeon and ex-Army officer, A/Prof Susan Neuhaus.

The other new inductees were immunologist and past AMA NSW President, Professor Brad Frankum OAM; distinguished neuroradiologist and past Royal Australian and New Zealand College of Radiologists (RANZCR) President, Professor Mark Khangure AM; orthopaedic surgeon and AMA WA President, Dr Omar Khorshid; past AMA ACT President and dermatologist, Associate Professor Andrew Miller AM; and dermatologist and past AMA NSW President, Clinical Associate Professor Dr Saxon Smith.

AMA President, Dr Tony Bartone, announced their addition to the Roll at the AMA National Conference in Brisbane.

DR ANDREW LAVENDER

Dr Lavender spent 10 years on State Council and five years on Federal Council. But it is his work in steering the AMA(SA) in his two years as president that he considers the highlight.

“It was a period of intense political and media interest,” he said. “We were trying to get the organisation through an election period where health, and the proposal for the new RAH, were the main issues.

“A lot of our members were very attached to the old RAH, while others could see the advantages of a new greenfields hospital. The challenge was to steer the organisation through that process while maintaining a focus on the key issue: ensuring that the final decision would provide a quality facility and adequate staff for the best possible care.”

Dr Lavender said inclusion in the Roll of Fellows was “a great honour” that acknowledged the time and effort individuals contributed to the AMA on behalf of members.

“All of us who do that work are on the coattails of those who have done the work before us,” he said. “I hope we can be role models for others to step up in our place.”



A/PROF SUSAN NEUHAUS

A/Prof Susan Neuhaus is a long-standing member of the AMA, a highly respected senior surgeon, distinguished ex-Army officer, and an experienced Board Director and Chair.

She was awarded the AMA(SA) Award for Service to Medicine in 2011, and in 2014, she was elected to the AMA Federal Council as the specialty representative for Surgeons and served in this role until 2018. During that time, she contributed her expertise as a member of the Defence Health Working Group, and was a member and then Chair of the Health Financing and Economics Committee (2016-2018).

At National Conference in 2017, excerpts of a play *Hallowed Ground: Women Doctors at War*, by The Shift Theatre, adapted from her book *Not for Glory: a century of service by medical women to the Australian Army and its Allies* were performed to acclaim.

A/Prof Neuhaus said she was “deeply honoured” to be awarded the honour alongside fellow South Australian Dr Lavender.

“I have been so fortunate through my career to have had varied opportunities, both clinical and non-clinical, that have each shaped my next career step, whether that be through the military or surgery or in academic life,” A/Prof Neuhaus said.

“Each of these roles has brought a richness that I value immensely, along with new experiences and learning.

“I do recognise that no-one gets to some of these positions by themselves. I hope those I have worked with over the years, particularly my colleagues, fellow committee members and staff, will take as much pride in this as I do, as it is as much acknowledgement of their support and hard work as it is of mine.”

SA Heart proudly welcome the following cardiologists to our team

SAHeart quality cardiac care



Dr Kashif B. Khokhar
CARDIOLOGIST /
ELECTROPHYSIOLOGIST

Dr Kashif B. Khokhar is a cardiologist and electrophysiologist with expertise in heart rhythm, hypertension and cardiac device management. Kashif will be providing regular services from our Ashford, Morphett Vale and Victor Harbor rooms.



Dr Gao Jing Ong
CARDIOLOGIST

Dr Gao Jing Ong is a clinical cardiologist with a particular interest in ischaemic heart disease, heart failure and clinical pharmacology. Gao will be providing regular services from our Morphett Vale and Ashford rooms.



Dr Abdul Rauf Sheikh
INTERVENTIONAL CARDIOLOGIST

Dr Abdul Rauf Sheikh is an interventional and general cardiologist with a special interest in aortic valve disease and the diagnosis and management of vasospastic & micro valvular angina. Abdul will be providing regular services from our North Adelaide, Norwood and Modbury rooms.

P (08) 8297 6888 - saheart.com.au

What are your priorities?
What do you value most?

TIME – THE DANCE OF PRIORITIES

Time slips by fast, so consider how you spend it, and spend it wisely ...

BY TROYE WALLETT



DR TROYE WALLETT divides his time between being a GP, supporting doctors as the clinical director of GenWise, and loving his wife and kids. He also enjoys writing and speaking and will say 'yes' to coffee-chats relating to those. He has 990 million seconds left to live. Contact t.wallett@genwisehealth.com.au.

Time as a precious resource is a concept we all respect in theory, but often we spend it without consideration. Yet consciously making time to consider its management helps us gain a sense of control. Life pressures, both external and internal, weaken our grip on that control.

Unlike our finances, it is impossible to measure how much of the resource we have left (unless we believe the actuaries and their life expectancy tables). Similarly, time cannot be earned and is constantly flowing – a flow from which we can only drink, not store.

ZOOMING OUT

The stoic philosophy of contemplating our mortality has the intriguing effect of focusing and honing the blade of our thoughts. Surprisingly, thinking about the shortness of our lives can give a sense of peace and clarity. Obstacles seem less challenging and beautiful moments seem sweeter.

There is a poster on Tim Urban's blog *Wait but Why* that is a grid of blocks, 52 by 90 – that's 52 weeks in a year and 90 years. Colouring in the blocks as the weeks pass forms a topical map of our lives. The details diminish, but the landscape is visible. The mountains become hills and the direction we are going becomes clearer.

What are you going to do with the few hundred million seconds you have left?

ZOOMING IN

One can only stand at the top of the mountain and enjoy the view for so long. At some stage, the gaze returns

to the path and the journey in-the-now restarts.

The concept of being in the now is stated beautifully and profoundly in the Japanese phrase, *Ichigo ichi-e*. Translated it means, this moment, never again. Even if we see a patient every month, that particular consult is unique and will never return. Tonight's dinner with our family will only be for that instant and will never return. When the wheel of life turns and becomes mean and painful, that too is transient and will pass. Remember *Ichigo ichi-e* in the joys and sorrows.

TAKING CONTROL

If every moment is for itself, then managing our days, hours and minutes is vital. One way to regain space is to practice saying 'no'. In James Altucher's book *The Power of No*, he explores how one 'no' leaves space for a million 'yes's. It is a simple way of thinking about 'opportunity cost'.

Let's say you are invited for a coffee chat by a friend-of-a-friend and it will take an hour. When you reply 'yes', you say 'no' to everything else you could be doing. Seeing patients, going for a run, reading, practising mindfulness and the other infinite opportunities that come our way.

It is tough to say 'no', however. FOMO (fear of missing out) kicks in, and you start wondering if the coffee-chat could be the start of something big. What if the chat is about a speaking engagement or a business opportunity or a new friendship? This is the dance of conflicting priorities, opportunities and commitments.



A suggested way to revolve the mental conflict is to set rules for yourself. If your vision for the year is to teach and learn or you need space to practise your best medicine, you will make a no-coffee-meetings-with-strangers rule. You then, gracefully and with genuine regret, decline the invitation. In your reply, you explain your reasons and rules which removes any sense that it is personal.

A PRACTICAL APPLICATION

The same concept of making rules applies to our day-to-day work. Many of us find ourselves running late during our consulting days. Granted, elements of that are patient-factors, but blaming it all on them is contrary to the idea that we are in control of our lives.

Consulting days are driven by the dance of three elements – patient demand, daily income required and consulting time. The three are intermeshed and influence each other. Interestingly, it is often the

time factor that is sacrificed when the pressure mounts.

Because we are discussing time, let's address the problem of running late on our consulting days. Running late is stressful for us and irritating to our patients.

But what can we do about it? It depends on what we prioritise.

Let's say we need to see 32 patients (four patients an hour for eight hours) a day to generate the income required, and we run 45-60 minutes late 80-90% of the time at the end of the day. There are two options to solve this problem.

The first is to schedule a nine-hour day and incorporate catch-up appointments. In practice, we do not lose out on time, because we work that long day anyway. This option decreases stress and the annoyance of our patients. This is because the gap between expectation and reality is where unhappiness lies.

The second option is to increase the fee for service and decrease the number

of patients seen. Charging more for the work we do is an uncomfortable thought for many, but it is an option. The concept of supply and demand applies here, but in health, it is complicated as our product is people's health. A discussion for another time perhaps.

If the priority is time and income is less important, the options are more straightforward. Decrease the number of patients seen per day and go home on time. Due to excess demand and lack of supply, the pressure to see more patients is high, but in Australia, very few people miss out on treatment because they are not able to get in to see a doctor. Managing a long waiting list is outside of the scope of this reflection, but is, frankly, a good problem to have.

In the end, it is about choice. What are our priorities? What do we value more? Everything we do is our choice and involves balancing demands. In our busy world, time is precious. It slips by fast and runs out unexpectedly, so please consider it when you make your choices.

A COOL CHANGE FOR DOCTORS

The winds of change are finally starting to blow across the profession, and they signal a refreshing awareness of the importance of our own health. That is what I call a really 'cool change'.

BY ROGER SEXTON



DR ROGER SEXTON is medical director, Doctors' Health SA and Doctors' Health NT. He can be contacted at roger.sexton@doctorshealthsa.com.au.

The momentum for this change has been building for some time now through the efforts of motivated individuals, leaders and advocates within doctors' health services, our Colleges and the AMA. Importantly, practical solutions are finally emerging. Three points:

- The impact of investing in our own health is enormous.
- The impact of creating a working environment in which doctors can excel is enormous.
- The impact of healthy doctors on society is enormous.

Let's look at examples: better patient outcomes, fewer sentinel events, fewer errors and complaints, fewer unnecessary investigations, greater productivity at work and across society, less unplanned leave, rural retention and recruitment. The list goes on!

Seventy-five percent of doctors report being 'well' but, at any one time 25% of doctors report feeling mentally or physically unwell. (*DHSA state-wide doctors health survey*) That is, they have symptoms which don't require them

to stop work but make work and life more difficult.

Burnout is a good example. It is seen especially in caring health professionals with high workloads. It is reported to affect 50% of doctors, amongst female doctors under 30, with those working in emergency departments and general practice being at particular risk.

Symptoms include feeling mentally and physical exhausted; being annoyed by and having a lack of empathy for patients; irritability with staff and colleagues; cynicism about medicine as a career; and feeling inadequate for the job. Have you ever felt like that?

When doctors' health deteriorates, it is fair to look *inwardly* in the first instance. How do we live our lives? What lifestyle choices have we made? What have we foregone that was good for us?

It is not unusual to see a hard-working but struggling doctor who has:

- ignored the basics of good food, adequate water, aerobic fitness and regular exercise
- impaired sleep quality and duration due to daytime coffee and evening alcohol

... What lifestyle choices have we made? What have we foregone that was good for us? ...

- allowed medicine to exclude their revitalising non-medical interests, e.g. music or gym.

Medicine will squeeze everything out if you let it!

We all want to be a 'sustainable' individual who has personal and professional longevity and productivity. Achieving this requires:

- good lifestyle choices and optimising your 24-hour day with sound habits such as sleep
- time spent fostering good relationships at home, with non-medical friends and at work
- advocating for home and work environments in which we can excel and reach our potential.

When doctors' health deteriorates, it is also fair to look *outwardly* at how we work.

Our medical careers require us to *transition* through many career stages such as medical school entry, our intern year, Fellowship, private practice, mid-career and retirement. These are mostly stressful.

We work in a variety of *workplaces*, some of which are well-organised and pleasant but others which are unsafe,

remote and dangerously under-resourced. Think ED ... think remote NT!

Our *work practices* are variable and sometimes in stark contrast to other sectors and industries where safety protocols, fatigue avoidance and other work health and safety measures are taken very seriously.

Everyone places very high expectations on doctors to be self-reliant. We're regarded as people for whom support is often unnecessary and our capacity to adapt and work independently in challenging workplaces can be taken for granted.

We may also assume that we have endless 'reserves' to call upon and that these will continue to sustain us through difficult times with no additional inputs required to survive.

Our own *culture* can reaffirm this. Our profession values independence, self-reliance and the ability to go 'above and beyond' to help others and sustain the system. We are 'tolerant' of colleagues who work when unwell, prioritise work

ahead of personal relationships and interests, and privately self-treat their own symptoms.

We may also be reluctant to acknowledge, assist or associate with a struggling colleague.

Other industries and sectors such as accounting and local government and the airline industry recognise the

... Other industries recognise the value of sustainable high-achieving individuals and resource them to remain so ...

value of sustainable high-achieving individuals and resource them to remain so.

These resources include a personal assistant, a GP/medical advisor, psychologist, peer support, professional mentor and CPD which includes comprehensive health checks.

We can learn from this. Medicine is a laggard when it comes to such things and ignores the real return.

We must value and invest in ourselves. This drives the sustainable doctor.

DOCTORS HEALTH SA – YOUR DOCTORS' HEALTH PROGRAM SINCE 2010

Planning for the Doctors' Health SA program started in 2006¹ and the model was derived from the large state-wide survey in 2007 and input from a panel of academics from the Adelaide University Business School in 2008.

Significant lobbying from leaders in AMA(SA), the Doctors' Health Working Party and SA Health secured seed-funding from Minister for Health, John Hill in 2010 who allocated residual funds from the superseded Medical Board of SA for the purpose.

The not-for-profit company Doctors' Health SA Ltd was constituted in 2010 with two members, the AMA(SA) and the Rural Doctors' Workforce Agency and a board of directors, most of whom are doctors, with the mission to improve the health of the medical profession for the good of the community. Doctors' Health SA has also initiated the Northern Territory program in 2016.

The strategy has always been to offer doctors and medical students a choice

of confidential ways to seek timely assistance and to enable access to a network of skilled, special-interest GPs who can connect them with the wider health system.

This model has been very successful and has been shown to be a most effective model of care for the profession.

It is your program and it is unique in Australia.

- It recognises the importance of:
- *education* – knowing where to go for assistance
 - *prevention* – comprehensive health check-ups especially at times of career transition though medicine
 - *timely intervention* – offering doctors a choice of ways to access care – the after-hours South Terrace clinic, telemedicine consultations, website, rural outreach visits and the 24/7 phone advisory service.

Patients deserve to see a doctor who is well. We enjoy our life and our work so much more when we are well. We all want to be sustainable people. This needs attention to:

- good lifestyle choices SNAPS

(smoking, nutrition, alcohol, physical activity, good sleep hygiene)

- access to a GP of choice for timely, preventive care
- healthy workplaces that help us to excel
- healthy work practices that optimise our efforts
- interests alongside medicine which are re-invigorating.

Doctors Health SA values the important and long-standing partnership we enjoy with both the AMA(SA) and RDWA.

We also value the strong partnership we have with Country SA PHN to promote the health of rural workforce in SA.

For further information:

- Visit our interesting website: www.doctorshealthsa.com.au
- 24/7 phone advisory service (anonymous and confidential advice from a colleague: 8366 0250)
- After-hours assessment clinic bookings: 8232 1250 or via the website

¹Doctors Health Working Group, Chair, Dr Richard Hetzel.

HYUNDAI eKONA: IT'S ELECTRIC

It's five years since *medicSA* first ran a feature on electric cars. With the current publicity and political interest in the subject, our motoring team Robert Menz and Philip Harding thought it was time to have another look.



Phil: In August 2014, we drove the Nissan Leaf and Holden Volt – the former an all-electric unit with a limited range and what seemed then a rather futuristic ambience, and the latter driven by electric motors but with a petrol engine to keep the battery charged. We were quite impressed with both. In the meantime, we have driven the Tesla, which certainly has the wow factor, but at a high price. Now we see politicians and industry executives debating targets being set for sales of electric vehicles to become quite significant by 2030. Already Norway is at 31%. So, what's around now and what do you get for your dollar compared with five years ago? We just looked at one example – tell us about it, Rob.

Robert: Well, we have the first electric small SUV on the Australian market and not surprisingly it comes from South Korea. Hyundai introduced petrol and diesel Kona models last year where it competes in this busy and growing sector of the market, and has just released the fully electric version in April 2019. Hyundai has a commitment to sustainability, and the Kona is one of two fully electric vehicles in their range, the other being the interestingly named Ioniq which also is available as a self-contained or plug-in hybrid. One of Hyundai's key aims is to minimise waste at the end of a vehicle's life, ultimately hoping to achieve a 95% vehicle-recycling rate by weight.

eKona is available in two trim levels and our test version was the top of range Highlander, which is very well optioned. Along with the usual lux

items like sunroof and keyless entry, the fully electric front seats are heated and cooled and even the steering wheel is heated. There is also plenty of electronic gadgetry to make driving safer and closer to autonomous. The cruise control maintains a safe distance behind the car in front, even if that car stops, and when you want to go again, a touch of the cruise control button sets the car in motion. There are also G force sensors such that if you enter a corner a little fast on a country road, the cruise control slows the car. The cruise control also maintains the speed down long hills like Willunga.

The list of other active safety and driving assistance technologies (badged SmartSense) include:

- autonomous emergency braking with pedestrian detection
- blind spot detection including rear cross traffic alert
- lane departure warning with lane keep assist
- driver attention warning and
- speed limit information function.

Some of these along with current speed appear on a retractable heads-up display panel.

Other features I really liked and were useful on an evening drive to Victor Harbor included the high beam assist, which detects both oncoming vehicles and vehicles in the same lane ahead at night, and changes to low-beam as appropriate, reducing blinding effects

on other drivers, concentration alert monitoring, and static cornering lights.

There are three driving modes, Eco, Comfort and Sport, and although most of my driving was in Eco, the little SUV was much more dynamic in Sport. The long-range battery capacity of 39.2 kWh, provides driving range of up to 470km and delivers a maximum output of 150kW. There is 395Nm of immediate torque available and an acceleration of 7.6 seconds from 0 to 100 km/h. These numbers mean there was no range-anxiety with this car. However,

... There are also G force sensors such that if you enter a corner a little fast on a country road, the cruise control slows the car ...

being front-wheel-drive means not all the instant torque is available and the anti-skid override helps ensure the front tyres will have some longevity. There are no plans to introduce a 4wd electric Kona.

When you buy an eKona, you will also need to purchase a home charging station which will fully recharge the eKona in nine hours. The emergency charging cable provided with the car can be plugged into your home 240V plug, and takes 28 hours to fully charge. With around 15 manufacturers offering electric vehicles in Australia at present, there is an increasing number of DC rapid charging stations available, and these will provide 80% charge

in 50 minutes. You can readily locate your closest charging station on the multimedia touch screen, or on the eKona phone app. The cost is variable, and in some car parks, is included in the cost of parking.

Driving the eKona is very much like driving any other small luxury car, with a couple of notable exceptions. The driving position is very comfortable, with an electric multiadjustable front seat and adjustable steering wheel, it is possible for just about any shaped driver to be in the correct position. Push the 'Power' button on the dash and instruments and screen light up. There is a speedo only, with a variety of other screens and views to monitor progress, power usage, and the all-important distance left before needing to top up. There is no gear stick, only some buttons towards the front of the centre console for 'reverse' and 'drive' (I did not use 'neutral, being unable to think of a reason). It took only about three clicks to Bluetooth connect the iPhone to the car, and the phone remains charged with wireless charging. The digital radio was very clear, and as is the way these days, there is no CD player, but there are several USB ports as well as an 'auxiliary' plug to connect the phone by cable to the car. One of the minor drawbacks was that the phone voice-control system only worked when the phone and car were cable connected. SATNAV worked well, and it was possible to aid navigation with a compass setting on the dash screen.

Performance is fine even in Eco, and as mentioned above quite quick in Sport mode, with instant torque and surprisingly good handling courtesy of the low centre of gravity. One of the changes to driving style is due to the regenerative braking. This is, however, adjustable depending on driver preference and when set on max means driving with minimal use of brakes, as the eKona pulls up quite quickly. This adds to keeping running costs down.

During the Easter weekend we had the eKona, there was a variety of driving, from city commuting, to four days at Victor Harbor. We had the car pretty well loaded, as the boot is not very spacious being filled with two eskys and two largish overnight bags. Fortunately, we could use all the back-seat area for the other paraphernalia and food needed to feed the hungry visiting family. During some of the weekend, four adults fitted comfortably, and we had five for one short trip to King's Beach.



DR PHIL HARDING:
motoring enthusiast

The Kona handled the winding road to Victor well. Its biggest test was a day trip to Deep Creek Conservation Park, and unsealed roads were also handled with aplomb. We parked at Goondooloo cottage and had a very pleasant 8-km walk along part of the Heysen Trail to Blowhole Beach and back. Despite being late April, there were sunny skies and 30-degree air temperature, so we braved the shivery waters of Backstairs Passage for a quick dip in the Mediterranean coloured waters. Cooler temperatures later in the weekend meant the drive to the Goolwa Barrages and then the beach meant a refreshing coffee at Bombora Cafe, rather than a swim.

Any other downsides? Some passengers found the position of the head rest, with its forward angulation, meant it was hard to find a comfortable position. The main disadvantage is the

... Driving the eKona is very much like driving any other small luxury car, with a couple of notable exceptions. The driving position is very comfortable, with an electric multiadjustable front seat and adjustable steering wheel ...



Hyundai says that servicing costs are less, which indeed they should be on what is not much more complicated than the combination of your home hi-fi system and a very large vacuum cleaner, compared with the engineering sophistication of a modern internal combustion engine, but even that's not going to be a huge saving. It seems to me that uptake of this technology, which will be of great benefit environmentally and probably for the economy, will need to be encouraged by a combination of big-picture government and industry initiatives. Otherwise purchasing a Kona will be about individual motivation to help the environment and be up with the latest – and of course it's just sooooo smooth and silent!

cost at \$71,000, which is an almost \$30k premium over the similarly specced turbo diesel Kona Highlander. Resale value is an unknown now, but it does come with a five-year car unlimited km warranty and eight-year or 160,000 km battery warranty.

Phil: Agree with all that, but the question for me is what's in it to be worth spending the extra money – quite a lot of it, in this case. There is certainly a saving in running costs. To fully

charge the battery at the domestic price of around \$0.34 per kWh would cost around \$12 or would be free if you have enough solar panels and a battery system, whereas buying 449 km worth of petrol would cost around \$30, although no doubt that figure will increase as time goes by. Nevertheless, if you drive 15,000 km per year, that will amount to a saving of at the most \$1600 per year so, on that basis alone, it will take a long time to get your \$30,000 back!

Robert: In summary, a very competent small SUV, with enough gadgetry to satisfy the technophile, and enough driving pleasure for the electric enthusiast.

Test car provided by Hyundai Australia. www.hyundai.com.au/cars/suvs/kona/kona-electric

Dr Robert Menz is a GP who loves to drive and medicSA editor Dr Phil Harding loves gadgets but is living on a retirement income.

HAPPY 100TH BIRTHDAY



It has come to the attention of *medicSA* that Dr Mark Sheppard, who was AMA(SA) president in 1965-66, turned 100 on 9 April this year – no small achievement! A party to celebrate the milestone was held at the nursing home where Dr Sheppard now lives.

A second party was then held at Dr Sheppard's son's Unley Park home, attended by 75 people. The younger Dr Sheppard, also called Mark – a cardiologist at SA Heart – told *medicSA* that his father

still plays bridge three times a week at the Adelaide Club, and was, remarkably, still driving until six months ago.

He is pictured here in a photograph taken 20 or so years ago at a dinner to mark the retirement of Tina Evans (then AMA Branch Secretary). The president at the time was Dr Rod Pearce (whose wife Sally took this picture). The dinner was attended by all past presidents still living at that time and Dr Mark Sheppard is on the far right.

BACK (L-R): Dr Dick Kimber, Dr Jill Maxwell, Dr Bob Cooter, Dr Brian Cornish, Dr Rod Pearce, Dr David Gill and Dr Mark Sheppard.

MIDDLE: Dr Jeanette Linn, Dr Robert Steele, Tina Evans, Dr Peter Mellows and Dr Max Moore.

FRONT: Dr Philip Harding, Dr Trevor Pickering, Dr Randal Butler and Dr Peter Joseph.



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WHY I AM A MEMBER OF THE AMA

DR JILL ROBINSON

I joined the AMA because it is a professional organisation that represents the needs and interests of all doctors and I am proud to be a long standing member.

It is a strong political advocate in a climate of cultural and economic shift in healthcare.

It is an organisation that cares for individuals and our community and should be supported by a strong and active membership.

Dr Jill Robinson is a partner at Benson Radiology and senior visiting medical specialist at BreastScreen SA. She is also the AMA(SA)'s new Council representative for radiologists.

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ACTION-PACKED TIME FOR AMSS

From overseas electives for sixth years to local fun with Jazz Night and MedFooty, AMSS students now gear up for mid-year exams.



TOM GRANSBURY
STUDENT NEWS:
ADELAIDE UNIVERSITY

June marks the long-awaited holidays for clinical-year students, with many sixth years, including myself – as I write this article from Dublin – jetting off for some travel prior to overseas electives. It also marks a small hiatus in the action-packed 2019 calendar where pre-clinical students can settle into study before mid-year examinations.

Mock OSCEs and peer-led tutoring programs such as ClinPrac, MedTransit, Peer2Peer and the AMSS Teaching Series continue to run. At the second EdForum for the year, students heard from the inspiring 2019 Australian of the Year, Dr Richard Harris, about his experiences diving into the unknown. Student-run Electives Night and Honours information nights were also a success, with previous students discussing personal tips and tricks from honours and overseas electives.

Jazz Night celebrated the end of Term 1 for pre-clinical students and provided

a chance for members to bring a partner or friend and pull out their dancing shoes. The functions team put together a stellar night with fine food and wine, even managing to organise a food truck of delicious Argentinian delicacies, a beautiful sunset over the River Torrens and most importantly some sweet tunes from two medical student bands.

Whilst the annual MedFooty was rained out, it didn't stop the Emergency Medical Challenge. Five teams competed in four challenging emergency medicine scenarios, finishing with a final between the AMSS and FUSPA (Flinders University Student Paramedics Team). The Adelaide University Critical Care Student Society (ASSCC) are to be congratulated on the event and all the doctors involved in adjudication thanked, despite narrowly awarding a well-deserving Flinders University team the victory. The evening continued at President's Keg with a live band and

a guest appearance from first-year musical recruit Liam Halford. However, the true musical highlight of the past month has been the Adelaide University Medical Orchestra concert 'The Next Beat', who put on a musical spectacular with Vocal Ensembles, Big Bands, Dance Crews and a full Symphony Orchestra at the Adelaide Townhall.

Educational advocacy wins have included reviewing the maximum number of hours students are expected to spend on placement each week, with the intention to put measures in place that will prevent students being required to do late night shifts followed by early clinical or teaching sessions the following morning. The focus on wellbeing continued with the AUJ De-stress Day, and our Health and Wellbeing Workshop, a reminder for all students to keep an eye on their own mental health and wellbeing in the lead-up to exams.



JAZZ NIGHT:
Med Student Band
on River Torrens

MENTAL HEALTH MONTH

May was FMSS's mental health month – a time for students to reflect on their own mental health and to look out for one another.



JARROD HULME-JONES
STUDENT NEWS:
FLINDERS UNIVERSITY

Supporting the mental health of medical students is a key role for the Flinders Medical Students' Society (FMSS), so this time every year we celebrate the model clinicians who achieve a healthy work-life balance, discuss methods for managing stress, and engage in frank discussions about mental illness.

The National Mental Health Survey of Doctors and Medical Students commissioned by Beyond Blue was updated in February this year and it shows that medical student levels of general distress (K10) and rates of specific mental health diagnoses are higher than in the general population. Indigenous and female students reported worse mental health than their non-indigenous and male colleagues.¹ We have more work to do in this space, but some positive steps have already been taken. For example, the 'do-many-small-tests-often' assessment model that Flinders has adopted has removed the spikes in stress that once

came with barrier exams. Although, the multiple assessments per week are high stakes enough to create a year-round, sustained elevated stress level and we know very little about what this does to a student.

Improvements to hospital work environment safety are required to improve student mental health. On the wards clinical year students assume the role of the team's most junior medical officer. Here, they are exposed to the same risk of bullying, harassment and discrimination that is prevalent in Australian medical workforces²⁻⁵, and that the 2019 Inquiry into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services⁶ seeks to investigate and address.

SA students are not surveyed to see if they are experiencing the same bullying, harassment and fatigue that medical officers do, so FMSS' inquiry submission was limited to anecdote and extrapolation. As a May activity FMSS will create a survey

to fill that knowledge gap so students aren't forgotten when the inquiry delivers its final report in September.

In the meantime, I'd ask all medical students and medical officers to use this time to reflect on their mental health and remember to look out for one another.

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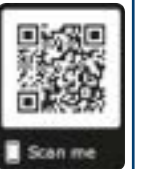
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LEGISLATIVE REQUIREMENTS OF SA MEDICAL PRACTITIONERS

BY A/PROF NICOLA SPURRIER

In this article, medical practitioners are given a reminder about what is required legally under the Coroners Act and the Road Traffic Act. It also covers how this relates to population health and preventative health.



A/PROF NICOLA SPURRIER is the deputy chief medical officer, SA Health. She can be contacted on nicola.spurrer@sa.gov.au

This article provides a brief overview of current legislative requirements for medical practitioners under the SA Coroners Act 2003 (and some related legislation) and the Road Traffic Act 1961 regarding reporting deaths to the Coroner and collecting blood samples following road traffic accidents, respectively.

This legislation applies to all medical practitioners, regardless of whether they work in private practice, locum practice or in the public health care system. Legislative non-compliance can have very significant consequences, including hefty fines, imprisonment, or both.

IMPROVING POPULATION HEALTH

Importantly, both requirements contribute to improving population health. Reporting deaths of a particular nature to the Coroner ensures that the causes and circumstances of reportable deaths are fully understood and documented. This allows for potentially preventable factors in patient deaths being recognised. In a small number of cases, the Coroner may determine that further information and investigation are required, usually because there is the opportunity to prevent future similar deaths, and an inquest will be called.

A recent example includes the inquest into infant deaths associated with co-sleeping. The recommendations from this inquest resulted in clearer guidelines and broad dissemination of

information to parents around the risks of co-sleeping.

The mandatory requirement for medical practitioners to take blood for blood alcohol testing from patients involved in road traffic accidents similarly has significant public health benefits. This process ensures all drivers and riders of motor cycles involved in a collision are tested for alcohol and certain recreational drugs. These are significant contributors to serious and fatal injury on South Australian roads and ensuring blood is taken, stored and transported correctly and analysed in a forensic laboratory are important steps towards preventing road trauma.

REPORTING DEATHS TO THE CORONER

The Coroners Act 2003 requires medical practitioners to report deaths which have occurred within South Australia in certain situations to the Coroner. The situations where deaths are interpreted as reportable are paraphrased (as per the Coroner's website) from the Act as follows;

Reportable deaths are those which have occurred:

- unexpectedly, unusually or by a violent, unnatural or unknown cause
- on a flight or voyage to South Australia
- while in custody
- during, as a result or within 24 hours of certain surgical or invasive medical procedures, including the giving of an anaesthetic for the purpose of performing the procedure



- within 24 hours of being discharged from a hospital or having sought emergency treatment at a hospital
- while the deceased was a 'protected' person
- while the deceased
 - was a protected person under the **Aged and Infirm Persons' Property Act 1940** or the **Guardianship and Administration Act 1993**;
 - was under a custody or guardianship order under the **Children and Young People (Safety) Act 2017**;
 - was a patient in an approved treatment centre under the **Mental Health Act 2009**;
 - was a resident of a licensed supported residential facility under the **Supported Residential Facilities Act 1992**;
 - was in a hospital or other facility being treated for drug addiction
- during, as a result or within 24 hours of medical treatment to which consent had been given under Part 5 of the **Guardianship and Administration Act 1993** or **Part 2A of the Consent to Medical Treatment and Palliative Care Act 1995**
- when a cause of death was not certified by a doctor

Clearly, medical practitioners need to not only be familiar with the Coroners Act 2003 but also six other pieces of legislation. This includes being aware of changes to the legislation which occur from time to time, which are publically gazetted.

An example of a change within the last five years is the reference to Part

2A of the *Consent to Medical Treatment and Palliative Care Act 1995* ('Consent Act') in paragraph (g) which was inserted into the Coroners Act in July 2014 when the *Advance Care Directives Act 2013* came into operation. On the same date, sections of Part 5 of the *Guardianship and Administration Act 1993* ('Guardianship Act') were repealed. The repealed sections related to powers for limited relatives to consent to health care on behalf of adults who by reason of mental incapacity were incapable of

... Legislative non-compliance can have very significant consequences, including hefty fines, imprisonment, or both ...

giving effective consent for medical or dental treatment. These provisions are now contained in the Consent Act such that all consent provisions relating to health care are now in the Consent Act. In particular it sets out who can consent to health care on behalf of a patient with impaired decision-making capacity if there is no Advance Care Directive in place.

There are three major differences to the consent provisions comparing the previous Guardianship Act provisions with the current Consent

Act provisions. First, the Consent Act applies to all people with 'impaired decision making capacity' which includes a broader range of people than in the Guardianship Act which used the term 'mental incapacity'. Second, a broader range of people can give consent in this situation (see interpretation of 'person responsible'). Third, the definition of medical treatment is expanded under Part 2A of the Consent Act to also include health care which is defined as; 'any care, service, procedure or treatment provided by, or under the supervision of a health practitioner for the purpose of diagnosing, maintaining or treating a physical or mental condition of a person'. It is also worth noting that the Consent Act considers treatment to a person to include withdrawal, or withholding of medical treatment to the person (including life sustaining measures). Finally, there is nothing in the Consent Act that stipulates that consent by the 'responsible person' needs to be in writing, so consent can include oral or indeed, implied consent.

It is important to note that, by operation of the Consent Act and Coroners Act, deaths must be reported to the Coroner in circumstances where the above types of health care (including the withdrawal of care) were consented to by persons responsible.

Obviously, if in doubt as to whether a death is reportable to the Coroner it is advisable to contact the Coroner's Office, medico-legal department of your health service or your medical defence organisation to seek advice.

BLOOD SAMPLES - ROAD TRAFFIC ACCIDENTS

Section 471 of the *Road Traffic Act 1961* mandates that it is the duty of a legally qualified medical practitioner to take a sample of blood from a person 'apparently of or above the age of 10 years' who has suffered injury in an accident involving a motor vehicle and who attends a hospital to receive treatment for the injury. This includes pedestrians involved in motor vehicle accidents and also cyclists. Of most importance from a public health perspective is that all drivers of motor cars and riders of motor cycles are correctly tested for alcohol and other drugs which may impact a person's ability to effectively control a vehicle. This may be crucial for prosecution if required but also contributes to improving road traffic safety in the long term. Drugs other than alcohol are called 'prescribed drugs' in the Act, with the term 'prescribed' referring to those set out in the *Road Traffic Regulations 2014* under the Act being delta-9-tetrahydrocannabinol (cannabis), methylamphetamine ('ice') and 3, 4-methylenedioxymethamphetamine (MDMA or 'ecstasy').



Because medical practitioners are not always available in regional areas, the current legislation allows for qualified nurses to take forensic blood samples under some circumstances. The State Government is reviewing the Road Traffic Act with the aim to amend it to allow nurses working in metropolitan hospitals to be able to take forensic blood samples for

alcohol and drug testing. Not only is this change likely to assist with patient flow in the metropolitan emergency departments but it will assist with ensuring all required blood samples are taken in the required time frames required for police investigations. This change to the Road Traffic Act is expected to be brought before Parliament later this year.

FAREWELL TO A HIGHLY RESPECTED RAH SENIOR ANAESTHETIST

PIERS WILLIAM ROBERTSON
B.MED.SC (HONS), DA (UK), FANZCA

1961 - 2019

Piers Robertson was a highly respected senior anaesthetist at the Royal Adelaide Hospital, who achieved more than most in a career brought to a premature end. Piers was a quiet contributor, as to his involvement in departmental matters at RAH and with the Australian Society of Anaesthetists. He had the ability to see clearly, grasp issues and formulate solutions. Piers worked his way into positions of authority, not for personal gain, but because his skillset was ideally suited to making a difference to many.

The Robertson family were pastoralists at Chowilla, a station on the Murray near the NSW border, and although Piers' life was in Adelaide, he retained close ties with the country, enjoying Chowilla and the Murray with friends and family. He graduated from St Peter's College in 1978 to embark upon a career in medicine at the University of Adelaide, graduating in 1986 after obtaining a Bachelor of Medical Science (Honours) in the Department of Clinical and Experimental Pharmacology under Prof Derek Frewin along the way.

Piers started his anaesthetic career as a senior house officer in 1989 at the Royal Hallamshire Hospital in Sheffield, during which he gained the Diploma in Anaesthesia from the College of Anaesthetists (UK) (the College gained its Royal accolade by charter in 1992).

He returned to Adelaide and joined the South Australian Vocational Anaesthetic Training Scheme, gaining his fellowship in 1996. Never one to let grass grow under his feet, he joined the Hyperbaric Medicine Unit at RAH as a provisional fellow and then joined Duke University Medical Center, Durham,

USA for a year furthering his interest in hyperbaric medicine and regional anaesthesia. He returned to Adelaide in 1998 and immersed himself in the Department of Anaesthesia. He was deputy director in the department for two years from 2006 to 2008.

Outside the operating theatre, he was the department's liaison officer for eye surgery and liaison officer for the Post Anaesthesia Care Unit. He was a member of the RAH Disaster Planning Committee, and he orchestrated the Adelaide Regional Anaesthesia Workshop. He was coordinator of the departmental Quality Assurance Program, and resident medical officer supervisor for Anaesthesia. Further, he was a member of the Anaesthesia Management Group, the Clinical Pathways Taskforce - PACU and ICU, and the Equipment Committee. He was also editor of *What a Gas*, the department's weekly newsletter.

Piers had the ability to see what needed to be done and this was nowhere more evident than in his involvement with the Australian Society of Anaesthetists (ASA). He was the scientific program convenor for the ASA National Scientific Congress (NSC) in 2002 and 2006 and was overall Convenor in 2015, a position that incorporated all aspects of the NSC. This feat was even more remarkable in that the meeting was held in Darwin, not Adelaide! A great organiser, he was also ASA Federal Scientific Programme Officer 2003-10; Chair, NSC Federal Scientific Programme Sub-committee 2003-08; ASA NSC Scientific Congress Officer 2010-18; and Chair, ASA NSC Federal Committee 2010-18.



Machines with motors gave him enormous pleasure and he owned a succession of Alfa Romeos. He was due to take possession of a brand new Alfa Stelvio, except that his sands of time ran out before he added this one to his stable. Stable is the correct term for it, as his garage kept expanding and he even installed a hydraulic lift to stack one car above another! Pride of place went to his 1974 Montreal, extensively refurbished in 2008, one of only 1600 right hand drive models ever made.

In the early 2000s, he took up cycling and in typical 'Piers' fashion, worked hard to become one of the stronger riders in cycling group 'The Lanterne Rouge'. Not only did he ride, his sartorial elegance drove him to design the group's cycling strip with a new iteration every couple of years.

In 1988 he married Libby, a radiographer at the time, who was a tower of strength through all these activities, which also included skiing and travelling. They have three children, John, Alexa and Caroline.

Piers sadly lost his struggle with cancer on 30 March at home, surrounded by his family and at peace. As a brother, husband, father, friend, colleague, mentor, quiet voice of reason and authority and Alfa enthusiast, he will be sorely missed. ■

This obituary was prepared by colleague and friend Dr Simon Macklin. The AMA(SA) extends its condolences to Piers' family, friends and colleagues.



From January 2020, we'll be making the exciting move to our new home at Calvary Adelaide Hospital.

In the meantime, our orthopaedic surgeons will continue to practice at Calvary Wakefield Hospital as well as at other hospitals throughout South Australia.

We're also consulting at locations around the State including: Angaston | Berri Blackwood | Clare | Flinders Private Hospital Gawler | Glenelg | Golden Grove Kangaroo Island | Loxton | Naracoorte Port Lincoln | Stirling | Victor Harbor Wakefield Orthopaedic Clinic | Wallaroo

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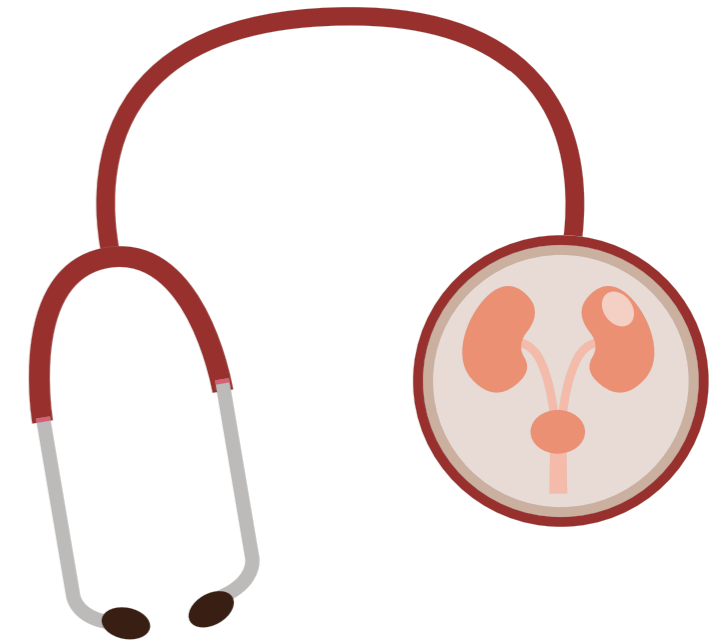
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ACCELERATED SILICOSIS: WHAT YOU NEED TO KNOW

SA doctors should be aware of an occupational lung disease – accelerated silicosis – which may affect an unknown number of workers in this state.

BY CHRIS BOLLEN WITH BEATA BYOK



Accelerated silicosis is a preventable occupational lung disease occurring in young workers as a result of the manufacture and installation of artificial stone bench tops in kitchens, bathrooms and laundries. To date, there is no known treatment so early detection, diagnosis and management is essential.

An audit conducted in Queensland since September 2018 identified 800 workers in the artificial stone industry that require health screening – of these, just over half have undergone health assessments. Already 108 workers have been diagnosed with accelerated silicosis and of these 20 have progressive pulmonary fibrosis, for which the only treatment is lung transplantation. New South Wales, Victoria and South Australia have started health screening for accelerated silicosis and worksite audits. The number of workers who may be affected in this state and nationally is as yet unknown.

Stonemasons who cut and grind artificial stone, particularly dry cut, which contains a high proportion of crystalline silica, into kitchen, bathroom and laundry bench tops are at risk of contracting accelerated silicosis as a result of being exposed to unsafe levels of silica dust.

Silicosis is a fibrotic disease of the lungs caused by the inhalation and deposition of respirable crystalline silica in the lung tissue. Unlike natural stone such as granite, which typically contains only up to 30% silica, artificial stone can have silica concentrations of

over 90%. The rate of change in lung function deterioration for workers with accelerated silicosis is on average 10 times faster than the normal age-related deterioration. The latent period from exposure to development of disease (symptomatic or asymptomatic) is from one to ten years. Therefore the disease can continue to progress even after a worker has left the industry.

Any worker who has worked with artificial stone, either now or in the past, should be assumed to have been exposed to silica dust and undergo health screening, whether or not they have symptoms.

Diagnosis is based on a comprehensive clinical and radiological assessment consisting of:

- an occupational history with details of current and/or previous work sites, job tasks, use of personal protective equipment and exposure to silica dust
- respiratory symptoms such as cough (productive or non-productive) and shortness of breath on exertion
- a clinical examination, focusing on the respiratory system
- lung function testing to Thoracic Society of Australia and New Zealand standards
- an ILO chest x-ray to be read by an ILO qualified B reader
- a high resolution CT scan of the chest.

Workers with positive findings must be referred to a respiratory physician for confirmation of the diagnosis.

An occupational physician can assist with management. Ongoing health monitoring of exposed workers will be required.

SA workers in the engineered stone bench-top industry, or their treating medical practitioners, can arrange for a free health assessment via the Mining and Quarrying Occupational Health Safety Committee by calling 8204 9842 or emailing maqohsc@sa.gov.au. The health assessment is available for workers and employers who have been exposed and involves health questionnaires, spirometry, a full medical examination with particular focus on the respiratory system and chest x-ray.

Employers and workers eligible for the silicosis health assessments in this industry sector can also access free and confidential counselling by contacting either one of two Employee Assistance Program providers – Corporate Health Group on 8354 9800 or Access Programs on 8215 6799. Counselling is also available to the worker's immediate family members. More details for this support service are on the RTWSA website.

If one of your patients is diagnosed with silicosis and wishes to make a workers compensation claim, ReturnToWorkSA has a specialist team to assist with the claims process. They can be contacted by email at silicosis@rtwsa.com or on 8233 2545.

For further information or for support with referrals to appropriate services, email providers@rtwsa.com or call 8238 5757.

Dr Chris Bollen is ReturnToWorkSA medical advisor and Dr Beata Byok is an occupational & environmental physician.



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MAKING DEATH, DYING A DINNER-TABLE TOPIC

Dying is normal but the difficult task of addressing end-of-life care is generally left to health professionals. A new research hub at Flinders University aims to address that.

With Australia's death rate set to double in the next 25 years, more than 50% of us die in acute-care settings, often alone and hidden from society.

Making society and community groups more active in a broadly 'acceptable, compassionate and equitable' conversation is the aim of a new research hub at Flinders University which builds on a long history of best practice in end-of-life care.

"We do a lot of planning with pregnancy and our lifelong finances, but what about the end of life?" asks says Prof Jennifer Tieman, director of the new Flinders Research Centre for Palliative Care, Death and Dying.

"The topic is very important for all of us and is the focus of widespread research, including to expand support for dementia patients and their families, and older Australians with progressive chronic and acute diseases and symptoms.

"We need to equip patients, their families and carers and health professionals with positive and helpful information – particularly given the demographic rise in the baby boomer

generation and overcrowding of public hospitals and residential care facilities."

From end-of-life hospice, home or residential care, to discussing advance care directive legislation and 'how to die with dignity,' evidence-based research that recognises the diversity of our population is vital, according to Flinders University researchers.

The new Flinders University research centre brings together a critical mass of experts in the field who have a track record in progressing end-of-life care.

Aged and palliative care researchers at Flinders University are investigating the 'future of death' as part of their rollout of a suite of online and personalised tools to help make death and dying a more accessible and 'palatable' topic for everyone.

Online resources, for patients, families, carers, clinicians and other health workers, have been compiled by experts – with Australian Government funding – at the free CareSearch website – caresearch.com.au – and specialised End of Life Directions for Aged Care site – eldac.com.au – and delivered to the community via online courses including the mooc-list.com/course/dying2learn-mooc-death-and-dying-openlearning.

END-OF-LIFE ESSENTIALS

One Australian dies every 3 minutes and 17 seconds, and the death rate is projected to double in the next 25 years as the ageing population increases.

The End-of-Life Essentials team at Flinders University has produced four new free evidence-based online education resources to help doctors increase their capacity and confidence in:

- End-of-life care in Emergency Departments
- Paediatric end-of-life care
- End-of-life care in chronic complex illness
- Imminent death and how to respond

The End-of-Life Essentials Tool Kit has also been updated to assist with implementation of positive changes to improve the quality of end of life care. It is available here: endoflifeessentials.com.au > my toolkit.

For more information, go to endoflifeessentials.com.au.

GPS AND END-OF-LIFE LAW

GPs perform both clinical and legal roles for their patients, including completing Advance Care Directives with their patients, identifying substitute decision-makers, and making decisions about emergency or hospital treatment.

To do this effectively it's important for GPs to know end-of-life law. Visit the ELDAC legal toolkit for high quality, state specific information about end-of-life law in clinical and aged care practice – eldac.com.au > toolkits > legal – or call the ELDAC Helpline on 1800 870 155 for assistance.



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NEW OCCUPATIONAL CANCER E-LEARNING MODULE

Cancer Council has developed an e-learning module to increase GPs' awareness of workplace carcinogens and cancers. The module includes sections on occupational carcinogens in the Australian context, the role of an exposure history, common occupational cancers including lung, skin, bladder and mesothelioma, and the Australian compensation system. The 60-minute module is accredited with both RACGP and ACRRM. Visit elearning.cancer.org.au/courses.

UPDATED GUIDELINES ON SEXUAL BOUNDARIES

The AMA has updated its guidelines on maintaining sexual boundaries between doctors and patients.

The new guidelines on sexual boundaries between doctors and patients now include a section acknowledging that the power imbalance may lead patients to feel vulnerable and exposed.

The AMA's Patient Examination Guidelines 2012 and the Position Statement on Sexual Boundaries Between Doctors and Their Patients 2012 were recently updated as part of the AMA's routine, five-year policy review cycle.

As there was a fair amount of repetition between the two documents, they have now been combined into one – the Guidelines for Maintaining Clear Sexual Boundaries Between Doctors and Patients and the Conduct of Patient Examinations 2019.

The AMA's updated guidelines were written to be consistent with the Medical Board of Australia's Guidelines: Sexual Boundaries in the Doctor-Patient Relationship, which was released in December last year. In the AMA's

new document, it clearly states that doctors have an ethical and legal duty to maintain appropriate professional boundaries with patients.

Essentially, professional boundaries define the limits of the therapeutic relationship between doctors and patients not only in terms of physical space but also social, emotional and psychological space.

"There is a potential power imbalance in the doctor-patient relationship. While doctors have the highly specialised knowledge and skills patients require to obtain good quality health care, patients may feel vulnerable or are potentially vulnerable and exposed due to the very personal and physical nature of the doctor-patient relationship," the Guidelines state. "For example, patients who seek care may be sick, injured, anxious and distressed".

The full guidelines can be accessed at: ama.com.au > position-statements.

PROTON PUMP INHIBITORS

Doctors prescribing proton pump inhibitors (PPIs) for their patients under the PBS now need to take additional steps to comply with clinical guidelines following changes to the PBS restriction criteria. High dose PPIs are now authority required (telephone) and standard dose PPIs are now authority required (streamlined). For authority required (telephone) listings, doctors must write the item on an authority prescription form and gain prior authority approval from the Department of Human Services for PBS subsidisation. Doctors can either call the PBS authority approval telephone line on 1800 888 333 for authority requests; or request electronic PBS authority approval through the Online PBS Authorities system via HPOS.

For further information, go to humanservices.gov.au.

What you need to know
before buying a practice

PRACTICE MAKES PERFECT

If you thought qualifying to become a private practitioner was hard work, the transition from wage earner to business owner takes even more study and whole lot of expert advice.

BY LISA HICKEY



LISA HICKEY is a representative of Hood Sweeney Accounting & Business Advisory. She can be contacted on 1300 764 200 or amasa@hoodsweeney.com.au.

Setting up or buying into a medical practice can be overwhelming, particularly if it's your first foray into business. Be prepared for a steep new learning curve of administrative, legal and financial responsibilities.

SEEK PROFESSIONAL ADVICE

Getting professional advice is absolutely key to help you manage the string of compliance, human resources, Medicare rules, accounting and taxation considerations that come with being a private practitioner.

As a practice owner, you will need to work continually on improving financial management, information technology, human resources, regulatory compliance, strategy and marketing. You will also need to put in place an appropriate business structure and financial management systems when starting out, to maximise the return on your investment (both time and money) and to protect your assets.

Remember, once you cross the line into owner/practitioner, you ARE the business.

PROTECT YOURSELF

There is more to the scenario than just being a business owner. There are huge responsibilities and it's your job to ensure that all the protections are in place in case something goes wrong.

That means having the right insurances — professional indemnity, building, business, public liability, personal and life insurances.

Establishing a trust or company to protect assets from legal action and to distribute income to allow family

members to pay tax at a lower marginal rate also can reap immediate benefits for your business.

And you should have documented systems (including unit holder agreements and a practice handbook) from the outset about how to manage retirement, death of a business partner or any other issues to reduce any damage caused by conflict.

It pays to ensure that everyone understands clearly how the business will run if something happens to a key person, or how the business will deal with leadership succession.

It's also important to understand Medicare rules around billing before starting out, and equally important to keep detailed records that can be understood by other clinicians, of your clinical treatment, in case you are investigated.

TOP FIVE TIPS

Here are some top tips before you take the plunge to own a practice:

1. Make a plan

Prepare a detailed business plan to communicate your vision and document your roadmap for success. This will ensure all bases are covered and enable you to benchmark progress over time. A business plan should be regularly reviewed and updated as the business grows.

2. Decide whether to buy into a practice or start from scratch

Buying into an existing practice can have less risk associated, particularly if it is one where you already work, as you have a strong patient base and understand how the practice runs.



... As a practice owner, you will need to work continually on improving financial management, information technology, human resources, regulatory compliance ...

Whilst these are beneficial you should be cautious if the selling parties are staying on and the culture isn't adaptable to change.

If the practice is long held by the current owners, then you also need to consider the goodwill component of the purchase price. Goodwill is an intangible asset which builds value overtime. You are paying a premium for receiving an established practice that has already achieved a level of success.

Starting a new practice will enable you to build the culture from the ground up and create your own vision. Of course, the downfall of starting from scratch, inclusive of the patient base, is it will result in a longer establishment time and return on investment.

3. When securing your premises ...
When securing bricks and mortar for your practice, ensure the building has easy access, car parking, visibility, and fits the vision outlined in your

business plan. If you are buying existing premises, you need to ensure it's suitable for medical practice operations or can be easily converted.

4. Find the right people

If you are going into practice with others it is important to ensure your thoughts and vision for the practice align. It is also crucial to decide on the appropriate operating structure for your practice, ensuring you receive advice from professionals prior to making decisions will put you in the best position.

You and your partners should also align with professionals who understand your industry and share your vision including fit-out, building, legal, banking and accounting professionals.

As a future employer, you are also responsible for remaining on top of any changes to provisions around leave, superannuation and wages, and ensuring that the business complies.

Many people do not know that they risk large fines for non-compliance with employment laws.

5. Protect your investment

Funding your practice is key to getting off the ground, regardless of whether you are investing your own funds or relying on bank funding.

It is important to insure your assets and income to allow you to run your practice without added stress. If you are going into practice with others, then additional protection may be required such as key person insurance, unitholders or shareholders agreements and buy/sell agreements.

Hood Sweeney is the AMA(SA)'s preferred provider for financial services. Find out how Hood Sweeney's Health Team can work with you to ensure that you are primed to take advantage of your decision to go into professional practice.



THE VARIETY BASH: A DOCTOR'S PERSPECTIVE

AMA(SA) member Dr Bronte Ayres AM was recognised in this year's Australia Day Honours for significant service to children's charities, and to medicine as a cardiologist. Heather Millar asked what drew him to volunteering as Bash doctor for 15 years running and about his ongoing work with Variety – The Children's Charity.

HOW DID YOU GET INVOLVED WITH THE VARIETY BASH IN THE FIRST PLACE?

I got a phone call from Variety back in 1992. Someone had had a heart attack a week after the Bash, and people were thinking, 'What if someone has a heart attack, what would we do?'

There was a GP there in that first year, so they asked me if I could provide extra cover, thinking a cardiologist out in the bush might be handy. We had a defibrillator in case something happened, and blood thinners if people had a heart attack – stents hadn't been invented then. The plan was to use blood thinners and fly people out by the Flying Doctor, if need be.

WHAT DREW YOU TO THE VARIETY BASH?

I grew up in the country, so I enjoy being out in the bush. Also, I have a sister with Down's Syndrome, so I was aware of children who are challenged, and Variety helps needy, disabled, isolated and impoverished kids and their families.

It really pressed a button for me, and I became addicted to being a doctor on the Variety Bash and the Variety 4WD Adventure. Alfred Ho and I, we did this for about 15 years as a team – he's a GP from Valley View.

DID ANY HEART ATTACKS OCCUR?

Not any acute heart attacks. We had minor cardiac issues – rhythm

disturbances or people concerned that they were having a heart attack. So, we were doing ECGs out in the bush, but more often than not, treating sore throats and injuries and sewing up a cut.

Part of having medical responsibility was planning to make the event safer. Speed is never an issue on these events – it's just getting from point A to B as safely as you can on dirt roads.

We started having a car in front of the event, putting up signs saying there's a dangerous corner ahead, slow down, or things like that. So that was our medical prevention plan, and we also kept in touch with the Flying Doctor Service, so we always knew where there was a landing strip nearby, in case we ever had a need.

DID YOU HAVE TO DEAL WITH ANY SERIOUS SITUATIONS?

I think it was more about safety and making sure people could continue to do the Bash. But I did feel I needed to undertake some more training – I was scared that I was underqualified for a potentially severe trauma.

At that stage, I was president of the Royal Australasian College of Physicians state branch. But I went to the College of Surgeons and did their management of severe trauma course. There were many people making a joke of the fact that the state president of the College of Physicians was doing a surgeon's course!

We had a fellow who chopped the top off his finger once. He was a mechanic on one of the vehicles, and we were somewhere between Alice Springs and Darwin at that time. We felt that we couldn't safely re-fix the tip of his finger out in the bush, although we put in sutures. It was a much bigger injury than we would have liked. I rang the Darwin Hospital to speak to the surgeon on duty and it turned out he was a Flinders surgeon I'd known since he was a boy, and he agreed to stay behind. We had a plane with us on that Bash, and



1996 BASH: Dr Alfred Ho and Dr Bronte Ayres, with a grateful patient.

we popped the mechanic in the plane and flew him up to Darwin. He arrived before nightfall, got operated on, and next morning at sunrise, was flown back to the Bash. He did not want to miss the rest of it.

These are good people – they've spent a whole year fundraising for the Bash, to spend one week out in the bush. So,

you just try to make sure everything is as safe for them as you can.

WHEN DID YOU FINISH UP GOING TO THE BASH?

In 2006. I went out on my last two bashes as Chief Barker (that's like Chairman of the Board), which I felt very privileged to be able to do. But I was reaching an age where it was getting harder to get up out of a swag!

There was also the fact that my wife said: 'Do you know that you've spent over half a year of our married life in the bush with Variety?' (laughs).

I thought then that perhaps it would be a good time to become more involved in Variety in a consulting position – so I've been chairing the Appeals and Grants Committee now for over 10 years.

WHAT DOES THE COMMITTEE DO?

We assess the children and their families, and we give away three-and-a-half million dollars a year to those in need.

We provide equipment or facilitate the purchase of things that could help children in some way. We also, as a committee, fund events for children – a Christmas party with well over a thousand children, and an Easter event. We also provide vehicles for wheelchair-bound children to help their families. When the family has got no money and can't afford a wheelchair-accessible vehicle, we provide those.

Schools apply to us for special buses called Sunshine coaches, so children with special needs can get to swimming classes or other events that the school wants to arrange for them, or when they need to get to and from school.



STAYING HYDRATED: Dr Alfred Ho and Dr Bronte Ayres.

WHAT DO YOU PERSONALLY FIND REWARDING ABOUT THE WORK YOU DO WITH VARIETY?

There are people from all walks of life out there who want to do some good, and to give thanks for how lucky we are. I've been lucky. I grew up on a farm in the South East. I went to school in Mt Gambier and I've got to be a cardiologist, who just loves what he does.

So, you've got to say thank you, and I'm now meeting all these wonderfully big-hearted business people who give away enormous amounts of their time to help disadvantaged kids and their families.

DID YOUR WIFE EVER GO ON A BASH WITH YOU?

(Laughs). She went on one 4WD Adventure with me – she drove, while I navigated. She took all the challenges of driving on tough roads really well, and at the end of it I said, 'Do you want to do that every year?' She said, 'No I've done it once, and that's enough!' So, it's not for everybody!



HOW'S THE MEDICAL SET-UP ON THE BASH TODAY?

There's a lot of good doctors who are now volunteering – GPs from the country, anaesthetists, a urologist, Adelaide doctors. It takes a lot of planning – you have to prepare all year to have the equipment available to be like a mobile emergency department in the bush.

This year's Variety Bash starts from Mawson Lakes on Saturday 10 August and finishes on 17 August in Murray Bridge. For more information, go to variety.org.au/bash/.

TELL US YOUR GOOD NEWS!

We want to hear your good news stories. Members are invited to contact **medicSA** to submit ideas for articles about your good news – whether it's to do with medicine, research, charity or your hobbies and interests. Contact heather@zestcommunications.com.au.

Cooking with CarrMen:

LAMB CURRY FOR COLD WINTER NIGHTS

"I often bring small curry dishes to work to share, especially over winter months. I know too well how time-consuming making curry from scratch can be. So, I've reverted to using a paste, but with added spices to make the curry tastier. Here's a quick version to spice up your winter nights."



CARMEN CHUNG



CARMEN CHUNG is an obstetrics and gynaecology registrar at the Women's and Children's Hospital and a clinical lecturer at the University of Adelaide. She also runs a food blog and food Instagram with her partner @doctorfoodies.

PREPARATION TIME

10 minutes

COOKING TIME

30-40 minutes

INGREDIENTS

- 600g lamb (I usually use the rump so I can fry up the lamb fat), slice or diced depending on your preference
- 4 lemongrass sticks
- 3 cinnamon sticks
- 5-6 cardamom pods
- 1-2 star anise
- 1 jar of massaman curry paste from your friendly neighbourhood supermarket
- 2 potatoes (diced, optional)

METHOD

1. Heat 2 teaspoons of grapeseed/olive oil and fry lemon grass, cinnamon sticks, cardamom pods, star anise and some trimmed lamb fat until aromatic (or about 5 minutes)
2. Remove star anise, cardamom pods, cinnamon sticks and the lamb fat. With the lemon grass remaining, add the massaman curry paste and fry for a further 2 minutes
3. Then add the lamb and continue stirring under medium heat until cooked through and tender (approximately 20 minutes)
4. Serve with rice or, roti pratha.


Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice

Management of work-related mental health conditions


Work-related mental health conditions are challenging to diagnose and treat with most injured workers seeking care from their GP. ReturnToWorkSA is pleased to have supported and contributed to the development of the *Clinical guideline for diagnosis and management of work-related mental health conditions in general practice*.

The guideline provides advice to GPs about diagnosis and assessment of severity of mental health conditions within a work-related environment.

For more information, including how to access the clinical guideline, please contact the Scheme Support Helpline on **8238 5757** or email providers@rtwsa.com.



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NOTICES

DR KYM DIAMANTIS, ear, nose and throat surgeon, wishes to advise referring general practitioners and colleagues that he will be relocating his southern suburbs rooms from May 2019 to Blackwood Hospital. His new visiting rooms will be at **Specialist Clinics at Blackwood Hospital**, 13 Laffers Road, Belair. Dr Diamantis will also continue to visit Victor Harbor and his main rooms are Parkwynd ENT, 137 East Terrace, Adelaide. Referrals may be forwarded to our city location, phone 8223 2633 or fax 8223 3811. Our website is www.diamantisent.com.au and email is maddy@diamantisent.com.au.

DR PHILIP GAME, general surgeon, wishes to advise that he has retired from his consultant position in the Oesophago Gastric Unit and Bariatric Unit at the Royal Adelaide Hospital. He continues to conduct his private practice in general surgery including gastrointestinal and bariatric surgery, laparoscopy, endoscopy and colonoscopy at Dechert House, 89 Payneham Road, St Peters. Contact 8382 9898 or gamesurgery@outlook.com.

RICHARD HAMILTON MBBS, FRACS, plastic surgeon, wishes to notify colleagues that his private clinic Hamilton House Plastic Surgery remains fully accredited under the Australian National Standards (NSQHS) for health care facilities and also by the American Association for the Accreditation of Ambulatory Surgical Facilities International (AAAASFI).

Richard Hamilton continues to practise plastic and reconstructive surgery at Hamilton House, 470 Goodwood Road Cumberland Park with special interests in skin cancer and hand surgery. Excellent free car parking is available.

Richard also consults fortnightly at Morphet Vale and McLaren Vale as well as monthly at Victor Harbor and Mount Gambier. He is available for telephone advice to GPs on 8272 6666 or 0408 818 222 and he readily accepts emergency plastic and hand surgery referrals.

For convenience, referrals may be faxed to 8373 3853 or emailed to admin@hamiltonhouse.com.au. For all appointments phone his friendly staff at Hamilton House 8272 6666. See www.hamiltonhouse.com.au.

DR GREG SMITH, respiratory paediatrician, wishes to advise that he has now commenced consulting (including Telehealth) at Adelaide Paediatrics. He will be continuing in his position as senior staff specialist, Department of Respiratory and Sleep Medicine, at the Women's and Children's Hospital. Please phone 7123 0820, or email enquiries to reception@adelaidepaediatrics.com.au.

WAKEFIELD ORTHOPAEDIC CLINIC is now conducting a satellite clinic at Golden Grove Family Health, 205 The Golden Way, Golden Grove, SA, 5125. For Orthopaedic Surgery appointments: Lower limb – **Dr Benjamin ALLEN** – phone 8236 4140 and Upper limb – **A/Prof Michael SANDOW** – phone 8236 4166. Further information is available at www.woc.com.au or email woc@woc.com.au

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Brand new consulting rooms available for lease on a fixed term or sessional basis. Located in very close proximity to nRAH and Adelaide BioMed City. Located within an ongoing medical facility on North Terrace. Enquiries to Jane Kelly, tel 7088 7900 or jane.kelly@cmax.com.au.

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We are a privately owned, family friendly, fully computerised and mixed billing practice. Our aim is to provide holistic health care. In addition, we have a proactive approach to preventative health, involving out practice nurses. Gawler offers a great blend of town and country. Contact 8522 1844 or jsalagaras@gawlermedical.com.

OTHER

MEDICAL OFFICE FITOUT

Australasian Construction offers professional and quality design and construction services specifically tailored to the medical industry. We understand every medical practice has different needs and priorities. A project manager from Australasian Construction will be assigned to your medical clinic fitout or renovation right from the start, from the initial design through to final finish. Contact Mr Milutin at admin@aust-con.com.au, phone 1300 623 049 or 0411873633.

MEDICAL SECRETARIES ON SITE OR VIRTUAL – SPECIALIST CENTRAL NORTH ADELAIDE AND GLENELG

Highly professional medical practice administrative support, fast internet, option to utilise your own or our patient clinical database, communication systems and stationery. Ultimate in patient experience. Excellent customer service. Locations central to all facilities. Sessions available on a service fee basis. Practice manager and multi-disciplinary providers onsite. Fully furnished stylish rooms. Onsite parking. Contact Julie Fallon 08 8334 5900, info@specialistcentral.com.au.

MUST ATTEND OCCUPATIONAL MEDICINE CONFERENCE - ADELAIDE OCT 2019

The Australian and New Zealand Society of Occupational Medicine (ANZSOM) is proud to partner with the Australasian Faculty of Environmental and Occupational Medicine (AFOEM) to deliver an exciting educational event! In 'Making it Work, Adelaide', 27-30 October 2019 at the Playford Hotel, we offer networking, collaboration and education, with a focus on practical aspects of occupational medicine, featuring Dr Gary Franklin as our international guest and keynote presenter. Renowned for his leadership across many aspects of occupational medicine, Dr Franklin will share his practical expertise, innovative thinking and research experience throughout the three days of the conference. Also featured is a special session on 'Silicosis and Manufactured Stone' with separate registration offered to accommodate the wide interest in this reemerging

workplace health issue – www.anzsom.org.au/asm-2019.

WRITER/EDITOR- BOOKS, MEMOIRS, LIFE STORIES

medicSA's Heather Millar is also a ghostwriter, content writer and accredited editor. If you have a book you need edited, she can help. She also does ghostwriting and life story writing, helping to capture a person's story or family history, and writes content for websites, blogs and magazines. For more information, go to zestcommunications.com.au or 0409 196401.

NOTICEBOARD

MEDICAL BENEVOLENT

The Medical Benevolent Association of SA can provide financial assistance to medical practitioners in need and their loved ones. To contact the MBASA contact the AMA(SA) office on 8361 0107.

WANT TO ADVERTISE IN MEDICSA?

Have you information to advise about your practice details, rooms for sale or lease, or a vacant position to fill? Book a classified advertisement in medicSA's practice notes section.

To find out more, visit our website at amasa.org.au or call us on 8361 0106.

To find out more or to make an article suggestion, call Heather on 0409 196401 or email heather@zestcommunications.com.au. You can also write to the Managing Editor c/o of the AMA(SA), PO Box 134, North Adelaide SA 5006.



WELCOME to our new members!

By being a member, you help support the AMA(SA)'s advocacy on behalf of your medical profession and help set the AMA's advocacy priorities on local, state and national levels.

Dr Krishnendu Ghosh,
Dr Jonathan Dutt-Gupta,
Dr Craig Nancarrow,
Dr Sean Chang,
Dr Penelope Cohen,
Dr Chukwudiebube Ajaero,
Dr Elizabeth Ellis,
Dr Jarrad Hopkins,
Dr Alisha Evans,
Dr Samuel Moffat,
Dr Riche Mohan,
Dr Michael Riceman,
Dr Megan Deakin,
Dr Claudia Cheng,
Dr Courtney Lloyd,
Dr Luzinda Lo,

Dr John Kane,
Dr Joseph De Zylva,
Dr Jessica Willis,
Dr Mohamed Afzal,
Dr Mthulisi Viki,
Dr Stefan Court-Kowalski,
Dr Luke Wheeler,
Dr David Fang,
Dr Helen James,
Dr Peter Nguyen,
Dr Asha Thalisha Bala Krishnan,
Dr Anne Collinson,
Dr Jemma Wohling,
Dr Muhammad Mohamad Fadzli,

Dr Adrian Lee,
Dr Blake Fidock,
Dr Tuan Vo,
Dr Gurpreet Kharay,
Dr Chen Tu,
Dr Alexandra Delahunt Smoleniec,
Dr Mozhdeh Bassiri Esfahani,
Dr Senthil Govindasamy,
Dr Jose Valerio,
Dr Kareeann Khaw,
Dr Christopher Nirmal,
Dr Sudheer Ahamed Puthiya Veetil Shahul Hameed,
Dr Jacqueline Adams,

Dr Prabhath Wagaarachchi,
Dr Valerie Thompson,
Dr Dania Qatarneh,
Dr Bhavin Jadav,
Dr Benjamin Beamond,
Dr Clare Maley,
Prof Gelareh Farshid,
Dr Jennifer Roy,
Dr Dheeraji Guterres,
Dr Robin Geddes,
Dr James Kollias,
Mr Jimmy Eteuati,
A/Prof Sarah Thompson,
A/Prof Phan Nguyen

The AMA is here for members in adversity: membership is like an insurance policy.



We are excited to have you as part of our membership. Membership is a lifelong journey and we look forward to helping you start yours. Please let us know if you have any questions about your membership by contacting Karen Flinn, our membership officer on 8361 0108 or email membership@amasa.org.au.

Benson Radiology now open in the Barossa Valley



As the state's largest locally owned imaging Practice, Benson Radiology is delighted to announce the opening of its Nuriootpa clinic.

Comprehensive imaging services are now available in the Barossa Valley.

- > CT
- > x-ray
- > ultrasound
- > dental imaging
- > onsite radiologist

Availability for specialist consulting on sessional basis.

Monday to Friday 8.30am – 5.00pm

13 Gawler Street, Nuriootpa Telephone: 8564 7000

For more information visit bensonradiology.com.au





Your Membership Benefits

Looking after you

Membership of the AMA(SA) is open to medical practitioners who are registered to practise medicine in South Australia.

By being a member, you help support the AMA's advocacy on behalf of your medical profession and help set priorities on local, state and national levels.

Ready to join?

Membership offers you more than you realise.

For example, if a full-time GP, living in South Australia, was already purchasing the AMA Fees List, DoctorPortal and receiving available Tax Deductions, they would already be covering the cost of membership.

Paying for membership provides this and much more. We encourage members to take advantage of the full range of benefits on offer.

Your member benefits are there to look after you.

Looking after your business

Your membership provides access to services at a reduced cost, such as;

- Hood Sweeney (Finance)
- Jobs - DoctorPortal
- Norman Waterhouse (Legal)
- Professional training
- Referral network
- and much much more...



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Your Profession.

Your Voice.

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www.amasa.org.au

More information is available via members.amasa.org.au/join or email membership@amasa.org.au