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# Who is **AMA Queensland** and why be a Doctor in Training member?

AMA Queensland is the peak professional body for all doctors at all career stages in Queensland and we exist for the advancement of medicine and the health system in Queensland.

One of our major roles is to protect and support the individual and collective needs of our members, by providing workplace, industrial and medico-legal support along with trusted advocacy to strengthen the health system for you and your patients.

AMA Queensland is not a government-funded organisation. Work done by AMA Queensland on behalf of members is funded by the collective annual subscriptions of AMA Queensland's membership. These funds directly support activities and services that benefit you as a member.

Membership subscriptions allow AMA Queensland to employ skilled and experienced staff to protect members' interests, defend their rights and improve their workplace terms and conditions. These resources are not available to non-members.

These benefits include the invaluable service of one-on-one assistance when a member encounters problems in the workplace. Most Queensland medical practitioners, at some time in their career, face a workplace dispute or problem of some sort. Such instances include bullying claims brought by or against a doctor member, errors in pay or leave entitlements, an unjust accusation, issues with management directives, undergoing a Medicare review, private practice partnership issues or various contractual disputes. Only AMA members have the security of knowing they can access the AMA Queensland's expert staff and extensive resources to assist the doctor.

Because AMA Queensland does not provide assistance to non-members, it is in your interests to join for the duration of your career and prior to any problems arising. In the same way that no-one expects to buy insurance for a car that has already been written off, there should be no expectation that AMA Queensland will assist in resolving a pre-existing problem. If you join in good faith and a workplace, industrial or medico-legal issue subsequently arises, you will receive AMA Queensland's full support – even if you have been a member for only a short time. There is no waiting period for accessing services, however the terms and conditions do apply in relation to pre-existing issues.

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**As a junior doctor, knowing you can count on our invaluable workplace support as you navigate the first steps of your career (and inevitably, the common issues that arise) equals peace of mind. Our advocacy also delivers real, tangible benefits – such as our new Resilience on the Run doctor in training wellbeing program that will be delivered to all interns across Queensland in 2018. This is a great example of how your membership investment directly supports programs that make a real difference to your working life.**

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# Welcome to the profession from the AMA Queensland President



**Dr Bill Boyd**  
President, AMA Queensland

Through my involvement with AMA Queensland over many years, it has been my privilege to address groups of new interns during orientation week. As President, I welcome you on behalf of AMA Queensland and congratulate you on taking the first steps in your chosen career. You have all been through a rigorous and tightly orchestrated training program designed to prepare you for this moment. Indeed, every medical practitioner you will ever meet went through the same experience. You will never forget your student days (but as we all do after passing the rigid 'driving test' of final year and internship) you will inevitably diversify and find your individual places in the exponential world of health care.

I know that orientation week can mean information overload - if you are anything like me some

information you will retain, and some you won't. Your first few days and weeks as a doctor may well be a blur of new found responsibility, a steeper learning curve than you might have imagined, apprehension, tiredness, ups, downs, fun, camaraderie, empathy, wry humour, exasperation, tiredness and at times, some profound sadness. That profound sadness is completely normal because we actually care. Don't be surprised. That is what we do as doctors. We rejoice when things go right and we surely grieve when things go wrong - such that it hurts, at times like crazy. Then we get back up and do it again, and again. It still hurts but you will understand why and you will gain strength with time.

You will inevitably receive mixed messages from those around you - it is the human condition. You will also discover that medicine is very much

three-dimensional. At times you will see what you learned for exams being turned on its head, usually for good reason. Many times it has been wisely said that medicine is an art as well as a science. But above all, remember to have fun.

**So why join the Australian Medical Association?** Because you will find that shining like a beacon through all the conflicting signals, your AMA membership will offer honesty where there may be dishonesty around you, maturity and sound judgement where you may witness confused thinking, stability where there may appear to be insecurity, and genuine friendship which will support you when you are faced with unjust interference.

But wait, there's more - Your tax-deductible AMA Queensland Membership offers a wide range of



# Congratulations and a warm welcome to the medical profession

services and benefits to help you establish your career and new found earning capacity. We have a powerful industrial relations team that is highly experienced in advocating for our Doctor in Training Members in their time of need, which can happen suddenly. We have a careers advisory service, offering information on multiple career pathways, along with interview coaching and resume reviews. AMA Queensland has a range of exclusive partners who can offer you attractive lifestyle benefits and discounts on everything from QANTAS Lounge membership to a new Volkswagen. Our annual AMA Queensland *Junior Doctors Conference* is a fantastic event to support your professional development and help build your vital networks of support.

Through our Council of Doctors in Training, we lobby government on your behalf on issues such as safe working hours, payment of overtime and Doctor in Training mental health. Whilst this may seem distant to your needs right now, but we are constantly protecting you from detrimental changes within the system that are beyond your control.

To learn more about AMA Queensland and how we can support you in intern year, have a chat to one of the friendly AMA Queensland team or visit <https://amaq.com.au>

Contact me at any time as you see fit. More power to your elbow.



**Dr Matt Cheng**  
Chair, AMA Queensland  
Council of Doctors in Training

You're joining one of the oldest and most respected professions.

Your medical journey will bring you moments of joy, but it will also present new and unique challenges, none more so than in your intern year.

It's essential you anchor yourself with a strong support network in this upcoming year.

This network should consist of:

- One or two close friends or family members who understand your job and who you can discuss and debrief work or personal issues;
- A good GP who you trust, who can deal with any arising health issues; and
- The Australian Medical Association Queensland, who will represent you on professional issues.

I believe an important part of being in the medical profession is joining AMA Queensland.

AMA Queensland has been the voice of Queensland's medical profession for over 50 years. As an organisation, it has immense influence in Australia, and commands the attention of the Government. The AMA are your eyes, ears and voice in the political arena – they scrutinise decisions that affect the health of all Australians and advocate on your behalf to ensure you receive world-class training and fair work conditions.

But we are only as strong as our membership base.

I implore you to join the AMA and ensure that the medical profession remains well represented into the next generation.

On your first day of internship, as you grapple with feelings of trepidation, you can rest easy knowing that you're a member of an organisation that is run by your colleagues, and will always work for you with your interests in mind. The sense of unity and ensuring that our medical profession continues to have a voice are the predominant reasons why I am a member.

I wish you all the best in the first year of the rest of your career. I still cherish the experiences I had as an intern, so enjoy it!

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**“Live neither in the past nor in the future,  
but let each day's work absorb your entire  
energies, and satisfy your wildest ambition.”**

- Sir William Osler



# Congratulations on joining a proud profession



**Dr John Zorbas**  
Chair, AMA Federal Council of  
Doctors in Training

Congratulations! On behalf of the Australian Medical Association, please let me join the enthusiastic chorus of people who have welcomed you to the profession of medicine, and applaud you on surviving medical school.

Chances are that you and I have never met, but our futures are now intrinsically linked and that is why I am talking to you now. I am the Chair of the AMA Council of Doctors in Training (CDT). I lead the Council of Doctors in Training at the Federal AMA, which works together with your State AMA's Council of Doctors in Training. We have representatives from all States and Territories including representatives from all of the training colleges across Australia. We deal with issues that affect all of the doctors in training across Australia, from internship right up to fellowship. That is a lot of doctors to represent and many issues to advocate for. Major issues for CDT at the moment include our work on doctor health and wellbeing, the

continued advocacy for safe working hours in medicine, a renewed push for flexible work arrangements across the country, support for Indigenous trainees and a fierce call for the protection of education and training conditions in the pre-vocational space (that's you right now).

Do you want to know what the biggest issue is? It is that **your profession and the AMA needs you**. Now, more than ever. Having trained in the system for the past few years, you of course have had a chance to see the way the practice of medicine is changing in the modern healthcare landscape. The Doctor in Training is often drowning in a sea of mandatory training and paperwork, unable to spend the time they need to with their patients. Healthcare is now too big to ignore, with governments no longer able to 'fix it tomorrow.' Training pipelines are everyone's problem and nobody's responsibility, with a workforce that finds itself in oversupply and undersupply simultaneously. Increased pressure in the workplace leads to toxic cultures, increased rates of absenteeism and less sustainable workloads. Yet the system still works, because of the dedicated healthcare professionals who care so passionately about the patients that they treat. **AMA helps address these systemic issues that would otherwise be ignored.**

This passion is one of the reasons that it truly is a privilege to be a doctor. It is a well-worn cliché, but you do get to help some amazing people in their hours of need. You will work with outstanding colleagues and

learn from some of the most inspiring teachers a profession can even hope for. None of this happens by accident, of course. Healthcare is incredibly complex, and there are plenty of people with very strong opinions on how the system should or should not work. Healthcare needs doctors who are passionate about the health of their patients to advocate for the protection and advancement of a world class healthcare system. Your transition to internship is not the time to calm the fires of the passion that I am sure have lead you to this job in the first place.

That brings us to you. You are the newest member of a proud and dedicated profession, and you are a powerful one at that, because you have already received more time than every doctor ahead of you. Your profession needs you, the same way your patients need you. Your involvement is critical in advancing to the next stage of medicine and to the future of healthcare. **Every successful profession needs a peak representative body to lead it forward, and in medicine that body is the AMA.** Not the medical board. Not AHPRA. Not the medical defence organisations. It is the AMA. So, what are you waiting for? Find your voice inside your AMA and inside your profession. Become a member today and get in touch with your State AMA Council of Doctors in Training. Be part of the conversation, and take ownership in your new profession!

Congratulations once again, and may the best of your past be the worst of your future.



# AMA Queensland's Council of Doctors in Training

## Shaping a better future for you as a doctor in training member

### What is the AMA Queensland CDT?

AMA Queensland's Council of Doctors in Training (CDT) is a Queensland-based representative group for Doctors in Training. The AMA Queensland CDT serves a crucial advocacy role for all junior doctors and medical students by promoting equality and driving positive changes in medical education, training and employment. Your support is a crucial element in ensuring we can achieve reasonable working conditions in hospitals and that there are sufficient pre and post vocational training places available now and into the future.

### CDT meetings and current areas of focus

CDT meetings occur bi-monthly to discuss current issues affecting Doctors in Training around the state, along with development of relevant resources and events to support you in your early career. You can join the meetings in person in Brisbane, or via videoconference or phone for remote attendance.

Current focus areas of CDT include:

- Ensuring that there are safe hours, appropriate rostering and payment of overtime for Doctors in Training
- Fair access to vocational training and education for junior doctors;
- Doctors' mental health, including the reversal of mandatory reporting requirements and the roll out of our Resilience on

the Run program to all 2018 interns

- Industrial relations matters affecting junior doctors including the upcoming negotiation of the next round of the Medical Officers Agreement (MOCA 5); and
- Development of programs and resources to support Doctor in Training Members in an increasingly competitive environment

AMA Queensland holds member events that cater to the issues junior doctors care about, including career development. This includes the annual Junior Doctor Conference ("JDC") and free Stepping up into Leadership seminar amongst others.

### How can I become involved?

It is easy! Firstly join AMA Queensland today as a member, then email [cdt@amaq.com.au](mailto:cdt@amaq.com.au) to be added to the CDT email list. Joining the CDT email list ensures that you will receive updates on CDT meetings, events and current initiatives to support Doctors in Training.

### What work do the CDT Hospital Representatives and Portfolio Leads undertake?

CDT Hospital Representatives bring forward any issues and updates at your hospital and the Hospital Representatives actively participate in a range of CDT projects. Elections run annually and you can nominate in March of each year.

Alternatively, you can nominate as a CDT Portfolio

Lead. This means that you can represent a specific area of CDT and lead project work, in areas such as:

- Education and Training;
- Communications;
- Events;
- Industrial Relations; or
- Rural and Remote.

For further information

Contact Holly Bretherton, General Manager of Member Relations & Communications, AMA Queensland (who looks after the support of CDT) via email [cdt@amaq.com.au](mailto:cdt@amaq.com.au) or phone (07) 3872 2248.

### 2017 AMA Queensland Council of Doctors in Training

#### EXECUTIVE

- Dr Matthew Cheng (Chair)
- Dr Katherine Gridley (Deputy Chair)
- Dr Chris Maguire (Deputy Chair)

#### PORTFOLIO LEADS

- Dr Tahlia Gadowski (Communication)
- Dr Tom Crookes (Events)
- Dr Mila Dimitrijevic (Industrial Relations)
- Dr Ekta Paw (Rural & Remote)
- Dr Ben Wakefield (Rural & Remote)
- Dr Kimberley Bradshaw (Education & Training)

# The six lessons every intern needs to learn before commencing in the Hospital



**Dr Chris Maguire**  
Chair, AMA Council  
of Doctors in Training

## 1 Know how to get stuff done

As an Intern your job is to make things happen. Like a chief-of-staff in a political office, or an executive assistant in a business, your job is defined by how well, and how easily, you can bring the vision of your senior colleagues to life. At the beginning of your rotation spend some time thinking about how best to structure your workflow. Your aim is to make life as easy as possible for your team, and your patients. Things that I found helpful in this respect: First, every rotation has common tasks. During your handover ask the resident on the team what these things are, and what the trick is to doing them. There's always a trick. Second, know who are the key gatekeepers, and become friends with them – this is particularly true for requesting imaging. Third, establish the earliest and most efficient way to perform ward duties. Try not to get into a cycle of being reactive. Anticipate jobs, anticipate problems – this leaves more time for the things that you can't foresee.

## 2 You are the first line of defense

You may rightly ask, if lesson 1 is true, then how does my role in any way relate to the four years of formal medical training that I have just completed? In short, for that part at least, it doesn't. What does directly relate to those countless hours studying is your function as an early warning system on the ward. And I should stress, by early warning I do not mean dealing with the rapidly deteriorating patient. That may happen, but very rarely – help is never far away, and it's often automated. What I am referring to is the small, brewing problems that occur outside of the mandated 'senior round': The mild cough that portends hospital acquired pneumonia in the post-surgical patient; the firm abdomen that points to urinary retention; the confusion and irritation in the elderly patient heralding infection mediated delirium. These are the medical problems that you can inspect, palpate, percuss and auscultate your way towards seeing and solving. So ignore your intuition, and your education, at your own peril. If you treat your job like a clerkship, you will miss these things. It is rarely calamitous, but it is often harmful to the patient. Remember, if you don't look for it, you won't see it.

## 3 Know that you are not better than anybody

I hesitated to list this, because the vast majority of people are in no danger of making this mistake. I'm sure you're not going to. But even as a decent human being, who aims to do the best by those around you, remember that depending on your fatigue level, or your stress level, your words can sound very different to what you intend. Make a conscious decision to be polite regardless of the offense, do not gossip about your colleagues, and do not criticize them behind their backs. There's always more to the story; no one goes out of their way to make your life difficult. You will also make mistakes, and people will cover for you. We look after each other best by giving the benefit of the doubt at all times and focusing on how we can help, not hinder.





## There is more to life than this

I don't know you, but I do know something about you: next year, in your internship, you're going to be okay. And I also know that at times it's going to be hard to see that. So please, share that feeling with those around you. You will often be amazed by how many of your colleagues are feeling just as overwhelmed, scared, and concerned as you may be – however well they may hide it. As a junior doctor you are uniquely vulnerable to psychological burnout, depression and suicide. While self-evident, we now have compelling research that demonstrates the frightening scale of this problem. Seek help early, seek help often; and be conscious of how your colleagues are coping. To do so will always be a reflection of your maturity and professionalism. Never let anyone make you feel otherwise.

## Don't be angry, be better

Medicine is an apprenticeship – in truth, a trade. We learn by oversight and feedback 'on the job'. This does not stop once you've graduated. There are many doctors who are excellent teachers, and many who are not. The vast majority of them though mean well. Seek to accept criticism, and work on being the best you can in the time you have. You will at times be angry, upset, and embarrassed. These are normal emotions – it means you care about being better, and being perceived as being good at what you do. But don't be too hard on yourself. You are after all, a temporary party to your rotation; you are not expected to know the answer even half of the time. And don't be too hard on those giving you criticism. They are trying to teach you what they can with limited time and resources. I have a policy about being criticized. Never make excuses, never talk back, and always accept responsibility for a mistake. You may well be in the right, but often you won't be. Be willing to recognize that early, and accept it.

## Be a zero

Chris Hadfield, the Canadian astronaut, in his book 'An Astronaut's Guide to Life on Earth,' describes a simple measure of how people are perceived in teams. You can be a minus one: someone who creates problems. A zero: someone who neither creates problems, nor solves them. Or, a plus one: someone who actively adds value. He goes on to say,

"When you have some skills but don't fully understand your environment, there is no way you can be a plus one. At best, you can be a zero. But a zero isn't a bad thing to be. You're competent enough not to create problems or make more work for everyone else. And you have to be competent, and prove to others that you are, before you can be extraordinary. There are no shortcuts, unfortunately."

There are many people who come into internship trying to be seen as a 'plus one'. I caution you against this. No one arrives in the hospital as an intern fully equipped to be a Consultant, or a Registrar. Accept your limitations, and seek to learn from others, not to put yourself ahead of them. This includes, of course, all nursing and allied health staff. Remember, they have been working with your team for far longer than you, and will remain doing so long after you have rotated out.

## A final note

I can't wait to work with you all next year. If you see me in the hospital please always introduce yourself and say hi. I know for my part, and I'm sure for the vast majority of my colleagues, we're here to help. Not to mention the fact that most of us still feel pretty lost a lot of the time ourselves, and on that day, in that place, you may be just the person who can help. Best of luck!

# How to navigate the Contracts, Awards and Conditions of Employment

Congratulations on graduating medical school!

In order to ensure you are adequately equipped to understand the paper work underpinning your employment as an intern, the AMA Queensland Workplace Relations Team has summarised three key aspects that cover your employment rights and responsibilities. All aspects are important in understanding how the industrial relations framework in Queensland covers you.

## Contract

Your employment contract is a legally binding document governing your employment as an Intern. Details included in your employment contract include, however, are not limited to:

- your position;
- your employer;
- location of hospital;
- your remuneration
- period of engagement;
- classification level;
- hours of work; and
- allowances.

It is important to have a comprehensive understanding of your employment contract to ensure your employment rights and obligations are enforced and maintained. If you require assistance in understanding your obligations under the contract, joining AMA Queensland will ensure that you have access to unlimited, timely and confidential workplace relations advice. Our Workplace Relations Team can review your contract to ensure it is fair and equitable along with clarifying any terms and conditions you are not sure about.

## Awards and agreement

Awards and agreements provide further detail on the remuneration and employment conditions in your employment. There are two awards

and agreements that cover doctors in training who are employed by Queensland Health:

1. Medical Officers (Queensland Health) Certified Agreement (No. 4) 2015 ('MOCA 4'); and
2. Medical Officers (Queensland Health) Award – State 2015.

The two agreements are read in conjunction with your employment contract. Further, the two agreements and awards noted above cover employment conditions including penalties, maximum number of night shifts, fatigue and professional development leave provisions.

It is imperative to understand how these award and agreement conditions impact your engagement in the workplace. AMA Queensland, in conjunction with the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ), play a central role in ensuring fair and equitable provisions are included in the new agreements and awards.

## Terms and conditions

In addition to your employment contract, MOCA 4 and the Award, other industrial instruments regulate your employment. The interpretation and understanding of how other industrial instruments affect your employment is important when issues arise in your workplace.

Other industrial instruments to be aware of include:

- Queensland Health Policies;
- Hospital and Health Service specific policies;
- Public Service Commission (PSC) Directives; and
- Employee Health Directives.

Employment conditions covered including, however, not limited to dispute resolution, secondment, accommodation, leave applications,

on-call and recall arrangements, accommodations and health and safety matters.

## The Mater Hospital

If you are employed as an Intern at the Mater Hospital you will receive an employment contract similar to that of your colleagues at Queensland Health with your employment conditions being covered under the Resident Medical Officers' Agreement 2015. It is important to be aware that the Mater Hospital has its own policies and the Public Service Commission and Health Employee Directives will not be relevant to your employment unless expressly stated.

## What we do

The AMA Queensland Workplace Relations Team is here to assist you in understanding your rights and obligations as an intern. Basically, we are here for you!

You can contact a Workplace Relations Advisor on (07) 3872 2222. Alternatively, you can visit the following websites for further information:

**AMA Queensland:**  
[www.amaq.com.au](http://www.amaq.com.au)

**ASMOFQ:**  
[www.asmofq.org.au](http://www.asmofq.org.au)



# Who is ASMOFQ and why it is important you join today?

Do you value:

- Working in environments that enhance patient and doctor safety?
- Having a voice in times of organisational change?
- Receiving employment conditions and wages that recognise and value your training, skills and contribution?
- Obtaining industrial support for concerns regarding your performance are being raised?
- Your rights in the workplace being upheld now and for future generations?

If you answered yes to at least one of the above points, it is important that you tick "yes" on your AMA Queensland membership form and become a member of the Australian Salaried Medical Officers' Federation Queensland

(ASMOFQ) at no additional cost. ASMOFQ is a union run by doctors for doctors and the collective voice of our membership ensures that ASMOFQ can powerfully promote and protect the rights and interest of doctors employed in Queensland.

As a member, you can expect that ASMOFQ will:

- Advocate for the provisions and development of quality health services and employment conditions;
- Address concerns regarding Hospital and Health Services practices including the inconsistent application of employment entitlements of HHS;
- Provide advice regarding any work-related queries, including but not limited to: your pay, employment entitlements, grievance and disputes, performance management and industrial interpretation;

- Collaborate with other key stakeholders when required including Medical Indemnity Organisations or solicitors;
- Raise concerns pertaining to doctors health and safety at work; and
- Ensure the principles of natural justice and procedural fairness are upheld at HHS level.

There are many other benefits you will receive if you join ASMOFQ and AMA Queensland. Remember the larger and stronger our membership base the greater ASMOFQ's ability to influence and bring about change, address workplace issues and negotiate for improved working conditions.

Whether your issues is at a HHS level, departmental level or an individual, the ASMOFQ industrial team are always available for a confidential chat to discuss the options moving forward.

You can contact ASMOFQ on (07) 3872 2222 or via email on [asmofq@amaq.com.au](mailto:asmofq@amaq.com.au).

**asmofq**

AUSTRALIAN SALARIED MEDICAL  
OFFICERS' FEDERATION QUEENSLAND



# Jen's unsolicited axioms for internship

**Dr Jen Williams**  
Emergency Physician and  
Clinical Academic, UQ

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## **Timeliness is next to Godliness**

Whether or not you did medicine because of your God complex, turning up to work on time is essential. In fact, the expectation is that you will be early, and have charts and results ready to roll when the consultant arrives. Punctuality is a surrogate marker for professionalism and will undoubtedly contribute to your team's perception of your competence and reliability.

## **Stuff happens - constantly**

If you keep your wits about you, many opportunities for you to add value to patient care will materialise. Be a spare pair of hands for procedures. Or a translator between your consultant's medical jargon and your patient's layman's terms. Or just a friendly companion for a lonely octogenarian. There is always always always something useful you could be doing.

## **The sixth sense is common sense**

If you don't know something, ask. Always be honest with yourself and your patients and colleagues. Ask the nurses, or your registrar, or Dr Google, or Siri. If you need supervision, get it. If you make an error, admit it. Try to learn from your experiences by engaging some critical reflection at the end of every shift.

## **Every day is judgement day**

Everything you do at work can and will be scrutinised as part of your rotation assessment. If you're not sure what you should be doing, seek feedback from the people you work with. Familiarise yourself with the assessment forms, and undertake a little self-critique every now and then.

## **Patients have names**

And so do their family members, the nurses, ward clerks, and just about everybody else you will encounter in the hospital. Using someone's name is an effective communication strategy, especially when you need a hand. Knowing the patient's name can help you to build trust, and providing it to your senior colleagues when they are about to review a patient can contribute to the creation of rapport and credibility. Referring to a patient as his/her bed number is generally not well received, and should probably be avoided. Referring to a patient by physical characteristics is equally fraught with danger.

## **Good medicine is a team game**

Look after your colleagues. Bring cake in for the nurses. Hold another intern's pager while he takes half an hour for lunch. Shout your registrar a coffee if she has had a long afternoon in theatre. Never leave menial tasks like drug charts and fluid orders to the afterhours team. And look after yourself – eat, sleep, exercise, socialise, and generally get a life.

## **Planning to make a plan is not a plan**

Applications for PGY2 jobs must be submitted around the middle of the year. Seek input from your mentors and senior colleagues, ask for references early, and update your CV. Figure out where you think you want to be in five years and how to get there. Every step towards your goals will bring them closer. Your medical career is a slow burn, but remember – the days are long, but the years are short.

## **As important as you are, you're not as important as you think**

Being an intern is a little bit like being a military recruit, or being in year seven. So if someone senior to you needs to use the computer you're on, move. When you get in the lift, hold the door open for patients and their families. Offer to fetch the coffee when the ward round is over. Pretend like your mother is watching everything you're doing. Make her proud.

## **Somebody loves you**

And whoever this is will want to talk to you about what it's like being a doctor. If you don't have any good stories, I'd recommend misappropriating some from episodes of Gold Coast Medical or similar. Actually, your loved ones might just want to talk to you, so don't neglect them (even when you're really, really busy).

## **\*Insert rotation here\* is interesting**

So you want to be a surgeon – think you won't have any crazy patients? Want to be an obstetrician – what if your patient actually gets sick? Going to do pathology – what if the excitement causes your lab assistant to have a cardiac arrest? Each of your intern terms is an opportunity to obtain and enhance skills that you will need for the rest of your career. Make it count.

# Resilience tips and looking after yourself in intern year

## Dr Ira van der Steenstraten

MD, Life Coach at Breeze Life Coaching

The transition of being a medical student to joining the workforce as a junior doctor can be very rewarding but also stressful. In 2013 Beyondblue published the findings of the National Mental Health Survey of Doctors and Medical Students in Australia. It showed that doctors and medical students experience significantly higher rates of psychological distress, anxiety, depression, burnout, and attempted suicide compared to the general Australian population and other Australian professionals. This was independent of specialty or training stage ([beyondblue.org.au](http://beyondblue.org.au)).

These alarming results prompted the AMA Queensland to support the development of a resilience and wellbeing program for young doctors. To confirm its effectiveness, the pilot of the 'Resilience on the Run' program was launched in August 2015 in Rockhampton Base Hospital. From 2018, the 'Resilience on the Run/Rapid Resilience' program is now funded by Queensland Health for all interns across Queensland.

This program focuses on the prevention of burnout and compassion fatigue. Becoming more aware of your (personal) stressors can help you to deal better with them and thus lowering the likelihood of their harmful consequences. Mindfulness techniques are demonstrated to help you becoming more aware and to lower levels of stress.

Mindfulness refers to training your attention to focus on the present moment without judging the experience. It can be effective to lower levels of stress, anxiety and depression because you become less reactive to (negative) experiences, thoughts and emotions and you train having a more open, accepting and non-judgemental attitude. You learn how to respond to situations and therefore have more control over them, rather than automatically reacting. Being more mindfully aware can help to

improve doctors' perceptual skills, leading to improving the quality and outcome of their consultations.

As Jensen et al. described, emotional resilience is about having adaptive coping skills, you have to understand and manage your emotions but also seek (social) support to enable the ability to 'bounce back' and experience post-adversity growth following a stressful event. It is part of your professional attitude to acknowledge when you are struggling to cope with what is thrown at you in life and to seek help. The 'Resilience on the Run/Rapid Resilience' program also focuses on when you should ask for help and where to get it.

To start, you can remind yourself to do some basic self-care measures.

On the AMA Queensland website you can find a number of websites that can be of support ([amaq.com.au/page/Advocacy/resilience-and-wellbeing-resources-for-the-medical-profession](http://amaq.com.au/page/Advocacy/resilience-and-wellbeing-resources-for-the-medical-profession)). Did you know there is a free doctor's helpline? The QDHP (Queensland Doctor's Programme) provides a 24/7, free, independent, confidential, colleague-to-colleague support service to assist doctors and medical students ([dhasq.org.au](http://dhasq.org.au)). Female doctors can find knowledge and support through AMA Queensland's membership and networking events and also at the QMWS (Queensland Medical Women's Society), the voice of Queensland Medical Women ([afmw.org.au/qld](http://afmw.org.au/qld)). To note they also welcome male colleagues at their events.

Taking care of others starts by also taking care of yourself! I look forward to meeting all of you very soon at the Resilience on the Run program at your hospital.

*Jensen, P.M., Trollope-Kumar, K., Waters, H., Everson, J. (2008). Building physician resilience. J. Can Fam Physician, 54(5): 722-729*



Make sure you sleep enough and eat healthy food.



Reduce your alcohol intake.



Try to bring structure and a routine in your life.



Do regular exercise – take the stairs instead of the elevator.



Consciously take a break when you need it or do a short meditation. 2 – 5 minutes can already be enough to revive you and clear your mind.



Connect to others, especially your fellow interns to help create a personal safety net. Reach out to your colleagues when you see they are struggling.



Stand beside them when you witness an act of bullying. You do not even have to say anything if you fear this might have negative consequences. Just being there for them can already make a difference.

**For more information:**  
[www.amaq.com.au](http://www.amaq.com.au) or  
[www.breezelifecoaching.com](http://www.breezelifecoaching.com)

# Ward Call the best part of internship

Wishing you  
good luck for  
intern year,  
and I hope to  
see you at a  
CDT meeting.



**Dr. Tahlia Gadowsk**  
Resident Medical Officer,  
The Royal Brisbane and  
Women's Hospital and  
Communications Lead,  
AMA Queensland Council  
of Doctors in Training

---

No, I am not joking! We have all had the thoughts of "Am I ready?", "Do I know what I'm doing?" and "I hope I won't kill anyone". It is very normal to be nervous.

Despite commonly being the most dreaded part of internship, ward call surprisingly, turned out to be the most enjoyable part of my intern year. Mainly because I felt like a real doctor. I was attending MERTs, seeing real-life emergencies being dealt with, doing CPR and calling MERTs on patients I recognised to be deteriorating and requiring urgent attention.

So hopefully with some good preparation and a few words of advice, ward call can be an enjoyable experience for you too.

## Familiarise yourself with:

- Analgesia** - understanding the World Health Organization pain ladder and the three-step approach to prescribing.
- Antiemetics** - including indications and contraindications.
- Sleeping tablets and anxiolytics.**
- Antibiotics and how to use eTG** (Therapeutic Guidelines).
- Basic interpretation of ECG's, CXR's, and ABG's.**
- Blood tests** - familiarise yourself with how to order them and recognise abnormal values.
- Management of common acute medical diagnoses** - for example:
  - Chest pain;
  - SOB or desturation;
  - Tachycardia/Bradycardia;
  - Hypertension / Hypotension;
  - Agitated/aggressive patient;
  - Hyperglycaemia/Hypoglycaemia;
  - Diabetic ketoacidosis;
  - Seizures;
  - Basic and advanced life support;
  - Peritonitis;
  - Heparin infusion (APTT management); and
  - Warfarin dosing.



### **Do not try to be Dr House and change current management.**

Keep the patients alive and practice within your limits - mainly being ruling out life-threatening/serious conditions. Otherwise escalate to a senior and discuss your findings/ concerns with them.



**Prioritise.** You may have nights that are quiet, and you may have nights where you do 24,000 steps in 12 hours, have to attend 7 MERTs and a cardiac arrest. You will have to triage pages/jobs on the run and try to do as many things as possible over the phone eg. fluid orders and simple analgesia. Do not worry, this will come with practise.



**Prepare.** If you are going on to night shift, stay up as late as your can for the night/s before to adjust your body clock. After night shift, eat a big breakfast before going to bed to avoid waking up starving.



**If you are going to wake-up a registrar or consultant overnight, prepare a speech** and ensure you have gathered all the important information and done a relevant examination. If you have not, be prepared to be appropriately reprimanded.



**Help your co-residents.** You will need help too at some point.



**Drink water and pee.** Do not give yourself an acute kidney injury.



**Know who you can ask for help** and have a low threshold to escalate when unsure/concerned.



**Eat.** Do not let yourself become hypoglycaemic. You will be useless when your own GCS drops.

# Bullying and harassment is not just confined to surgery



**Dr Matt Cheng**  
Chair, AMA Queensland Council of Doctors in Training

Concerning findings were uncovered in the AMA Queensland CDT *Resident Hospital Health Check*.

The percentage of bullying and harassment experienced by Doctors in Training (DITs) is alarmingly high, and the percentage of DITs who felt empowered to act on it is worryingly low. This was the most concerning result coming from the first AMA Queensland Council of Doctors in Training (CDT) Resident Hospital Health Check, which was recently released in March 2016.

This health check was a survey completed on a voluntary basis by DITs (interns, junior house officers and senior house officers) across all Queensland hospitals. The purpose was to get a snapshot of the working environment in Queensland hospitals for DITs. This was to primarily help medical students, current interns and residents with their decision making process when deciding on which hospital to apply for. The survey covered 5 main areas: access to annual leave; access to professional development leave; culture (bullying and harassment); and hours of work and overtime remuneration.

The most concerning findings came from the culture domain where just over 1 in 3 (34%) DIT respondents experienced bullying and harassment, and 40% had witnessed another colleague being bullied. Even more alarming was that only 18% agreed that they felt they could do anything about it.

The issue of bullying and harassment in the workplace is not new, but certainly has come to the forefront since the media coverage on bullying and harassment reported in the surgery specialities. There may be thought that this only occurs in surgery in keeping with the stereotype surgery has attached to it. But this survey demonstrates that bullying and harassment is not just isolated to surgery, but is also present in our junior doctors across all fields and hospitals. It is also an indicator that this issue permeates throughout our profession, and is something we should not ignore.

An important consideration is that bullying and harassment is judged by the recipient's experience, rather than the actual interaction. For instance if a person is left feeling degraded after an interaction with a colleague, this is still bullying, regardless of whether the interaction was viewed as innocuous to an outsider.

At the root of this issue of bullying and harassment is a spiral seen especially where a senior bullies a trainee and when that trainee becomes a senior, they do the same thing to their junior, and this is accepted as the norm. To combat this issue, we need to break this cycle. In medical school there is little training on non-clinical skills such as conflict resolution, interpersonal communication, leadership and teaching. Yet these non-clinical skills make up a significant portion of our

working life. Formal training in these areas is critical.

The second issue is the apparent lack of empowerment to report bullying. The stigma associated with being the whistle-blower and perceived threat to one's personal career is likely the core barrier to report bullying. Junior doctors are particularly vulnerable, and therefore there is no surprise that only a small percentage of DITs (18%) felt they could do anything about the bullying. The Royal Australasian College of Surgeons (RACS) in conjunction with its Trainees' Association (RACSTA) have been leading the way in addressing this. Of particular note, a well-established and funded anonymous reporting hotline is active and offers a good solution to report bullying, whilst protecting the reporter. Unfortunately there are limited similar services available in Queensland hospitals and in other specialities.

AMA Queensland CDT is actively trying to address this issue of bullying and harassment on multiple fronts. We are advocating for the development of more anonymous bullying reporting systems in Queensland hospitals. We are supporting for development of widespread formal teaching on essential non-clinical skills such as conflict resolution, interpersonal communication, leadership and teaching. AMA Queensland CDT has also rolled out a Resilience on the Run program empowering junior doctors to deal with workplace stressors. Finally AMA Queensland CDT plans to continue the Resident Hospital Health Check annually to track progress and better inform our junior doctor colleagues on how hospitals are responding to the issues identified.





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Dr Bryan Tan  
Avant Intern member

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# A realistic guide to surviving night duty



## Dr Kat Gridley

Advanced Emergency Trainee, QEII and Deputy Chair, AMA Queensland Council of Doctors in Training

As an advanced trainee in emergency medicine who is rostered on night shift every 4-6 weeks, I have had my fair share of waging the war of weariness. Whether it is being on-call as the surgical PHO, working as a resident in an emergency department, country relieving in a small town, or being the unlucky soul rostered for medical ward call, a special amount of preparation and skill is required to survive night shift with your dignity and sanity intact.

Everyone's ability to cope with night shift is different, and while mine had the strong foundation of working as an inner city bar manager as a medical student, some new

interns may be completely naïve to the concept of staying awake (and sober) until the wee hours of the morning. However, I believe with a few adjustments to your everyday routine, any junior doctor can go from 'Wake up Jeff' to Batman: willing and able to help in the middle of the night when crisis calls.

## Preparation phase

### Sleep and snacks

If you fail to prepare, you prepare to fail, and no truer word can be said of night shift. Ask any of your registrar colleagues about a nightshift where they didn't get enough sleep beforehand and they will tell you horror stories of falling asleep in awkward locations, drinking a barely sub-lethal dose of caffeine just to stay conscious and feeling absolutely exhausted come morning.

The first step in preparing for night shift is adjusting your sleep cycle, which starts the day before. Imagine a usual sleeping schedule where the doctor goes to bed at 10pm and wakes at 6am, with the rest of the day spent awake. When preparing for night duty, this must be flipped in reverse, but in a way the body can handle. The night before your night shift, stay awake until 3 or 4am

instead of 10pm and then grab a bare few hours of shut-eye until 7am or so. Then get up, distract yourself with something active to stay awake (so skip the Netflix binge and go for a walk instead) and then take a long nap from around midday until 1-2 hours before your shift, leaving enough time for a decent dinner beforehand.

Unless you are a midnight snack fridge raider, your body will not be used to eating large meals in the middle of the night. Instead, fuel up on a protein-heavy meal before your shift and take numerous small snacks with you. While tim-tams are therapeutic for the soul at 3am on ward-call, I would advise against eating the entire packet lest you want a 5am sugar slump to slow you down. By all means, take your mid-shift treat with you, but also choose healthy small snack items like cheese and biscuits, or apples and nuts. Make sure you can hide it in your pocket as you may never make it back to the tea room!

Caffeine can be your absolute saviour on night shift, but it can also be your arch nemesis if you drink too much at the wrong time. Find out where the nearest coffee machine is before your shift starts, and if your hospital



has a visiting coffee van service, be aware of when and where it arrives during the night (which is often where it helps to have friends in emergency who can alert you!). Save the strong espressos for the first half of your shift only, and it is best to lay off the 4am red bull unless you want to seem suspiciously energetic at morning handover....

### **Battle phase** *The 7 stages of night shift*

Much like the stages of grief, there are stages of night shift. First, there is shock at the rostering, then denial and anger, followed by bargaining for shift swaps, depression when it does not happen, testing the waters and finally acceptance that it is part of your job at this stage. Find a friend who is in the same situation as you, whether it is your buddy on ward call or your supervising registrar, and don't be afraid to speak up when you need help or a time out. As a registrar myself, I would much prefer a resident asked me for 10 minutes off the emergency department floor to sit down (or take a toilet break) than battle on and make an error they would later regret. We are all in this together!

### **Recovery phase** *Rest and digest*

Congratulations, you have made it! You've survived the countless pages of 'call back 5's, reviewed the multitude of patients who've fallen out of bed, replaced the never-ending stream of cannulas that have mysteriously 'fallen out' during the night, helped with the intense resuscitation on the renal ward and got too close for comfort during the crash C-section for the cord prolapse in birth suite. Now it is time to go home and recover before your next shift.

The minute your shift is over, put on your sunglasses, even if you are still in the hospital. You may feel like an idiot, but it is the first stage in trying to convince your body it is time for bed. Leave screen time on your phone, computer and TV to an absolute minimum (and with blue light block out if possible) and leave your sunglasses on until you get into bed. For breakfast, go for something filling and carbohydrate loaded like porridge or toast but skip the sugary cereals and avoid any more caffeine. For the best sleeping conditions, I thoroughly recommend a black-out eye mask and ear plugs, and anyone who has woken up sweating and delirious at midday after night shift in summer will inform you that a fan or air conditioning is a worthy investment.

### *When the war is over*

All good things come to an end and thankfully so does your run of night shifts. If you are given the chance to have breakfast with your colleagues, I cannot recommend it

highly enough, both as an avid fan of a café breakfast but also as a registrar who knows the importance of debriefing. Those moments of scoffing mortgage-breaking avocado toast with your fellow interns while debating whether it is too late to swap into a 9-5 career are some of the best you will have. Most times there is exhausted delirium and laughter, sometimes there are tears, but there is always a sense of comradery, which is vital to maintaining your wellbeing as a junior doctor.

When it comes to re-adjusting the sleep cycle, the steps in the first phase are then taken in reverse. When you get home from shift, go straight to bed and sleep from mid-morning to midday. Then force yourself to get up and stay awake until 8 or 9pm, and then sleep as normal. You will be exhausted, but you will also be one step closer to reassuming life as normal. If you are really struggling sleeping, avoid self-prescribing temazepam and instead see your GP for help.

Through the eye of the storm and the calm of the aftermath, we have all been through the harrowing, challenging and sometimes fun experience of nightshift at some stage in our careers. Your registrars are here to help you, not hinder you, so do not be afraid to ask for advice when you need it. Get to know your fellow night duty junior colleagues and be aware of who you can escalate your concerns to if you run into serious trouble. But most of all, look after yourself. No one is 'perfect' at night shift (even after years of practice) so remember to be kind to your patients, your colleagues and most importantly, yourself!

# Know your working entitlements as a Resident Medical Officer

## Hours of work

- 76 ordinary hours per fortnight for full time employment.
- Minimum of 4 hours per day with a maximum of 12.5 ordinary hours per day (inclusive of a 30-minute meal break).
- All time worked in excess of 10 hours will be paid at the applicable overtime rates.
- The employer has the right to formulate the final roster, provided that:
  - You are given 4 rostered days off in any 14-day period. 2 of the days off must be consecutive.
  - You must not be rostered to work broken or split shifts.
  - Rosters may be changed by the employer by giving 14 days' notice or a shorter period in emergent situations.

## Night shifts

- You may only be rostered to work a maximum of 7 consecutive night shifts in any fortnight.
- If you work 7 consecutive night shifts, you must be released from duty for the following 96 hours.
- If the majority of the shift is worked between 1800 on one day and 0800 on the following day, you must be paid an additional 15%.
- This payment does not apply where a night shift is worked on weekends or public holidays.

## Weekend work

- All work performed between 0000 and 2400 on a weekend must be paid as follows:
  - **Saturday**  
Time and one-half (150%)
  - **Sunday**  
Double time (200%)
- Payment is determined on a majority of shift basis.



**Are you  
being paid  
correctly?**



**Do you  
know your  
entitlements?**



**Call us for  
workplace  
advice on  
(07) 3872 2222**

## Public holiday work

If you are required to work on a public holiday, you must be paid as follows:

<b>All public holidays, except for Labour Day, Show Day or Easter Saturday</b>	Time and one-half (150%) with a minimum payment for 4 hours
<b>Labour Day, Show Day or Easter Saturday</b>	Double time and one-half (250%) with a minimum payment for 4 hours
<b>Where your Rostered Day Off falls on Labour Day, Show Day or Easter Saturday</b>	may be paid an additional day's wage <b>OR</b> may be granted another day's holiday <b>OR</b> may have an extra day of annual leave added to your annual leave balance

## Overtime

- Overtime must be taken following approval from the authorised manager and must be paid as follows:
  - **Monday to Saturday**  
Time and one-half (150%) for the first 3 hours and double time (200%) thereafter
  - **Sunday**  
Double time (200%)
  - **Public holidays**  
Double time and one-half (250%)
- Payment of overtime must not be unreasonably withheld by the employer.

## On call

- If you are rostered on call, you must hold yourself available to return to work within **30 minutes**.
- You must be paid an additional allowance of 8% of the hourly rate of salary level 4 for each hour "on call".

## Recall

- When recalled you must be paid for the time worked calculated from home and back to home.
- You must be paid a minimum of 2 hours at overtime rate.

## Fatigue leave/ rest period after overtime

- You must have 10 hours off duty between shifts ("fatigue break"). There are exceptions to this rule when working overtime.
- If the required break is not provided, you will be paid double time (200%) until you are released from duty.
- If you feel fatigued as a result of work, talk to your manager about accessing alternative transport (i.e. taxi fare) home.

## Annual leave

- If you are a full time RMO, you will accrue 5 weeks of annual leave per year.
- 1 of the above annual leave weeks is in compensation for work performed on public holidays.
- If you are a "continuous shift worker", you will accrue an additional week of annual leave on a pro rata basis (total 6 weeks per year).
- Most HHSs will require you to take the annual leave in a block as determined by the employer.

## YOUR WAGE RATES

Classification	Known as	Level	Wage rates payable from 1/7/16		Wage rates payable from 1/7/17*	
			Per fortnight# (\$)	Per Annum# (\$)	Per fortnight# (\$)	Per Annum# (\$)
<b>Intern</b>	Intern	L 1	2,741.30	71,519	2,809.80	73,306
<b>Junior House Officer</b>	JHO	L 2	2,969.70	77,477	3,043.90	79,413
<b>Senior House Officer</b>	SHO	L 3	3,198.00	83,434	3,278.00	85,521
<b>Principal House Officer</b>	PHO 1	L 4	3,940.60	102,807	4,039.10	105,377
	PHO 2	L 5	4,054.60	105,782	4,156.00	108,427
	PHO 3	L 6	4,168.90	108,764	4,273.10	111,482
	PHO 4	L 7	4,340.30	113,235	4,448.80	116,066
<b>Registrar</b>	Reg 1	L 4	3,940.60	102,807	4,039.10	105,377
	Reg 2	L 5	4,054.60	105,782	4,156.00	108,427
	Reg 3	L 6	4,168.90	108,764	4,273.10	111,482
	Reg 4	L 7	4,340.30	113,235	4,448.80	116,066
	Reg 5	L 8	4,454.50	116,215	4,565.90	119,121
	Reg 6	L 9	4,568.80	119,197	4,683.00	122,176
<b>Senior Registrar</b>	SReg 1	L 10	5,025.50	131,112	5,151.10	134,389
	SReg 2	L 11	5,197.00	135,586	5,326.90	138,975
	SReg 3	L 12	5,368.20	140,053	5,502.40	143,554
	SReg 4	L 13	5,537.90	144,480	5,676.30	148,091

# Professional Development Assistance

## Examination Leave

- ▶ 1 day off on full pay for each day of an approved exam plus 1 day prior to the exam.
- ▶ The employer cannot unreasonably withhold granting the examination leave.

## Professional Development Allowance (PDA)

As a JHO, SHO or PHO, you are entitled to the PDA allowance of \$1,537 (increased to \$1,576 on 1 July 2017), which is paid fortnightly.

## Professional Development Leave (PDL)

(not applicable to Interns)

- ▶ Accrue 1 week per year in addition to existing exam leave.
- ▶ Transfers between HHSs and accrues for up to 5 years.
- ▶ Cannot be unreasonably withheld, however, you should apply for PDL well in advance.
- ▶ Cannot be cashed out at the cessation of employment.

## Vocational Training Subsidy (VTS)

- ▶ As a Registrar, you are entitled to the VTS allowance of \$2,562 (increased to \$2,626 on 1 July 2017).
- ▶ Paid fortnightly as long as you remain in a training program.

## Access to training courses

All RMOs will be provided with access to courses, during ordinary working hours, at no cost to the RMOs.

# Where your career may take you - beyond the specialist training pathway



**Dr Louise Teo**  
Locum, Queensland Health

Congratulations on reaching internship!

It can be daunting at the start of your career trying to figure out what you want to do “when you grow up.” You may feel like you are changing your decision as often as you change rotations. Believe me - this is quite normal! Working in a rotation is very different from observing it as a student- most of my colleagues have changed their initial choice of specialty at least once. Many others could not decide on one, but persisted in doing their best in a variety of rotations before figuring it out. Others tried their specialty of choice, then changed to other specialties or colleges when they realised it wasn't for them.

Career diversity is slowly being embraced in parts of medicine, with employers beginning to recognise the value of non-college-accredited jobs when building a doctor's career.

There's a chance your career may journey through one (or more) of the below fields with medicine, whether you are in your first years out, or a fully-accredited Fellow. Many of these can be part-time or project-based, allowing you to continue training or working in the clinical world. Here are some examples.

## 1 Occupational Medicine

Occupational Medicine is a training pathway through the RACP and RACGP, however, it's possible to gain experience as an RMO or registrar as a locum or regular employee if you're undecided. This could take you to interesting workplaces such as manufacturing plants for cars, chocolate, flour, or even offshore on oil rigs. The role is about prevention as well as treatment, and usually has a high clinical doctor-to-patient focus. Certificates in Occupational Medicine are also offered by several universities, many of these accredited by the RACGP and other colleges - check the details with each provider.

## 2 Business and strategy in the medical industry

Whether as a management consultant, business advisor, or even as chief executive officer of a telehealth company, having medical knowledge can actually help in industry roles. A management consultant typically works as part of a firm that may deal with other industries as diverse as mining, technology, engineering, and other areas as well as healthcare. Although you'll often find MBAs (Masters of Business Administration) and other business school graduates amongst your colleagues, your communication and problem solving skills honed in medical school helps you learn on the job as many companies offer training as part of the role.

## 3 Medical devices

The Therapeutic Goods Administration (TGA) employs medical device officers to assess applications for new devices, including quality checks and evidence basis. Similar to other jobs here, this requires a lot of research and analysis as you are reading through quite a lot of detail. You could be the first to spot trends and opportunities in the future of medicine.

## 4 Career Medical Officer

In Australia, a career medical officer (CMO) usually refers to clinical work unaccredited by the colleges. In reality, the work is usually at private or non-training-accredited hospitals and units providing valuable experience to doctors not enrolled in vocational training. A CMO may work solely in one department, such as the senior emergency medicine doctor in a rural hospital; or as a permanent ward RMO in a larger hospital, which may include stints in O&G and Paediatrics and ICU. This is a good option for those on a training break or those not wanting the pressures of training, allowing you to keep up your medical skills with a consistent employer (rather than locuming). Enquiring directly at hospitals, private and public, can help you uncover these roles.







## 5 Medical education

You could be a lecturer or tutorial facilitator, and build valuable leadership and communication skills. You might even run your own exam preparation courses or events for students and trainees, or for continuing education for fellows. Teaching is an area of medicine where you can feel valued and part of a community. The skills can also enhance your abilities on the wards.

## 6 Immigration health officers

Health insurance companies often employ immigration health officers (usually RMOs or registrars) to conduct health checks. You can usually find these advertised through some of the locum agencies, SEEK and other job sites, or most directly through the insurer's careers page.

## 7 Medical administration

The pathway to medical administration is available via RACMA (the College of Medical Administration) and is a rigorous training process, but can lead to roles as chief medical officer of a hospital network. Being involved with running a hospital involves a lot of interdisciplinary skills with communication, health policy and leadership.

## 8 Delivering wellbeing, resilience and career skills training

The term 'wellbeing' spans a huge spectrum of careers, some featuring more trusted, science-based evidence than others. This is a huge opportunity for astute doctors who care about educating the public properly, while advocating a healthy, resilient lifestyle. From life coaching to resilience training to healthy eating, it helps to have had experience in the high-pressure field that medicine can be.

## 9 Department of Veteran Affairs (DVA) advisors

The DVA has branches in most states and territories, where doctors are needed for analysing claims sent through by specialists and general practitioners. These advisor roles look at how likely is it that particular injuries were sustained over a certain time-periods, in certain war zones. Attention to detail and finding the right evidence is the key to success in this type of job, which also includes flexible hours.

## 10 Non-medical

The sky is the limit here. Are you a playwright? Do you teach workshops about mindfulness? Do you play music at a professional level? Do you illustrate? Coach a sport? Own other types of small businesses? Medical skills cross over well into non-medical areas. Your communication skills, attention to detail, analytical skills, ability to summarise a problem at a glance, multitasking, and empathy; all these attributes cross over well into other careers. Whether you work on these alongside medicine or work on these fulltime, medicine is a great foundation for life skills.

## 11 Aesthetic medicine doctor

It is a huge field in Asia, and does not always involve botox and liposuction. Aesthetic medicine doctors are trained to safely prescribe treatments that can improve a patient's (or consumer's) quality of life. Dermatologists often cross over into this field, and may even launch their own product ranges, or consult with skincare brands on quality and scientific analysis.

## 12 Medical writing

You could be an editor at a medical journal, or a media company for doctors. Your skills can also translate into product descriptions and fact-checking for pharmaceuticals and other companies requiring a doctor's expertise. Writing in technical as well as common language helps you understand perspectives from the broader public, and enhances your communication skills as a clinician.

## 13 Startup founder

The term 'startup' may refer to an early-stage for-profit business, whether in tech or not, or a social enterprise or non-profit. Learning about entrepreneurial skills such as resilience, seeking useful feedback, and pivoting from your initial plan, will help you tremendously throughout your career. Bear in mind that the odds of a startup succeeding in the long-run are low and there are a lot of risks involved, particularly around finance and unpredictability. But there are many traits that doctors possess that helps your chance of success, and the startup journey can help you grow as a doctor as well.



## 14 Digital health

Maybe you are a weekend hobbyist coder or did computer science as an undergraduate degree. Or perhaps your fascination with tech as a consumer makes you want to build a solution for healthcare's problems. There are numerous jobs that your interests can lead to.

Being a medical advisor to a startup means you bring your clinical knowledge to a startup needing specific advice on how doctors (or other clinicians) work. Often created by non-healthcare founders, startups usually bring on a chief medical officer or medical advisor (even at RMO level!) to be a part of their project, whether it be permanent or temporary contract work. A great way to learn about tech entrepreneurship while providing valuable feedback to a non-medical team.

It's also possible to be the chief information officer/chief technology officer of a medical company or chief medical officer of a tech company.

If you have some computer science training, you could end up working at global companies like Microsoft and Apple, overseeing the development of new product lines and their applications in healthcare. It may help to study a graduate business degree, however, roles in business can be quite fluid, and a medical degree is highly respected in these areas. Business is all about personal relationships, which is surprisingly similar to medicine, so it helps to attend conferences and ask at companies you are interested in to see how to get involved.

You don't have to break away from full-time clinical work - many hospitals now have a 'clinical lead' in the rollout of IT projects and quality improvement projects, whether it be new EMRs (electronic medical records) or ePrescribing or other programs. Some hospitals also have RMO roles in clinical redesign, innovation and quality or other similar roles, giving you a taste of this world.

## 15 Public health and/or health policy

Whether as an educator, researcher or advocate, public health is an area where you can wear many hats. The RACP has a formal public health physician pathway; however, you could start training informally as early as internship, whether through a Masters of Public Health, or with hands-on roles with public health projects.

A great role model is Dr Sandro Demaio, who completed a medical school elective at the WHO in Geneva; did his Masters of Public Health while an intern in Melbourne; then moved onto further studies overseas and became a Professor before the age of thirty. He has formed several companies, including the health promotion media group NCDFree, and festival21, a festival dedicated to sustainable and organic healthy eating.

Similarly, health policy can involve further training at Diploma or Master's level, but it also helps to get hands-on experience (even a week's observership if available) to learn on the job. Ask around and see what the people you look up to in this area have to offer for trainees. These paths could lead you to working on a hospital board or in the private sector, or even in politics one day.

## 16 Medico-legal advisor

Working with the indemnity providers (or even for hire as a medical expert during a court case) is possible. Usually you would take the path being an expert witness as a consultant specialist. These roles are usually for Fellows or senior consultants.

### Advice

So, what do you want to be when you grow up?

If and when it gets tough deciding - think about who you want to be, and the qualities you value in your life. You may get it in an instant, or it may take a little while to decide. Everyone has their own path. Do your best on every rotation, ask for advice, keep your eyes open for opportunities, and follow your strengths and interests.

**Dr Louise Teo is a medical registrar who founded [themedicalstartup.com](http://themedicalstartup.com) to inspire people interested in medical entrepreneurship and career empowerment.**

**PS - Some useful Australian Facebook groups to join - run by doctors:**

- **HealthProXChange**
- **Business for Doctors**
- **Non-Clinical Doctors in Australia and NZ**



# Get ready to have your own health cover

## Choose the one created just for medical professionals – like you.

At Doctors' Health Fund we understand you're usually so busy looking after everyone else, there's no time for yourself. And we know that you need great quality health cover without the big ticket premiums. That's why we've put together our Smart Starter Hospital and Basic Extras package.

It's for young fit and healthy singles and couples and covers you for everything you need and nothing you don't (like hip replacements):



“Being a doctor has given me the opportunity – and I see it as a big opportunity - to be involved with a fund that has never let me down.”

Member of Doctors' Health Fund.



Smart Starter	Basic Extras
Australia-wide ambulance cover for both emergency and medically necessary ambulance services	Choose your own healthcare provider for all your extras benefits
No waiting periods for accident cover	100% paid on your first dental check-up
Cover for all hospital inpatient services where a Medicare benefit is payable (unless otherwise stated)	\$150 optical benefits on frames, lenses or contact lenses

Now you're free to choose your own cover, we dare you to compare us with the big funds your parents are probably with. Get a detailed breakdown of how we stack up and a free no-obligation quote. Plus if you join within 60 days of coming off your parents' cover, you may not need to save any waiting periods.

### Find out more?

 [www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au)

 1800 226 126

Private health insurance products are issued by The Doctors' Health Fund Pty Limited, ABN 68 001 417 527 (Doctors' Health Fund), a member of the Avant Mutual Group. Cover is subject to the terms and conditions (including waiting periods, limitations and exclusions) of the individual policy.

# Navigating the Resident Medical Officer appointment process



As a medical graduate appointed to a Hospital and Health Service within Queensland, you are guaranteed a high quality internship. You will have access to plenty of learning and professional development opportunities.

Whether you will be working in a major metropolitan facility or a regional hospital, you will have access to generalist medical and surgical rotations, emergency rotations and exposure to sub-specialties which will assist you as you determine your future vocational pathway.

You will be provided with excellent clinical experiences, mentoring, education, training and support. The programs, workshops and support provided by dedicated medical education units build upon the knowledge and skills acquired at medical school and will help you in the transition to clinical practice and ongoing professional development.

Table 1 indicates that Resident Medical Officer (RMO) appointments within Queensland Health have been progressively increasing since 2012. These increases provide medical graduates with greater mobility and opportunities to use their knowledge and skills.

**Table 1: Annual Queensland Health RMO campaign selections**

Year	2012	2013	2014	2015	2016	2017
JHO	741	697	741	837	893	853
SHO	563	552	611	582	650	707
PHO	545	576	585	601	682	748
Registrar	1849	2068	2261	2290	2351	2469
Provisional Fellowship Year	31	18	27	36	17	15
<b>Total</b>	<b>3,729</b>	<b>3,911</b>	<b>4,225</b>	<b>4,346</b>	<b>4,593</b>	<b>4,792</b>

More than 20 Queensland public and private hospitals recruit RMOs through an annual statewide recruitment campaign. Details of participating facilities are available on the RMO campaign website: <https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/recruitment/rmo/employers/facilities>

Applicants for RMO positions complete an application via the same e-recruitment system which is used for intern recruitment. Personal information and supporting documentation provided as part of your intern application is retained to enable a streamlined application process. For your RMO application, you will need to provide a CV and the details of two referees who will be asked to provide a report. Applicants are able to preference up to five positions across participating hospitals and position levels.

The RMO campaign processes progress over several months:

- Applications for the Rural Generalist Pathway Advanced Skills Training Program in anaesthetics, obstetrics, internal medicine, mental health and surgery open in April and selections are finalised by mid- May.
- Applications for the main RMO campaign generally open in June and close in early July.
- Selections occur in several rounds and proceed according to position level commencing with Registrars and Principal House Officers, followed by Senior and Junior House Officers.

The key dates for 2019 recruitment will be published on the RMO campaign website toward the end of 2018. All applicants who applied via the campaigns for a position in 2018 will be e-mailed several weeks before applications open and advised of the key dates and the application process for 2019. The campaign will also be advertised on the Department of Health and Queensland Government SmartJobs website. Information including how the campaign works, applications and choosing preferences are available on the campaign website: <http://www.health.qld.gov.au/rmo/>.



There are a number of key players involved in the recruitment of RMOs:

- **Hospital and Health Services** – as the employer of RMOs, they are the key source of information in relation to the opportunities available at individual hospitals. Directors of clinical training, medical education officers as well as medical administration and recruitment staff are the best people to speak to.
- **Centrally managed Queensland Health programs** - These pathways, networks and programs coordinate the recruitment, meritorious selection and allocation of new and continuing trainees to training positions within a Queensland public or private facility.
- **Medical specialty colleges** - determine the eligibility criteria for entry into a training program. Prospective trainees must succeed in a competitive selection process for a fixed number of accredited training positions, or a place in an accredited facility or an accredited training program. Keep eligibility requirements in mind when you consider JHO and SHO positions – some hospitals may be able to provide you with required terms more easily than others.
- **Department of Health** – administers the e-recruitment system on behalf of participating Hospital and Health Services and assist candidates with any technical information they require to complete applications.

Congratulations on reaching the end of your medical studies and best wishes for the beginning of your career as a doctor. As you will discover, Queensland is a great place to work. The ever evolving and expanding health services within our cities and regions provide limitless potential for new and exciting opportunities for junior doctors.

For further information about the RMO recruitment campaign, please contact:

RMO Recruitment Co-ordinator  
Resident Medical Workforce Campaign Team  
Office of the Chief Medical Officer (OCMO)  
Department of Health, Queensland Government  
E: [RMO-Recruitment@health.qld.gov.au](mailto:RMO-Recruitment@health.qld.gov.au)



# Tips and Tricks for career advancement

## Identify your preferences

A good place to start is think about what is going to be important to you in your future medical career and identifying your preferences. Ideally you should choose a speciality that matches your personality, values, interest and skills. Think about the practice settings you prefer, the medical conditions that interest you and even the activities and tasks that are part of a certain speciality.

Most importantly, discuss your career aspirations widely and attempt to identify role models in specialties in which you identify an interest.

## Know the facts about the future medical workforce

Medical workforce modelling is difficult and relies on accurate data and a number of important assumptions. State and Federal government agencies and the Colleges have all produced reports modelling Australia's future medical workforce, which may be helpful and useful to consider as Government and other stakeholders adapt the

best available medical workforce modelling data to assist with important career-making decisions.

## Explore the support available

Explore the support available from your hospital Medical Education Officer, director of Clinical Training and Term Supervisor for each term, as part of their role is to assist you in thinking about your career options. They may also be very useful in putting you in touch with representatives from various specialties.

In addition, some Colleges and hospitals may organise local information sessions on the application process for speciality programs, and one-on-one appointments with career consultants may be available through your hospital or AMA State office.

## Get mock interview experience

AMA Career Advice Hub has a number of tips and tricks for interviewing well. Email [careers@ama.com.au](mailto:careers@ama.com.au) for the 'interview skills tips and tricks' guide. You can also see mock interview experience from consultants and other colleagues. Some State AMAs offer mock interviews as part of their interview skills training. Check the State and Territory AMAs for further information.

## Keep your portfolio updated

Some speciality application processes require applicants to demonstrate accomplishment of various clinical and professional skills. Trainees often benefit from having recorded these skills in a career portfolio. Start good habits early and use your portfolio as a tool to help you continuously record and evaluate your progress, and to help you plan your own learning and development. Your portfolio should include at least all completed term assessments, skill certifications, courses and conferences.

Many trainees also keep details of operation and procedures in which they are involved. Ensure that any patient related information contained in your portfolio is used and stored according to your professional and legal obligations and any relevant policies of your health service.

Did you know careers advice and support is provided as part of your AMA Queensland membership?

Contact:

Christine Brill, AMA Career Adviser  
AMA Career Advice Hub  
Australian Medical Association

P: 1300 133 655

E: [Careers@ama.com.au](mailto:Careers@ama.com.au)

W: [www.ama.com.au/careers](http://www.ama.com.au/careers)



The **AMA Careers Advisory Service** is your one-stop shop for expert advice, support and guidance to assist in piecing together the puzzle of your medical career path – from leaving secondary school through to career change opportunities. In collaboration with the best service providers, we have developed a range of benefits, tips and tools to help you plan the next steps to achieving your medical career goals.



**Careers Advisory Service**

[ama.com.au/careers-advisory-service](http://ama.com.au/careers-advisory-service) | [careers@ama.com.au](mailto:careers@ama.com.au)

# AMA Queensland's Doctor in Training Advocacy: What it is and why it matters!

AMA Queensland and our Council of Doctors in Training (CDT) have long been strong advocates for junior doctor and medical student members. We recognise that medical students and early career doctors are the foundation and the future of our medical workforce.

Our vision for improving the junior doctor experience is to advocate for the best training, experience and opportunities for those joining the profession so Queensland can ensure it retains the best and brightest and establish the state as the 'place to be'. Our other advocacy work ensures that when our Doctors in Training become Senior Medical Officers, they will be entering a workforce, which values and respects their role and their time.

Here's a few key initiatives we have been working on to support you on your early career journey as a member of AMA Queensland:



## Access to training opportunities

A recent report from the Commonwealth Government identified that there are currently almost 17,000 medical students are studying in Australian universities. This number will only increase in future years. Many medical graduates are already reporting that they are struggling to find available training opportunities. This is troubling as it is an essential part of the training and ongoing education of medical practitioners to perform many procedures and treat many patients covering the full spectrum of potential eventualities. Yet the Queensland Government is consistently examining proposals which would further reduce access to training for our medical graduates through proposals such as expanding the scope of allied health workers, promoting nurse endoscopists and considering the introduction of physician assistants in Queensland.

AMA Queensland has been a fierce critic of any Government attempts to expand the scope of practice of non-medical health practitioners (NMHP). While we value the unique role and skill sets that NMHPs play in the medical workforce, we believe that any expansion of their scope will have a negative impact on training opportunities for our medical graduates. For this reason, we are developing a medical leadership policy which we hope to release in 2017. This policy will emphasise the importance of the role of the doctor in the medical team and the need for better access to medical leadership training programs. By releasing this policy, we hope to give government policy makers and other senior health executives the same appreciation for the work that doctors do which everyone at AMA Queensland has which will, in turn, lead to better outcomes for your patients.

## Improving the mental health of doctors in training

AMA Queensland Resilience on the Run program funded for all interns in 2018

AMA Queensland believes improving the health of doctors is of utmost importance if the state is to ensure it has a healthy, energised and engaged medical workforce. It is extremely important to have a mentally healthy workforce if we are to achieve other desired workforce outcomes such as efficiency, effectiveness and sustainability. This requires an enormous change to the culture of our medical workforce and the places they work. Healthy workplaces are needed to ensure we have healthy medical professionals.

In 2015, AMA Queensland developed the successful Resilience on the Run workshop program in response to evidence that showed our junior doctors suffered from alarmingly high rates of anxiety and burnout. Resilience on the Run was designed to provide early career doctors with the resilience and coping skills needed to survive and thrive in the field of medicine. Delivered by resilience expert Dr Ira van der Steenstraten Resilience on the Run focusses on developing skills such as resilience and mindfulness, managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for asking for help.

The program has been so successful that in July 2017, AMA Queensland secured Queensland Government funding to roll out the program over the next three years to all hospitals that accept interns through the state ballot process. This is a welcome investment in both the individual intern, to reduce the risk of anxiety, and also to the broader system to ensure that talented young doctors aren't burnt out and can provide the best patient care.





## Queensland Medical Education Training Institute

Part Two of the *Health Vision* advocated for a culture in Queensland which encourages robust debate, expert engagement, best-practice innovation and a culture of compassion towards fellow health professionals and patients. It contained a number of initiatives which could help make this happen, but chief among them was our proposal for the establishment of a Queensland Medical Education Training Institute (QMETI), responsible for the development and execution of innovative workforce strategies. QMETI would be established as a statutory body reporting to the Queensland Minister for Health, and would bring together Queensland's current postgraduate medical education offices under a single banner.

The underlying rationale of QMETI is clear: better-trained doctors produce better patient outcomes. QMETI would have a broad remit to ensure the development and delivery of health education and training across the Queensland health sector. This includes the proactive design of education and training programs, the development of leadership and professional development programs, and the continual coordination of training networks. The ability of QMETI to set and evaluate training networks creates a consistent standard of training across multiple Health and Hospital Services (HHS).

AMA Queensland called on the Queensland Government to establish QMETI to coordinate the training and professional development needs of the state's health workforce. In response, the Queensland Government established a Junior Doctor Working Group designed to investigate the merits of this proposal and AMA Queensland was invited to participate in this group. After a few meetings in late 2015, the work of this group has been put on hold while the Government works on the Medical Workforce Review (MWR), but this work has fed into the larger review and AMA Queensland's Council of Doctors in Training provided a submission to the MWR advocating for QMETI.



## Reforming mandatory reporting rules

AMA Queensland is pushing for implementation of an exemption to mandatory reporting rules, which currently exists in Western Australia (WA). In WA, an exemption to the national registration legislation exists where a health practitioner forms a reasonable belief of impairment in the course of providing health services to another health practitioner or student. This amendment to mandatory reporting received support from all the major political parties, and allows a health practitioner to see a general practitioner or psychiatrist without fearing that the treating doctor will report them. It should be noted that this does not prevent others, such as fellow practitioners, hospital staff or management, from making a report if they believe there is a danger to patients.

AMA Queensland has strongly advocated for a change to mandatory reporting laws and we are seeing promising signs that governments will consider implementing the changes. AMA Queensland believes this is an important change worth fighting for, as doctors who take responsibility for their own, health should be treated with respect with the door open to seek the help that they require. And due to our strong advocacy on this issue, we have seen promising progress, with the COAG Health Council announcing in August that it would rewrite the mandatory reporting laws to "provide confidence to health practitioners that they can feel able to seek treatment for their own health conditions anywhere in Australia."

## AMA Queensland doesn't stop advocating for you when you become an SMO

AMA Queensland's advocacy on issues like the performance and conduct of the Office of the Health Ombudsman, the Medicare Rebate Freeze and tackling the important public health issues such as obesity will make your job easier in the future – ensuring you can get on with the practice of medicine.

AMA Queensland will always be guided by the views and needs of our members and we will remain a constant for you, ensuring that your role is valued and protected and that you get all the assistance you need to be successful on your career journey.



## Identifying issues in workplaces through the Resident Hospital Health Check and helping you make an informed decision for applications

Via our second annual AMA Queensland Resident Hospital Health Check, we have surveyed RMOs in Queensland to gauge what matters the most - in terms of access to professional development leave, rostering practices, payment of overtime, and uncovering trends around bullying and harassment. Hospitals are graded from A – E with respect to how they support junior doctors on the job. As well as being an exceptional resource to inform your decision making, it has also facilitated discussions with hospitals on problem areas and how they can be addressed.

**Support our good work today for a better future for you tomorrow –**

**Join now - [amaq.com.au](http://amaq.com.au)**

# Save the date!

## Junior Doctor Conference

5th Annual AMA  
Queensland Junior Doctor  
Conference (JDC)

Saturday 23 -  
Sunday 24 June 2018

Hilton Brisbane,  
Brisbane CBD

### Top five reasons you should attend

1. Be inspired by prominent senior and junior leaders in the medical profession and medical volunteer organisations.
2. The Junior Doctor Live Issues Panel will offer valuable insight into crucial workforce issues impacting you as a junior doctor.
3. Experience Simulympics, a face-to-face emergency management simulation with life-like patients where two teams of Doctors in Training will battle it out for clinical supremacy.
4. Sharpen your all-important interview and resume writing skills and learn about diverse career pathways available.
5. Access AMA Queensland's Workplace Relations Advisors and seek advice on typical concerns including on-call, overtime and rostering issues.

### What will you walk away with?

- Strategies to cope with the challenges of internship and strategies to reduce the risk of burnout.
- A greater network of junior doctor colleagues and friends to support you throughout the early stages of your career and beyond.
- A certificate of attendance to include with your resume and to assist record-keeping for your annual CPD requirements.
- Access to quality presentations and resources provided by our expert speakers.
- Practical career insight from other junior doctors to help you obtain the competitive edge in an increasingly crowded market.

### Present your own research and oral presentation competition

You can submit a research abstract for the 2018 Junior Doctor Conference (JDC). Deliver your own research presentation in a relaxed setting as either a poster or short oral presentation, with access to eminent health researchers who can provide you with guidance and feedback. Presenting research is a great way of making your CV stand out from the crowd.

### Network and let your hair down

Take advantage of peer-to-peer learning and network with junior doctors from across Australia. But don't forget to let your hair down and enjoy the popular Saturday night cocktail party (with sweeping city views) along with the post-conference wine and cheese event which provides a great chance to network with speakers and junior doctor peers.

Cash in on the savings and use your \$25 JDC Dollars available only to AMA Queensland intern members. In addition, intern member early-bird rates will apply, saving you even more.

The 2018 Junior Doctor Conference program and early-bird member rates will be available from January 2018.

Please visit the AMA Queensland website for more details on exclusive events available for our Doctor in Training members.

**Members receive generous discounts or can attend selected events free of charge:**  
[www.amaq.com.au](http://www.amaq.com.au)



# JDC

# How AMA Queensland's corporate partners can help you!

Additional benefits are available exclusively to AMA Queensland members.

Please visit [www.amaq.com.au](http://www.amaq.com.au)



## AMA Travel Queensland

Planning that next escape? AMA Travel Queensland can put together the perfect holiday with significant savings on travel insurance, packages and service fees.



## American Express

AMA branded AMEX cards are available to members. These cards have additional benefits that a standard AMEX card does not offer, such as reduced annual card fees and free supplementary cards.



## BMW

Looking to treat yourself with the finest in German automotive excellence? BMW has a range of vehicles to suit every need. With complimentary scheduled servicing for four years/60,000 km and corporate pricing, there's no excuse not to.



## BOQ Specialist

BOQ Specialist is the bank for the medical profession, and there's a reason for that. From industry-leading rates on saving, market leading credit cards and reward schemes, to 100 per cent financing for home loans, BOQ Specialist has a solution for everyone.



## Doctors' Health Fund

Join the health fund dedicated to the medical profession. Thousands of doctors trust Doctors' Health Fund for better cover, better extras and better value health insurance. Providing members with great value extras, and unlike other funds, they have no preferred health providers, so you have freedom of choice in the provider to treat you.



## Hertz

AMA Queensland members receive 3 per cent discount off the best available rate of the day, free Gold Club Membership and reduced accidental damage rates.



## Lexus

It is with pleasure the Lexus of Brisbane Group continues to offer the Lexus Corporate Programme to AMA Queensland members on new vehicles across the entire Lexus range. This includes three year / 60,000km complimentary scheduled servicing



## Macquarie Wealth Management

Macquarie Wealth Management can focus on helping your savings grow while you focus on your patients. While you might be at the start of your career, smart investment advice now can set you up further down the line.



Preferred Medical Indemnity Provider

## MDA National

MDA National is a premium medical defence organisation that supports, protects and promotes over 45,000 members across Australia. As a doctor-owned mutual since 1925, MDA National supports our Queensland members over and above medical indemnity with 24-hour medico-legal advice and local risk management education. Junior Doctors benefit from complimentary medical indemnity and a 50 per cent premium reduction off the total cost of MDA National's professional indemnity for eligible doctors in specialist training.



## Medical and General Risk Solutions (MGR)

(MGR) is a specialist insurance broker focused exclusively on the medical industry assisting doctors and practice owners navigate the complex risks in running a modern day medical practice. MGR was formerly AMA Queensland Insurance Solutions and they help protect your most valuable assets by offering comprehensive insurances packages covering medical indemnity, house, car and travel insurance.



## Qantas Club

AMA Members and their partners are entitled to great discounts on Qantas Club Membership.



## Virgin Australia Lounge

AMA Members are entitled to great discounts on Virgin Lounge Membership



## Volkswagen

AMA members are entitled to a discount\* off the recommended retail price of new Volkswagen vehicles.

\*Terms and conditions apply. May not be available on all vehicles.



## William Buck

William Buck is the preeminent accounting partner for the medical industry with extensive experience working with health professionals at all levels, from starting out through to retirement. William Buck can help advise you on how to get the most out of salary packaging and help prepare your annual income tax return so you can get back to your patients and away from the receipts.



## Wine Direct

You work hard, you deserve to enjoy the best wine the world has to offer at the best price. Wine Direct sources and curates the finest in wine and delivers it directly to your door to save you from searching.

# Congratulations on your graduation!

*Starting your medical career is a momentous and exciting step. Don't put it all at risk.*

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- 24/7 emergency support
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[www.miga.com.au](http://www.miga.com.au)

Always the first choice for your medical indemnity insurance and protection

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# FAQ

## Frequently asked AMA Queensland membership questions

### **How do I join AMA Queensland?**

Use the form provided in this book or join online at [www.amaq.com.au](http://www.amaq.com.au).

### **Do I need to join both AMA and Affiliate Union Partner ASMOFQ?**

No, joining AMA Queensland gives you automatic membership to ASMOFQ. The one membership fee gives you membership of both and access to both AMA Queensland benefits and ASMOFQ benefits.

### **What does it cost?**

If you sign up at the Intern Readiness Workshop, your intern membership will work out to be less than a dollar a day and you will save close to \$100 off the full 2017 Intern rate. Intern early-bird rates are available until 31 December 2016 for \$396, saving you \$60 off the full 2017 fee.

### **Is the cost of AMA Queensland membership tax deductible?**

Yes it is.

### **Can't I just join when I have a pay issue or need some sort of assistance?**

No, we aim to provide excellent service to members, rather than non-members who choose to join only when they have a problem. In a sense, it's like insurance - you take the cover before you have a problem.



# 2018 Intern Membership

## YOUR DETAILS AND DECLARATION:

I, \_\_\_\_\_ (GIVEN NAME/S) \_\_\_\_\_ (SURNAME)

a registered Medical Practitioner, AGREE, if elected, to abide by the Regulations, By-Laws and Code of Ethics of the Australian Medical Association and the Memorandum and Articles of Association and the By-Laws of AMA Queensland.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Postal address (home): \_\_\_\_\_

Postcode: \_\_\_\_\_

After hours phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred email: \_\_\_\_\_

Gender:  MALE  FEMALE Date of Birth: \_\_\_\_\_

Hospital allocated for 2017: \_\_\_\_\_

University attended:  JCU  UQ  GU  BU  OTHER: \_\_\_\_\_

## PAYMENT OPTIONS: (PLEASE SELECT ONE)

1<sup>st</sup> payment due Wednesday February 14, 2018

### 1. CREDIT CARD

Payment Frequency: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit card type:  Visa  MasterCard  American Express

Credit card number:                      Expiry:  /

I authorise and request AMA Queensland to debit the above nominated credit card upon receipt of this authorisation and thereafter quarterly or monthly as nominated above. I acknowledge that this is a perpetual authorisation and will remain in force until cancelled in writing.

Cardholder's name: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. DIRECT DEBIT

Upfront \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Account held in the name of: \_\_\_\_\_

Financial Institution's BSB:       Account number:

I/we have read the "Direct Debit Request Service Agreement" and acknowledge and agree to same. I/we authorise and request The Queensland Branch of Australian Medical Association with User ID Number 9013 to debit my/our account in accordance with the agreement as nominated above. (Please note that direct debit is not available on the full range of accounts. If in doubt, please check with your financial institution.)

Account holder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_

### 3. CHEQUE PAYABLE UP FRONT TO AMA QUEENSLAND ONLY

#### Direct Debit Request Service Agreement

By signing our Direct Debit Request you acknowledge and agree to the following terms and conditions:

- You authorise the Queensland Branch of the AMA to debit your nominated account in the manner specified in the Direct Debit Request.
- We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangements in place between us.
- You will need to give us at least 14 working days notice in writing if you wish to defer or alter any of the debit arrangements.
- You will need to advise us in writing if you wish to stop a payment being processed (a Debit Item) or cancel a Direct Debit Request.
- If you wish to dispute any Debit Item, you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
- Some financial institution accounts do not facilitate direct debits. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
- Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
- You agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the Direct Debit Request.
- We will initiate the Debit Item on the due date stated in the Direct Debit Request or as otherwise agreed between us in

writing. If the due date for payment falls on a day which is not a business day in Queensland, then the Debit Item will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the debit Item will be processed to your account.

10. If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit Request. We may ask you to reimburse us for any charges we incur as a result of your debit item being returned unpaid.

11. We will ensure the details of your personal records and account details held by us remain confidential. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.

#### Membership Fee Changes

Membership fees change annually and your membership renewal advice and/or tax invoice serves as notification of the change to your perpetual quarterly or monthly direct debit or credit card payment.

#### Privacy Policy

AMA Queensland discloses sensitive information to its third party subsidiary companies, other third parties including AMA Queensland Foundation, Doctors Health Advisory Service and Medical Benevolent Association and third party commercial partners and sponsors. This personal information is managed in ways that ensure it is protected from unauthorised access, use or disclosure. Third parties will have access to the personal information on our information systems. Privacy clauses are included in all contracts with same, to ensure that personal information is protected from unauthorised access, use and disclosure. As a member of AMA Queensland, you expressly consent to the disclosure of your personal information including sensitive information to third parties.

## JOIN ONLINE:

[www.amaq.com.au](http://www.amaq.com.au)



Your membership with AMA Queensland also includes membership with the Australian Salaried Medical Officers Federation Queensland (ASMOFQ) and additionally its Federal counterpart the Australian Salaried Medical Officers Federation for free.

As a salaried doctor, I wish to be an ASMOFQ member.

## STANDARD MEMBERSHIP FEES:

\$41.09 per month  
\$452 per annum

## SPECIAL INTERN EVENT SIGN UP FEE\*:

\$32.18 per month  
\$354 per annum

\*If you join and provide credit card details on the day of the intern events.

## EARLY BIRD FEE\*:

\$36.27 per month  
\$399 per annum

If you join before 31 December 2017

Monthly will be deducted on the 15th day of the month.

## RETURN THIS FORM TO:

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Reply Paid 123,  
Red Hill QLD 4059

Fax to: (07) 3856 4727

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Phone: + 61 (7) 3229 5100

[Angela.Jeffrey@williambuck.com](mailto:Angela.Jeffrey@williambuck.com)

[Julie.Oreilly@williambuck.com](mailto:Julie.Oreilly@williambuck.com)

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