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Your Family Doctor: Here for You Family Doctor Week 2018

Once again this year, the Australian Medical Association is holding a Family Doctor Week to celebrate the role our GPs play and to remind everyone about their vital contribution to the health of Australia. This year's theme is 'Your Family Doctor: Here for You'.

The Organisation for Economic Co-operation and Development (OECD) says Australia has one of the best health systems in the world. Its strength stems from general practice and the pivotal role of the general practitioner. One of the main reasons Australia has our world class health system is the central role played by Family Doctors in patient care. More than 80% of Australians will see a General Practitioner at least once every year, and GPs are the most common point of contact when Australians become ill.

The vast majority of health problems are managed solely by GPs. The trusted relationship between GPs and their patients is fundamental to patient care in Australia, enabling safe disclosure

of health care concerns and the provision of evidenced and patient-centred medical advice. Decisions about patients' health care are part of an informed and collaborative approach between patients and their GPs.

The message is clear

The AMA (ACT) wants Australians to understand that a GP's primary focus is firmly on what is best for the patient when it comes to preventive health, diagnostics and treatment, chronic disease management, and end of life care. When people have a trusted family doctor it is good for their health: those with an ongoing relationship with a family doctor have been shown to experience better health outcomes. Australians already know the benefits of having



Health Minister, Meegtan Fitzharris with AMA (ACT) President, Dr Antonio Di Dio, at the 2017 Family Doctor Week dinner.

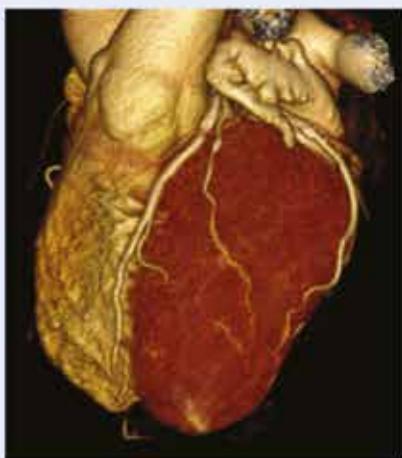
a regular family doctor, with 83 per cent of the population visiting a GP at least once a year. Ninety three per cent of Australians return to the same practice, and 78 per cent of patients have a preferred usual GP.

Because of the amazing work done by Australia's GPs, the AMA celebrates their work with the Family Doctor Week and this year's themes 'Your family doctor: Here for You' serves to remind the Canberra community about the central

role that GPs play in their health care. Having a regular GP is good for your health and helps ensure continuity of care – something fundamental to good preventive care.

Continued page 2...

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Family Doctor Week 2018

BY DR ANTONIO DI DIO, AMA (ACT) PRESIDENT

Hello and welcome colleagues to a special time – Family Doctor Week! A celebration by the AMA of our hard-working front-line GP colleagues. We have an amazing health system in Australia, with many moving parts and brilliant people, but the cornerstone – in my mind – is the phalanx of family practitioners doing the service provision every single day – and night and then again the next day.

More than 80% of Australians will see a General Practitioner at least once every year and GP's are the point of contact when the vast majority of us become ill and need responsible, safe and caring advice.

Furthermore, the complexities that need to be navigated in the private/public, specialist/hospital vortex that our patients traverse, can be terrifying and confusing, and the GP acts as conduit, agent, concierge, interpreter and advocate, all in one crucial role. A huge number of fortunate Australians only ever need to see their GP, who, educated, up to date and service focused, solves and manages the vast majority of their problems. Not only that, it's done in a fashion that is informed and, as ever, collaborative with the patient. Pa-

tients who have a regular GP – a family doctor – have better continuity of care and better health outcomes as a result.

The AMA and GPs

Dr Richard Kidd, the Chair of the AMA Council of General Practice, in a recent article in Australian Medicine, said that this is an important time for general practice and I agree. While we await the outcome of several Federal Government reviews, we cannot afford to continue to underfund the cornerstone of our health system – general practice – and that the AMA is focused on achieving an immediate injection of additional funding.

As Dr Kidd makes clear, the AMA has put forward a raft of ideas – improved rebates for residential aged care facilities care, a more



Guests at last year's Family Doctor Week Dinner "showing the love".

realistic definition of after-hours for in rooms consultations, red tape busting reforms to CDM items, CVC style payments for patients at risk of unplanned hospitalisations – to name a few.

These AMA proposals could be readily picked up and they could make a real difference to the way GPs work and the services they provide to their patients as well as supporting GPs to provide those services.

Your Family Doctor

The AMA theme this year for the week is "Your Family Doctor : Here For You" and I love it. Sometimes we find that being 'there' for our patients is difficult – our time is precious and shared between a large number of domains, like family and friends and interests and our own health. Nevertheless, it is without a doubt the commonest response I get when asking fellow GPs what it is that makes their job rewarding – it is being there for people.

Your dog really did eat your homework? You thought it would be smart to eat what? You pierced that? (You really did? Ouch) Something odd in the toenail? You have a lump where? You guys are separating? From the sublime to the ridiculous, one thing we all learn over the years is that every person's problem is a problem to them – no matter how trivial, no matter how deep – that's why they are sitting in that chair next to you instead of being anywhere




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Your Family Doctor: Here for You...continued

...From page 1

AMA (ACT) and Family Doctor Week

As part of FDW, the AMA (ACT) is holding a Family Doctor Week dinner with this year's guest of honour being Dr Tony Bartone, the recently elected Feder-

al AMA President. Dr Bartone is an experienced Melbourne General Practitioner working in two General Practices in the northern suburbs of Melbourne. His principal specialty interests include men's Health, mental health counselling, care co-ordination of patients with

multiple chronic illnesses, and aged care.

The Family Doctor Week dinner is being held on Wednesday 25 July and the event is complementary to AMA members. More information is available in this edition of *Canberra Doctor*.



Dr Tony Bartone elected Federal AMA President

else – and their perception of the problem, and their need for help, is why we are there.

Here for You

We are not there to say, “buck up, you wimp, other people are worse off than you – here’s a list of other people’s travails that make yours seem meaningless”, we are there for them. Today and tomorrow. Over weeks or decades. This is one way I see it – last week I returned to the little town I was born and two days ago saw Bob the solicitor for a long overdue visit.

The décor was unchanged from when I visited with dad in the late 60s. Due to the new-fangled inter-webby thing he wrestles with, he needed my identity checked. The little old ladies who purchased my parents’ house when mum died four years ago had kept a suitcase for me that I couldn’t fit into my car at the time, so I walked over and looked at the suitcase, and the first thing I saw was ...my birth certificate! It was signed in 1966.... by solicitor Bob!

He was as delighted, as I was, although he did note that I looked a little different now. Two hundred yards away was the local GP surgery where Vince and Paul worked – Paul delivered me that day in 1966, Vince was still there, working on a Saturday because he was there for people. Who else is going to stick his head out the window on a sleepy Saturday morning

and politely inquire about my lipid profile? Paul retired a few months ago but people still walk an extra block to his house and just double check advice they’ve been given. Family doctor week for me? I want to be half as good as those guys.

Thank you all

Name the big issues – preventive health, making diagnoses and initiating management strategies, ongoing management of chronic disease, and end of life care. Start of life care. Thinking about pre-start of life care.

Everything a life has from cradle to grave comes under the umbrella of the family GP and while keeping up to date can be a burden and the politics of medicine a challenge and the attack on our incomes and roles a frustration, the privilege of being a GP role is astounding.

One thing I know for sure – the only thing that’s stopped our family GP (and solicitor Bob) from being there for me is the fact that he must be 137 years old. He has lived to serve and consequently, has had an incredibly happy life, beloved by an entire community. GPs have this incredible privilege and in Family Doctor Week we reflect with joy – this is no three-word slogan, this is our life – “Your Family Doctor – Here for You.”

Australian Medicine reports:

Dr Tony Bartone is the AMA’s new Federal President, following his election to the office on the final day of the AMA National Conference. Dr Bartone replaces Dr Michael Gannon as President, and was the AMA Vice President over the past two years. Those two-year terms ended at the National Conference’s conclusion.

In a three-way contest for the top job, Dr Bartone emerged the victor after delivering a rousing speech to conference delegates, promising to fight for GPs, represent all medical professionals, and build the AMA’s membership and influence.

He also signalled an intention not to go easy on politicians and policy makers.

“Our Health Minister needs to understand the time for rhetoric

is over. We need to see real action now,” he said.

“We will have a Federal Election in the next year, and I am ready for any early election call.”

Melbourne GP

A GP himself from Melbourne and a former President of AMA Victoria, Dr Bartone said he was ready for his new challenge.

“I now want to fight for Australia’s doctors so that they can continue to



Dr Tony Bartone, Federal AMA President.

deliver the same quality health care that my father received,” Dr Bartone said while relating how as a child he became inspired by a dedicated GP attending his sick father.

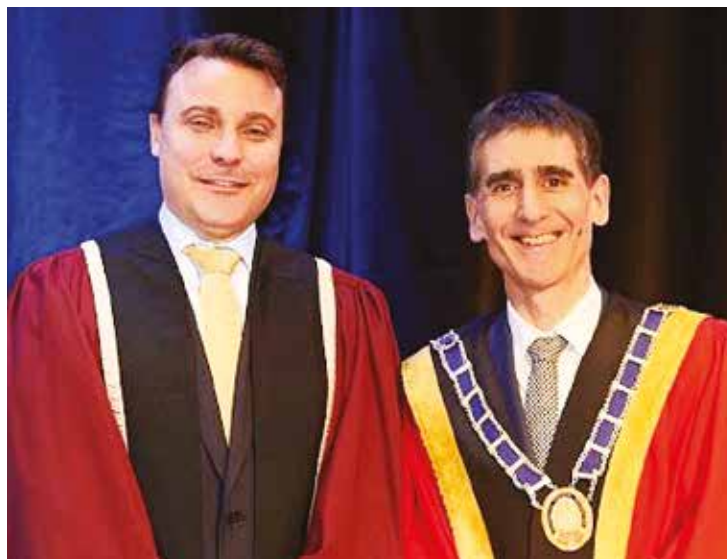
“General practice has been systematically starved of funding, putting at risk its very survival.

“The AMA, under my leadership, has the solutions. A GP President will send a message.”

Dr Chris Zappala elected VP

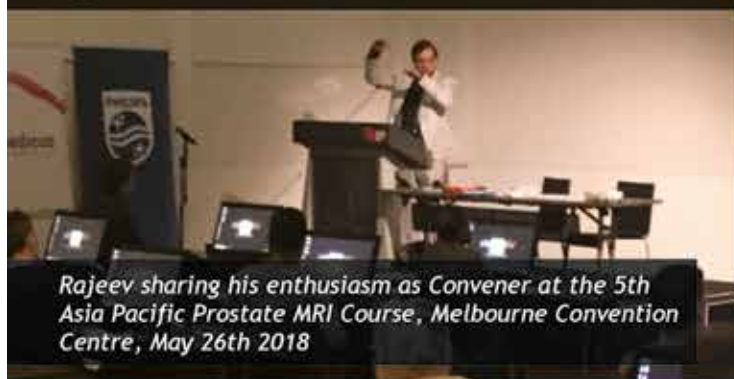
Dr Chris Zappala, a thoracic physician from Queensland, was elected Vice President to replace Dr Bartone. Dr Zappala won a four-way contest for the vice presidency.

The two-year terms for the new AMA President and Vice President took effect immediately following the vote.



Dr Tony Bartone, right, with Dr Chris Zappala.

UMI Universal Medical Imaging



Rajeev sharing his enthusiasm as Convener at the 5th Asia Pacific Prostate MRI Course, Melbourne Convention Centre, May 26th 2018

UMI Welcomes Prostate MRI Medicare Rebate

Following years of dedication to Prostate Imaging, UMI and A/Prof Rajeev Jyoti are happy with Medicare’s recognition of the role MRI plays in Prostate Cancer diagnosis and management.

Rajeev commented “We have been promoting technical excellence in Prostate imaging for some time and worked with equipment manufacturers to improve the technologies available, but access was difficult for many patients. The introduction of a Prostate MRI Medicare rebate for specialist referrals (clinical criteria apply) completes the picture.”

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The man who wrote the book on general practice

AMA Gold Medal: Prof John Murtagh AM

The doctor who wrote John Murtagh's General Practice—the pre-eminent reference textbook for general practitioners, medical students, and registrars – has been recognised with the AMA's highest honour, the AMA Gold Medal.

AMA President, Dr Michael Gannon, announced Emeritus Professor John Murtagh AM as the Gold Medal recipient at the AMA National Conference in Canberra tonight.

"Professor Murtagh's contribution to medicine and general practice as both a doctor and an educator in Australia is incomparable," Dr Gannon said.

Incomparable Contribution

"He is the highly acclaimed author of several internationally adopted medical textbooks, including John Murtagh's General Practice, which is now in its sixth edition, and has been translated into 13 languages since it was first published in 1994.

"Yet his medical career did not start immediately. Professor Murtagh originally started his working life as a secondary school teacher, teaching maths and science in country Victoria, having completed degrees in science and education at the University of Melbourne.

"In 1961, he retrained, fulfilling his childhood ambition to become a doctor. He graduated with an MBBS from Monash University in 1966, as one in a class

of the first intakes at the newly established medical school.

"In 1988, he completed his Doctor of Medicine, with his thesis, The management of back pain in general practice.

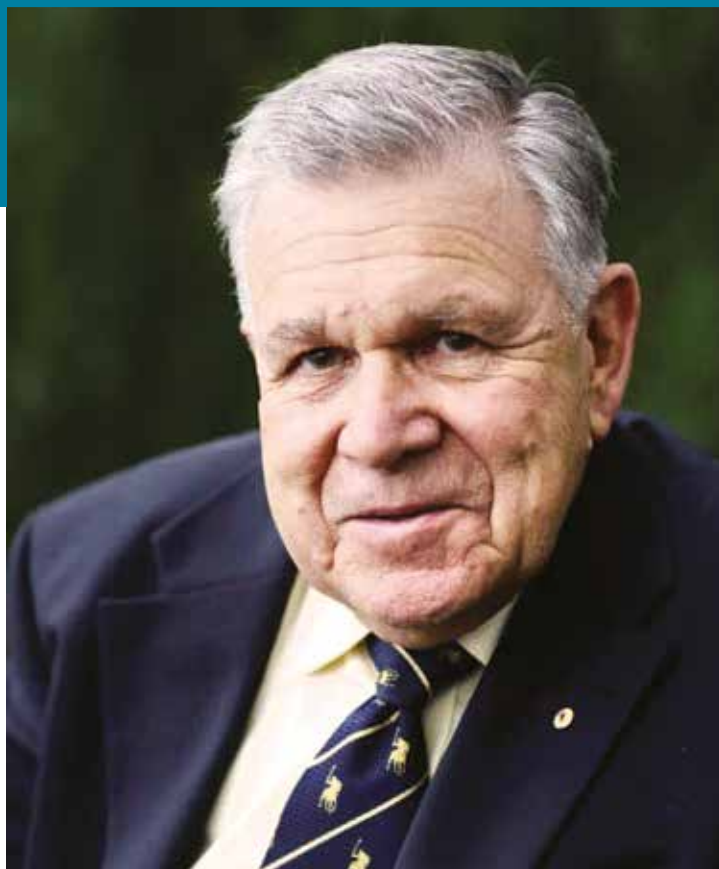
Prof John Murtagh AM

"While studying medicine, Professor Murtagh met his wife Jill, a fellow medical student, and after completing their medical studies, they took over the general practice at the Neerim South Hospital in country Victoria – John providing the surgical skills and Jill the anaesthetics.

Love of teaching and medicine

"Combining his love of teaching and medicine, training visiting Monash medical students at Neerim South was a natural fit. He was invited to write educational programs for the Royal Australian College of General Practice (RACGP), and to provide a rural teaching base for the Department of Community Medicine at Monash University.

"In 1979, he relocated to Melbourne to accept a full-time senior lecturer position at Monash University.



differentiated disease presents in a GP's consulting rooms.

Professor of General Practice

"In 1993, he was appointed Professor of General Practice and Head of Department at Monash University, a position he held until his retirement in 2002.

"Post-retirement, Professor Murtagh continues to teach both undergraduate and postgraduate students, provide lectures to doctors around the world, and write medical books and – lately – Flashcards, morphing from books to apps.

"He was made a Member of the Order of Australia in 1995 for significant services to medicine, particularly in the areas of medical education, research, and publishing, and was awarded the inaugural David de Kretser Medal from Monash University in 1996.

"The RACGP has named its library in his honour, and the Department of General Practice at Monash has named the its Annual Update Course for General Practitioners after him.

"In 2007, he was awarded the AMA Victoria Gold Medal for services to medicine.

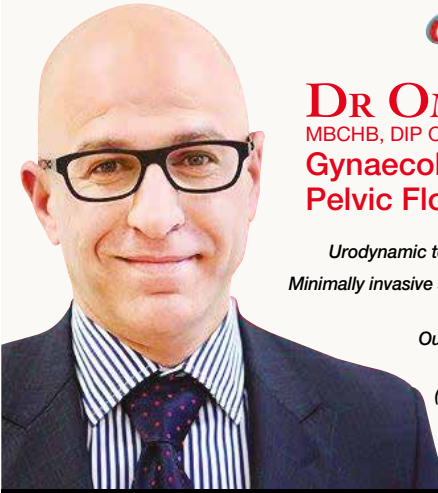
"Emeritus Professor John Murtagh AM has rendered outstanding services to the practice of medicine and, without question, is deserving of the award of the Gold Medal of the Federal AMA."

"During the 1980s and 1990s, as medical editor for the RACGP's Australian Family Physician publication, Professor Murtagh introduced new features, including Brain Teaser, Practice Tips, Patient Education, and Cautionary Tales.

"Professor Murtagh later developed these journal articles into published books, following an approach from McGraw-Hill publishers.

"In 1991, McGraw-Hill requested that Professor Murtagh write a new type of medical textbook, one that defined the nature and content of general practice.

"Using chapters based on symptoms, rather than disease categories, and building on the diagnostic model he developed, the textbook – General Practice – was pitched in the way that un-



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AMA endorses Uluru statement from the heart

AMA appoints next secretary general

The AMA has appointed Dr Michael Schaper as its next Secretary General. Dr Schaper will take up the position in late July. He will replace Anne Trimmer, who will leave the AMA in August at the completion of her five-year term.

The AMA Federal Council has endorsed the Uluru Statement from the Heart, which calls for a First Nations' voice in the Australian Constitution.

AMA President, Dr Tony Bartone, said that the AMA has for many years supported Indigenous recognition in the Australian Constitution, and that the Uluru Statement is another significant step in making that recognition a reality.



Dr Tony Bartone, AMA President.

"The Uluru Statement expresses the aspirations of Aboriginal and Torres Strait Islander people in regard to self-determination and status in their own country," Dr Bartone said.

"The AMA is committed to improving the health and well-being of Aboriginal and Torres Strait Islander peoples. Closing the gap in health services and outcomes requires a multi-faceted approach."

"Cooperation and unity of purpose from all Australian governments is needed if we are to achieve meaningful and lasting improvements. This will involve addressing the social determinants of health – the conditions in which people are born, grow,

live, work, and age."

"Constitutional recognition can underpin all these endeavours, as we work to improve the physical and mental health of Indigenous Australians."

Dr Bartone said the AMA is proud to have made the announcement of its endorsement of the Uluru Statement during National Reconciliation Week.

Dr Schaper will join the AMA from his current position as Deputy Chairman of the Australian Competition and Consumer Commission (ACCC), a position he has held since 2008.

The AMA Federal Council and AMA Board were delighted to secure the services of Dr Schaper, who has considerable background and experience in business, government, and academia.

Chair of the AMA Board, Dr Iain Dunlop, who oversaw the national recruitment process, said that Dr Schaper's business background will be invaluable for the Association.

"Like all member organisations, the AMA needs a solid financial base upon which to embark on its vital policy and advocacy activities," Dr Dunlop said.

"Michael's impeccable inside knowledge of politics, government, regulation, and the business world will ensure that the AMA's reputation as one of the nation's most successful lobby groups is preserved."

Dr Schaper has a PhD in Management and a Master in Com-

merce, both from Curtin University.

He has chaired or served on a number of Ministerial advisory committees, and been an adviser to various State and Federal Ministers and Members of Parliament, including the Cabinet Office of the Western Australian Government and the office of a previous Federal Treasurer.



Dr Michael Schaper.

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AMA National Conference 2018 – a young doctor's view

BY DR REBEKAH STEPTO, CO-CHAIR, AMA (ACT) COUNCIL OF DOCTORS IN TRAINING

The recent AMA National Conference was a heady mix of networking, learning and a celebration of excellence; but this time with an overlay of the election of a new AMA President.

The conference was kicked off by Dr Michael Gannon delivering his last speech as AMA President. If you were ever in need of inspiration or a reason for joining the AMA, I could not recommend Dr Gannon's speech more highly. In two years, Dr Gannon has not only forged a constructive working relationship with the government of the day, he has vigorously pursued a better health system for all Australians.

Whether it's been the lifting of the Medicare rebate freeze or asylum seeker health or providing a 'guiding voice' in the review of private health insurance or medical indemnity reform or codeine up-scheduling, the AMA has been there. Not only that, over Dr Gannon's term of office, the AMA has released position papers on obesity, addiction, women's and

children's health, firearm control and the first ever paper on men's health.

In addition, the AMA has brought its considered view to broader social issues impacting health such as marriage equality and euthanasia, as well as protecting doctors by looking at doctors' health services and reforming mandatory reporting for doctors.

Other Conference highlights

The first day was rounded out by addresses from government, opening with the Federal Health Minister, Greg Hunt who reiterated the constructive relationship with the AMA particularly in areas of workforce and private health reform. He also took the opportunity to emphasise how important he believed it was to roll out the Government's e-health initiative, *My Health Record*.



Young doctors at the Gala Dinner held during the AMA National Conference.

Catherine King, Shadow Minister for Health, was next up and she was quick to point out that the Medicare Benefits Schedule had only been 'partially thawed' and was the only speaker to accept questions from the floor. Senator Richard Di Natale, Leader of the Greens, was on the attack, condemning the coal-

ition of cost-cutting and proposing a 'progressive' taxation system to adequately fund health.

Members' policy debates

This year's conference had a change in format with issues of policy being debated by delegates and members on the floor of the conference. Member participation was the key with many of the issues debated being proposed by Doctors-in-Training (DiTs). The role of young doctors in the AMA is becoming increasingly important and it showed in the policy debates at National Conference.

Some of the topics for debate included issues of gender equity, environmental sustainability in health care, supporting LGBTIQ doctors and medical students, recruitment discrimination and the implication of the Bawa-Garba case on Australian Doctors.

One of the most contentious and relevant topics for debate asked whether "Prevocational research is worth the (CV) paper it's written on?" while another considered the role, if any, of E-cigarettes as a harm reduction measure.

AMA elections

The conference proceedings were overlaid with the excitement of an AMA election year. Candidates for President and Vice-President had time to pitch to state and territory delegations over lunch, mingle over cocktails and schmooze at the leadership dinner. Elections for new AMA office bearers are something the DiT delegation took very seriously and this serious approach was reciprocated by each of the candidates in holding meetings with the DiT group.

As we now know, Dr Tony Bartone, a Melbourne GP, is the new AMA President with Dr Chris Zappala, a Brisbane Thoracic and Sleep Physician, being elected AMA Vice-President. Given Dr Bartone's involvement with the Council of Doctors-in-Training over the last two years in his capacity as VP, I am sure he will be a strong advocate for DiTs during his term.

Next year, if you have the opportunity or inclination to attend the National Conference as a delegate, spectator or member, I'd recommend you take the opportunity to see the best of the medical profession in action.

Doctors' health resources

Are you looking for a GP?

If you're a junior doctor or medical student and looking for a GP please contact AMA (ACT) and we will assist you to find a local GP.

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AMA's Doctor Portal:

<https://www.doctorportal.com.au/doctorshealth/resources/>

doctorportal

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<http://www.jmohealth.org.au/>

Partly funded by DHAS and a range of other organisations.



Doctors Health Advisory Service

<http://dhas.org.au/resources/resources-for-junior-medical-officers.html>

On the DHAS website itself.



AMSA students and young doctors:

<http://mentalhealth.amsa.org.au/about-the-campaign/>

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VALE

The president, Dr Antonio Di Dio, Board members and staff of AMA (ACT) extend their sincere condolences to the family, friends and colleagues of Dr Neville Newman.



ACT's Dr Liz Gallagher made an AMA Fellow

The Federal AMA has inducted five new members into the AMA Roll of Fellows, in recognition of their outstanding contributions to both the medical profession and the AMA.

The new inductees are: the Chair of the AMA Federal Council, Associate Professor Beverley Rowbotham; AMA Northern Territory President, Associate Professor Robert Parker; immediate past AMA Queensland President, Dr Chris Zappala; former AMA ACT President, Dr Elizabeth Gallagher; and long-time AMA South Australia State Councillor, Dr Nigel Stewart.

AMA President, Dr Michael Gannon, announced their addition to the Roll at the AMA National Conference in Canberra today.

"Each of our new Fellows has excelled in their respective medical specialties, and in their roles as advocates for the profession," Dr Gannon said.

"They have contributed at both the State and Federal level to improve working conditions for doctors, and to making the Australian health system work more effectively for patients and communities."

Dr Elizabeth Gallagher

AMA (ACT) past-president, Dr Liz Gallagher, was included as one

of the new fellows in recognition of her service to the AMA (ACT), the local profession and the wider community.

Dr Gallagher's citation reads:

"Born in Canberra, Dr Gallagher completed her medical degree at the University of Newcastle and trained in Obstetrics and Gynaecology at The John Hunter Hospital in Newcastle, at Maitland, Gosford, and Canberra Hospitals, as well as St Mary's Hospital in Portsmouth, England.

Dr Gallagher has served as a Council member of the Australian Menopause Society and is a member of the International Menopause Society, the Australasian Gynaecological Endoscopy Society, the Ur-



Dr Liz Gallagher and Dr Michael Gannon.

ogynaecological Society of Australasia, and the Australian and New Zealand Vulvovaginal Society.

Dr Gallagher has also given generously of her time as a member of the Board of the John James Foundation, and has devoted time each year for eight years to work with Aboriginal communities in remote parts of Australia, and has undertaken voluntary work in the Solomon Islands for the past three years.

Dr Gallagher joined the AMA ACT in 2000, and was appointed to the AMA ACT Advisory Council as Obstetrics and Gynaecology representative in 2010. She was elected AMA ACT President in 2014, a time

that coincided with the release of the 2014 Federal Budget and a number of critical, local issues involving the ACT health system.

In addition to representing AMA ACT at National Conference from 2013 to 2017, Dr Gallagher was an AMA Federal Councillor from 2015 to 2017, and was a member of the Medical Workforce Committee over the same period.

At all times, she has shown remarkable leadership, and her calm, measured, and down-to-earth approach has consistently resulted in positive outcomes.

AMA (ACT) congratulates all the new fellows but particularly Dr Gallagher.



Dr Michael Gannon, AMA President (left) with A/Prof Robert Parker, Dr Elizabeth Gallagher, Dr Chris Zappala and A/Prof Beverley Rowbotham.

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2018 AMA Indigenous Medical Scholarship

A medical student who makes patient education films in Pitjantjara language, and who plans to provide health care to the people of Central Australia, is the recipient of the 2018 AMA Indigenous Medical Scholarship.

AMA President, Dr Michael Gannon, presented Pirpantji Rive-Nelson with the award at the AMA National Conference today.

Mr Rive-Nelson, from Alice Springs, is a final-year medical student at the University of Queensland, attending the Rural Medical School in Toowoomba, who plans to return to Central Australia to work as a clinician.

"My aspirations include, but are not confined to, a fulfilling and challenging career practising medicine in Alice Springs Hospital, inspiring youth of Central Australia to pursue health careers, and to take on leadership and advocacy roles within Central Australia and national health care organisations," Mr Rive-Nelson said.

"Many Indigenous Australians of Central Australia do not speak English as a primary language, and seeking health care from the Alice Springs Hospital is a daunting experience.

"Therefore, I hope to actively assist Pitjantjara-speaking patients, and my colleagues, by being a clinician who is able to navigate both languages and cultures competently."

Educator

Mr Rive-Nelson also plans to be an educator and is currently

composing short patient health education material in Pitjantjara language, including a YouTube video on kidney disease, which won an award from the University of Queensland.

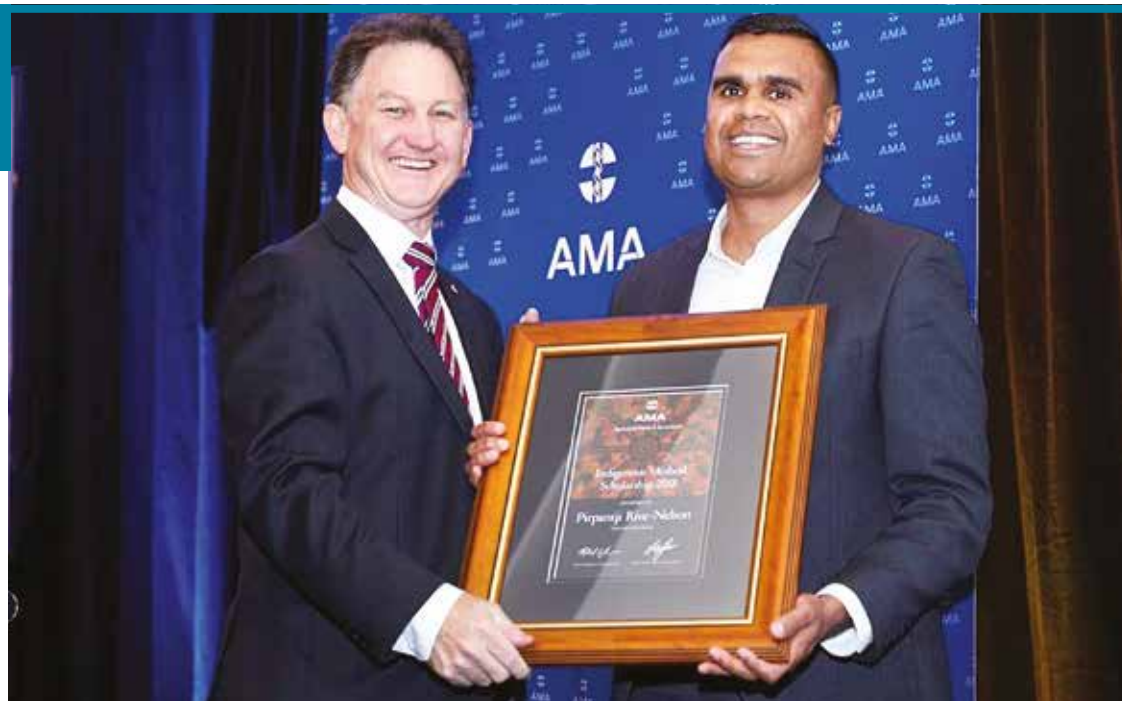
"My primary focus is to work with the people of Central Australia, as I believe that I will have an opportunity to assist a vulnerable population of the Australian community," Mr Rive-Nelson

"As a future clinician servicing an area that suffers some of the worst health rates in Australia, I will not only serve the community as a doctor, but as an educator. Furthermore, I hope by working in Alice Springs Hospital, I might inspire local school-aged kids to pursue professions in health care, so we can look after our people."

Dr Gannon said Mr Rive-Nelson is a deserving recipient of the \$10,000 a year Scholarship.

"He grew up in communities including Irrunytju, Pipalyatjara, and Kalka, and has been exposed to a traditional life that most young Indigenous people can only dream of.

"He is a Wati – a fully-initiated man – and many of his family are Ngangkari – traditional bush doctors. Pirpantji will be the first



AMA Federal President, Dr Michael Gannon, left, with Pirpantji Rive-Nelson.

initiated Pitjantjara Wati to become a doctor in the Western medical model, and he will be able to collaborate with Ngangkari to share knowledge and better outcomes for the health of the Central Australian community.

Close the Gap

"The significant gap in life expectancy between Indigenous and non-Indigenous Australians is a national disgrace that must be tackled by all levels of Government, the private and corporate sectors, and all segments of our community.

"It's evident that Indigenous people have a greater chance of improved health outcomes when they are treated by Indigenous doctors and health professionals.

"Indigenous people are more likely to make and keep medical appointments when they are confident that they will be treated by someone who understands their culture, their language, and their unique circumstances. Mr Rive-Nelson is that person."

Fewer than 300 doctors working in Australia identify as Aboriginal and/or Torres Strait Islander – representing 0.3 per cent of the

workforce – and only 286 Indigenous medical students were enrolled across the nation in 2017.

The AMA Indigenous Medical Scholarship was established in 1994 with a contribution from the Commonwealth Government. The AMA is seeking further donations and sponsorships from individuals and corporations to continue this important contribution to Indigenous health.

Information about the scholarship can be found at: <https://ama.com.au/advocacy/indigenous-peoples-medical-scholarship>.

The Medical Benevolent Association of NSW (MBANSW)

Provides a free and confidential support service to Canberra doctors in need and their family. Financial assistance and counselling support are available to colleagues who have fallen on hard times through illness or untimely death. Support is also available to medical practitioners who may be experiencing difficulties at work or in their personal relationships.

The MBANSW is funded by your donations; please allow us to continue to provide support and assistance to your colleagues in need by making a donation to the Medical Benevolent Association Annual Appeal. Donations can be made visiting our website www.mbansw.org.au

If you are concerned about your own situation or that of a colleague, please contact the MBANSW Social Worker, Meredith McVey on (02) 9987 0504.

BY DOCTORS FOR DOCTORS
www.mbansw.org.au

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SPEAK UP! about Bullying

BY CHRISTINE NEOU, AMA (ACT) WORKPLACE RELATIONS ADVISOR

When we think of bullying, we think of school playgrounds and name-calling. We think of High School drama and whispers behind backs. But in 2016, the University of Wollongong conducted a study that revealed 50 per cent of Australians experienced workplace bullying, with 40 per cent being early in their careers. As a young doctor – or medical student – you are at risk of experiencing early career bullying, if you haven't already.



What is Workplace Bullying?

Australian legislation defines bullying in the workplace as repeated unreasonable behaviour that creates a risk to health and safety. This can include:

- Aggressive behaviour;
- Teasing or practical jokes;
- Pressuring someone to behave inappropriately;
- Exclusion from work events; or
- Unreasonable work demands.

With increases to technological capabilities and the growth of social media, there has also been an increase in cyberbullying incidents. Cyberbullying is defined as "an aggressive, intentional act carried out... using electronic forms of contact, repeatedly and over time..." DiTs have faced this kind of bullying in the form of disempowerment and abuse.

JMOs in New South Wales reported incidences of out-of-hours communication regarding their work performance and a failure to provide advice on how to improve while Canberra DiTs have reportedly faced public humiliation and ongoing bullying. But this kind of behaviour is not restricted to Australia – in Ireland, junior doc-

tors reported their experiences with bullying to be categorised as threat to their professional status; threats to their personal standing; isolation; enforced overwork and destabilisation.

Whether subtle or overt, workplace bullying is likely to be occurring in our Canberra Hospitals and identifying the behaviours is the first step towards addressing the issue.

Why does it happen?

Literature suggests that early career bullying is "most frequently associated with an abuse of power... over junior staff." Whether subconsciously or willingly, managers and supervisors exert bullying behaviour as a means of exercising authority and dominance over their subordinates. It also may be due to either work-related or personal issues that are causing stress, leading to inappropriate interactions with junior staff. There is also research to suggest that women experience higher levels of bullying because of societal perceptions to women in the workplace. Whatever the reason, it is unacceptable.

What are the effects?

As a result of workplace bullying, victims can experience professional, personal, social and health con-

cerns. It can decrease levels of positive attitudes towards work related tasks and cause a reduction in job engagement. This leads to high absenteeism, particularly in hospital settings. On a personal level, it causes issues with rumination and high instances of distress. DiTs can experience reduced self-esteem and begin perceiving that they deserve the bullying behaviours due to their own lack of ability. Often, it causes them to leave the profession entirely. Socially, victims of bullying can unintentionally cause destruction of or disengagement from their relationships.

However, the biggest risks are those associated with the health, both physical and mental, of the victim. It has been medically certified that victims of bullying experience sickness and a decreased quality of life. This is brought about from poor sleep quality and sleep disturbances that arise from workplace bullying. Further health concerns include a loss of appetite and poor nutrition – these issues can lead to heart disease. Mentally, employees who have been bullied may become fearful and less

innovative, undergo mood swings, suffer emotional distress and experience difficulty concentrating. In extreme cases, workplace bullying can lead to suicide.

How does it keep happening?

Although ACT Heath does have bullying policies, there are external obstacles relating to the investigation process – bullying cannot be investigated until a formal complaint is made; victims and perpetrators are often required to continue working together during the investigation; and the lack of voice should an investigation not reveal acts of bullying.

This lack of voice is considered a 'silencing tactic.' Employers use tactics to silence bullied employees from speaking up. Some organisations consider bullying to be a mere personality clash, and others have no clear procedure to follow in order to speak up. In some instances, employees choose not to raise issues because of the risk to their reputation and the

perceived effect on the reputation of the company. Additionally, employees risk a number of economic and career ramifications if they do report their bullying. Essentially, it is the structure, industry or organisational culture that encourages silencing; these stem from fear.

Where do I speak up?

If you feel you're being bullied, get in touch with either Christine (wr-advisor@ama-act.com.au) or Tony Chase (industrial@ama-act.com.au). We are equipped and willing to help you address any bullying or harassment behaviour you've been experiencing in your workplace.

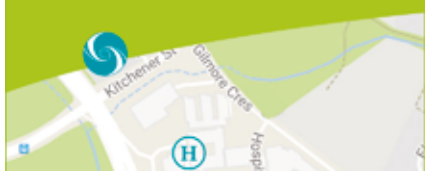
Other alternatives include your supervisor or manager, the workplace health and safety representative, the human resource department or the union of your workplace. The Fair Work Ombudsman, the Fair Work Commission, the Australian Human Rights Commission and WorkSafe ACT (or SafeWork NSW) all have processes and policies to deal with workplace bullying.



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AMA (ACT) AGM



Mrs Vicki Dunne MLA, Shadow Minister for Health, addressing the AGM Dinner.



DR Antonio Di Dio, AMA (ACT) President (second from right) with friends and family at the dinner.

Dr Colin Andrews, AMA (ACT) CEO, Peter Somerville and Dr Ian Brown.



Prof Steve Robson, outgoing AMA (ACT) President with Mrs Vicki Dunne.



Dr Antonio Di Dio, addressing the AGM dinner.



Dr Antonio Di Dio, AMA President enjoying the dinner.

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At Specialist Wealth Group, we currently have a special for AMA (ACT) Members – tax return completed by our specialist medical tax accountant free, plus a 1 hour free financial planning meeting. Call us on 1300 008 002 to book yours today

With house prices as high as they are, Australians are entering the housing market later in life as they are finding it increasingly more difficult to save for a deposit for their first home. New laws recently passed that were introduced by the Australian Government in the last Federal Budget, mean that from 1 July 2018, one can apply to withdraw voluntary super contributions made from 1 July 2017. This is called The First Home Super Saver Scheme or (FHSS), it's intended to help Australians save a deposit faster with the concessional tax treatment of super.

Under the FHSS Scheme, first home buyers who make voluntary contributions into superannuation system can withdraw those contributions and an amount of associated earnings for the purposes of purchasing their first home. (The amount of associated earnings for 2016/17 this rate was 4.78 %.)

A young couple, if both eligible, can withdraw a total of \$60,000 of voluntary contributions, plus associated earnings as their total release amount. This is a

once only withdrawal. The great news is, there is no limit to the associated earnings amount. The maximum total amount of contributions that may be eligible to be released is \$30,000 & the maximum amount of contributions made in a particular financial year that may be eligible to be released is \$15,000. Contributions made by other entities in your respect will not be eligible to count towards release amounts such as your employers SG contributions.

The process of withdrawal is very simple, after 1st July 2018, you ask ATO to make a determination on how much you can withdraw. ATO will look at all the voluntary contribution reported by funds where you are a member and add the associated earnings to it and give you a determination of the maximum amount that you can withdraw.

Once the trustees of the super fund receive a release authority, they will pay to the ATO the amount specified in the release authority. Release of your contributions and deemed earnings made under the FHSSS, will be taxed at your marginal tax rate



less a 30% tax offset. For example, if your marginal tax rate is 34.5% including the Medicare Levy, with the 30% tax offset you will pay a tax rate of 4.5% on withdrawal. Which is then available to you and pay you the money (called assessable FHSS released amount) and issue you with a payment summary.

You must then buy a 'residential premises' after you receive the money within 12 months. The home you purchase must become your home and not an investment property; you would have to occupy the premises for at least 6 months in the year after purchase (or construction).

The real benefits of the scheme is when you save via pre-tax income, by entering into a salary sacrifice arrangement with your employer or make a contribution from after tax salary where you also claim a tax deduction. These salary sacrifice concessional contributions are taxed by the fund at 15%, rather than your marginal tax rate!



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www.ama-act.com.au

For further information or an application form please contact the ACT AMA secretariat on 6270 5410 or download the application from the Members' Only section of the AMA ACT website: www.ama-act.com.au

Example:

Dr Smith is on a salary of \$100,000, ACT Health contributes \$9,500 as mandated SG contributions (9.5% compulsory super) to a superannuation fund in the financial year ended 30th June 2018.

Dr Smith enters into a salary sacrifice arrangement with ACT Health where the doctor sacrifices \$500 per fortnightly pay to super. A total of \$13,000 (26 fortnights x \$500). Dr Smith then before the end of the financial year contributes an extra \$2,000 as a tax deductible contribution. The total contributions are:

SG Employer Contributions \$9,500
Salary Sacrifice Contributions \$13,000
Once off concessional contribution \$2,000
Total \$24,500

Only the \$15,000 salary Sacrifice & Concessional contributions will be eligible FHSSS.

85% or \$12,750 of the \$15,000 can be released to Dr Smith along with any associated earnings.

The above example will allow Dr Smith to pay less tax on their income, savings and any growth – boosting their deposit.

This is one strategy to help get you into a home sooner, for other strategies, come speak with Specialist Wealth Group adviser.



Dr Bruce Shepherd AM 1932 – 2018: A giant of medicine*

BY BY PROF KERRY N PHELPS AM, AMA PRESIDENT 2000-2003 WITH DR BRENDAN NELSON AO, AMA PRESIDENT 1993-1995

Dr Bruce Shepherd AM was a larger-than-life character with vision, passion and the persistence to achieve the seemingly impossible.

He was such a legendary force in medical politics, that if you spoke of “Bruce” in medical circles, everyone would know exactly who you meant.

Bruce was my friend and mentor and he exerted a pivotal influence on my career.

I first met Bruce in 1981 when I was an intern, newly returned from maternity leave and assigned to a surgery term at Mona Vale Hospital. Bruce was the senior orthopaedic surgeon for the hospital and he was railing against what he saw as a fundamental threat to the independence of the Australian medical profession, and our ability to maintain clinical excellence and to protect the doctor-patient relationship. This would become a familiar mantra as he led the NSW orthopaedic surgeons in protest against excessive bureaucratic interference in the doctor-patient relationship, and later as President of the AMA (NSW) and then the Federal AMA. Bruce had trained in the UK and he had seen the impact of nationalised health care, and he refused to let it happen here.

Fiercely Independent

He held an unshakable belief in the need for a medical profession independent of government control so that we could serve only our

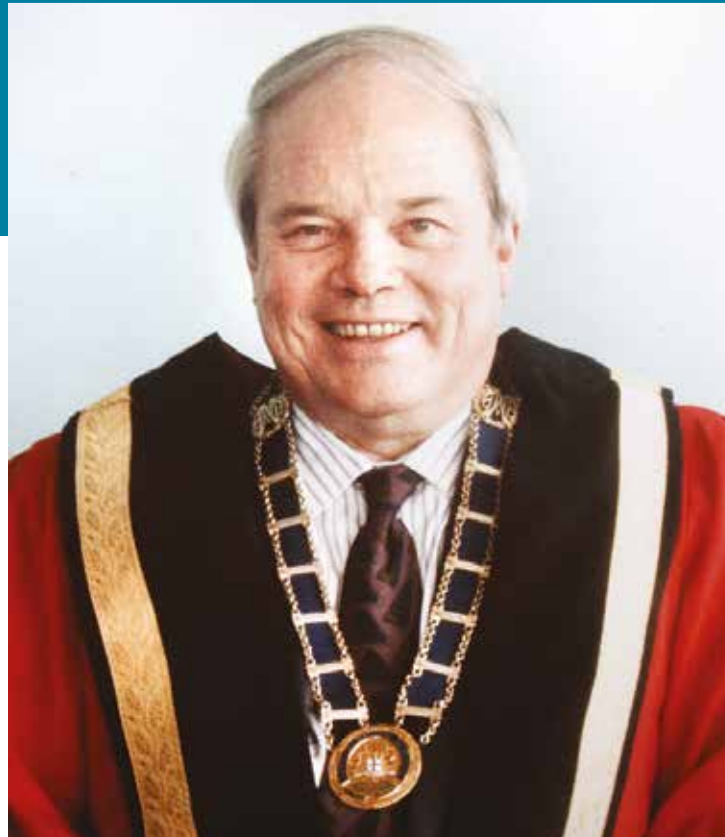
patients and no one else: “*Umberrima Fides*”; he said – always act in the utmost good faith.

By the end of May 1984, when Bruce was President of the Australian Society of Orthopaedic Specialists (ASOS) which he founded, discussions with government failed and some 70 orthopaedic surgeons resigned from their prized honorary positions in public hospitals. Then NSW Premier, Neville Wran, in meeting Bruce said: “Dr Shepherd, you represent the last independent group in our society and as such I move to control you.”

State legislation was introduced threatening that any doctor who stayed resigned would be banned from ever working in a public hospital for seven years.

This backfired on the Government, causing the protest to spread, as many hundreds of surgeons and anaesthetists joined the protest with resignations rising to 1500. Eventually the NSW Government was forced to find a solution.

That bitter dispute was a turning point for the medical profession, creating a new awareness of the



threat of bureaucratic domination of clinical practice.

Bruce never returned to the public system, but beyond his patients he gave an enormous amount of time to nurturing and teaching young trainees and fellows. Indeed, one of his characteristics was always to encourage young people to believe in themselves and to find their own potential.

AMA President

Bruce became President of the AMA (NSW) in 1987, and served as President of the Federal AMA from 1990 to 1993.

Dr Brendan Nelson AO was Dr Shepherd’s Vice-President and was later elected as Federal AMA President. Brendan recalls: “More than anything else he gave me confidence in the belief I could

make a difference to my profession and my country.”

Bruce was certainly a straight-talker, his wisdom delivered with an often colourful turn of phrase.

In reforming the AMA’s bureaucracy as President, Brendan said he rang Bruce to ask his opinion of a senior staff member about whom he had doubts. Bruce told Brendan:

“You’re right mate. He’s never bled for anything he believes in.”

In life you have to surround yourself with people possessed of two qualities.

The first is that they are prepared to bleed for something in which they believe. That you share their cause is less important than being prepared to bleed for something.

The second is to look for people who are overenthusiastic – much better to hose them down twice a day than have to stick ginger up their bums to get them moving.”

Such was the complexity of the man he would lend himself as easily to a liberal social cause as being a poster boy for conservatism.

Some of the more conservative members of the medical profession were surprised when Bruce made it clear that he wanted them to support me to become AMA President. It was irrelevant to him that I was a woman, or that I had a wife, and he told the “doubters”

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that it shouldn't matter to them either. He believed in me and that was that.

Bruce would call me regularly during my AMA presidency to share his views on the issues of the day. But he would never tell me what to say or do. He let me know that he trusted my judgment.

Shepherd Centre

While his public persona is the tough negotiator and fearless protector of the independence of the medical profession, Bruce had a heart of gold. Bruce's two adored children Penny and Daniel were born profoundly deaf. Bruce made

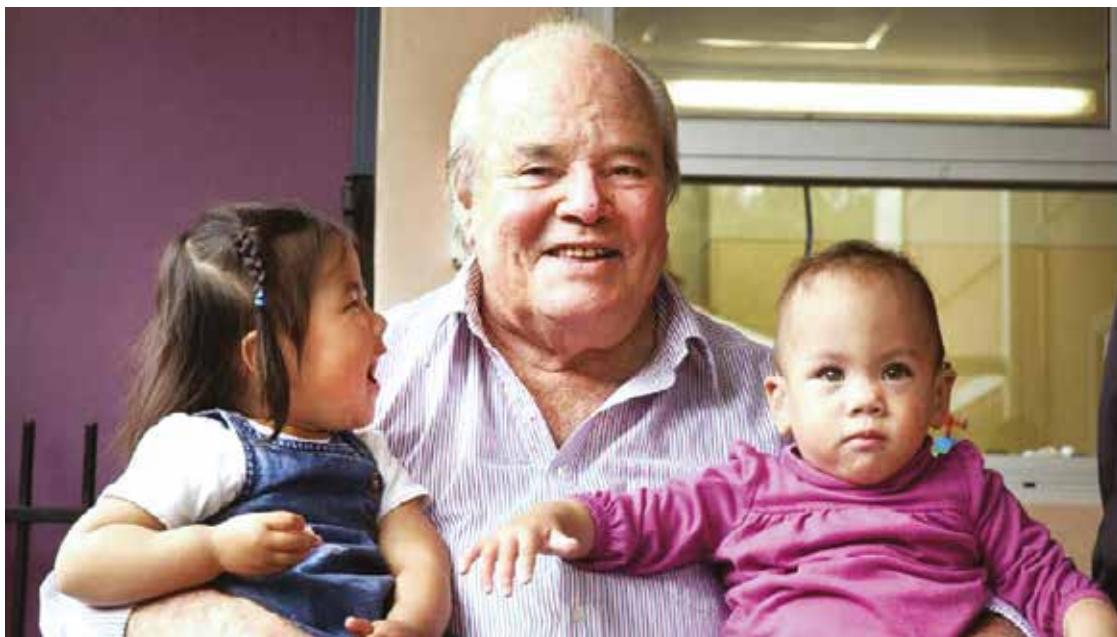


it his mission to find world's best practice for teaching deaf children to communicate. Bruce and his late wife Annette travelled to

America to study an early intervention method for speech and language, which they brought back to Australia.

Long before cochlear implants and confronting medical orthodoxy, they gave their all to bring first Penny and then Daniel into the hearing world.

communication intervention they had been able to receive, thanks to the vision and passion and generosity of Dr Bruce Shepherd. You could see on the faces of those children and their proud parents what his legacy has meant to them.



In true Bruce Shepherd style, he saw the bigger picture and established a program in the grounds of Sydney University, which later became known as the Shepherd Centre. This fundamentally transformed the lives of these children and their families. Now, almost 50 years later, the Shepherd Centre has enabled more than 2000 children with hearing loss to develop the ability to speak and to be able to integrate into the wider community, because Bruce refused to listen to those who said they never would.

In 1991 Dr Shepherd was awarded an Order of Australia for this work.

Bruce's interest in the future of our profession continued to burn bright. Even our conversations over the past year quickly turned from family news to medico-political discussions.

Last year, I attended the graduation of children from their preschool program. These children would now be able to attend regular schools because of the com-

Dr Bruce Shepherd AM passed away, fittingly, on the opening day of AMA National Conference 2018, and on the anniversary of the surgeons' walkout in 1984. He would have smiled and made a toast to that timing.

**This obituary appeared in the June edition of Australian Medicine*

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Inaugural Rolfe Classic BMW Business Ignition Scholarship

Rolfe Classic BMW has announced a new initiative supporting three women entrepreneurs from ACT and Surrounds to ignite their business growth with a 12-month mentor program.

Inspired by the work done by Jo Burston, Founder and CEO of Inspiring Rare Birds, to support, educate, inspire and celebrate women entrepreneurs, Rolfe Classic BMW has announced that it will provide a scholarship to three lucky winners to ignite growth in their business with a 12-month Rare Birds Mentorship.

Rolfe Classic BMW General Manager, Anthony Martin, says "Peer-to-peer platforms such as Inspiring Rare Birds are essential when encouraging women entrepreneurship. It gives people an opportunity not only to learn from each other but to network with peers. Quite often business can be cutthroat and extremely competitive, so to find a forum where people are genuinely interested in seeing you succeed is a valuable resource.

"The Rolfe Classic Business Ignition Scholarships will allow three women entrepreneurs to set goals, share knowledge, gain exposure and learn based on the experiences of others, which in turn has a positive impact on the functioning on their business. These programs allow women entrepreneurs to work with mentors, share concerns and issues about work life balance, financial & organisational issues, risk mitigation and business strategy. Rolfe Classic BMW is delighted to be working with Rare Birds to support women entrepreneurs in Canberra and surrounding areas." says Marty.

Benefits

Winners will receive 2 hours per month with an expertly matched high calibre mentor, plus a spe-

cially created mentee guidebook and resources to ensure they get the most out of the mentorship. They will also receive access to the Rare Birds mentoring platform where they can:

- set goals, track their progress and milestones,
- access articles, webinars and professional development missions from the exclusive Rare Birds library,
- connect with experts in the Rare Birds community.

These scholarships are valued at \$1,500 each and applications are now open to all women entrepreneurs in ACT and surrounding areas.

The scholarships are part of the Rolfe Classic BMW Business Ignition



Program that will also include panel events hosted by Jo Burston to educate and inspire business women in ACT and surrounds. "We are extremely excited to continue our fruitful partnership with Rolfe Classic BMW," says Jo. "The number of women Founders in the region is growing, and we know that our mentorship program works. We've had more than 300 women go through the program

who have all reported significant growth; both business and personal. There's nothing quite like the accountability and confidence that comes from having a mentor."

Women wishing to apply can do so at inspiringrarebirds.com/win-BMW-scholarship/

Applications close 5.00pm Friday, July 27. Winners announced Thursday, August 2.

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is the only Dual qualified Child and Adolescent Psychiatrist in Canberra and surround. She has recently started 'Canberra Child Psychiatry Centre'.

Dr. Deepa Singhal is also working as 'Consultant Child and Adolescent Psychiatrist' in The Canberra Hospital.

Dr Singhal's special interest includes Neurodevelopmental Psychiatry and working with children with complex mental health presentation including ADHD, ASD, Intellectual disability, Tourette Syndrome and similar presentations. Family therapy is her other special interest area.



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