Your essential guide to internship: 2015
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Dr Chloe Furst
Palliative care registrar
MDA National Member, SA

Freecall: 1800 011 255
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Firstly, and most importantly, welcome to the profession! It is a challenging one but the rewards are great. I hope and am confident that many great years lie ahead of you.

Secondly, as those years come along, I hope that you will look to the AMA as a support, an advocate and a resource. A great team of doctors in training and medical students help inform our advocacy at state and national levels, and you would be welcome in their number.

The AMA has a long and proud history behind it of speaking up for health, for our patients, and for the profession.

If you look at our mission statement you will see that the AMA is about setting and keeping high standards in medicine, working together, and fostering unity among the profession – appropriately so, as we can do more, and better, together.

Much of our work does not make the front page of the paper, or water cooler conversations. Many issues are resolved, and good work done behind the scenes, without celebration or fanfare. A quiet word can sometimes achieve much – but when loud words are needed the AMA is there for that too, and we do not stand idly by when there is an important issue or principle at stake.

The only frustration is that there is, it seems, too much to fix in any one day, week, or term of office – but each year we get more done, although the list grows even as it shrinks!

The year 2014 has been a big year, at state and federal levels. We have had bad budgets for health, and the motherhood ‘transforming health’ initiative from the state government. The new RAH continues to develop as a building (but with many questions still to answer), SAHMRI has opened its doors, and we are still wondering what the future holds for other SA public hospitals and health services.

Public health and prevention have not fared well in recent budgets, but we are continuing to highlight their vital importance. General practice is in a state of uncertainty thanks to an ill-conceived co-payment model from the federal government, and we will soon have Primary Health Networks to replace Medicare Locals.

General practice training has worn changes and we remain concerned about intern places and subsequent training needs. The spotlight has been on intern places in the past few years but the broader training pipeline must also be considered. This has been a key area of AMA advocacy over the years and will continue to be a strong focus. We will be fighting to ensure that you will be able to access the high quality training you will need over the years to come. The AMA(SA) is also looking at ways to assist junior doctors in your career planning and job applications.

EPAS is currently on hold from further rollout until issues with the new system are rectified, and this remains a key area in which we have been advocating, and keeping a watching brief – especially given it is to be a requirement for the new RAH, which is designed as a ‘paperless’ hospital.

We are also concerned to see that country areas are not left behind when it comes to access to needed health services, and support for those who work in them to deliver care. When budgets are tight it is too often the periphery that loses out, further marginalising those who are often already disadvantaged. Buildings have their merits but what we really need are services.

Alcohol, smoking, obesity and road safety are four of our key public health advocacy areas, but anything that impacts on patient care and wellbeing can fall under our remit – and often does! End of life care has been another important area, and we support doctors being able to make the right decisions for patients, and in line with their treatment wishes, at the end of life.

If there is an issue that concerns you in medicine, at work or in practice, the chances are we are doing something about it. We listen to the concerns of doctors in training and medical students, because we know that the future lies in your hands. If it is not yet fixed, your membership of the AMA, together with that of your colleagues, can help make it so.

As a membership organisation, we are funded by membership subscriptions, and our advocacy, policy and submissions are informed, guided and funded by members. That means we need you, and your colleagues. We need your views, your priorities, your passion and experience, as well as your membership subscriptions. We are glad of your time when you can share it with us on committees and in communicating on issues you are aware of in practice, but we don’t require it unless you have it to spare. And we stand ready to help when you need it.

As an added bonus, membership fees are tax deductible, or you may be able to claim them against your professional development allowance. There are a range of membership benefits beyond advocacy and representation, with more information in this guide. There are many reasons to join, and if you would like to know more about what the AMA does I would invite you to get in touch with us. We would love to hear from you.
AMA(SA) Doctors-in-Training Committee

The vision of the AMA(SA) Doctors-in-Training (DiT) Committee is that South Australia enjoys excellent medical education and training that produces a highly skilled health workforce which can deliver optimal quality in patient care. We aim to be the key independent representative body for junior doctors in the state by delivering effective and balanced advocacy and leadership on relevant medical training and workplace issues. The Committee works for the full spectrum of DiTs, from medical students through to vocational trainees, by representing our constituents within the AMA both locally and nationally, as well as through advocating directly to the State Government. We are focused on a range of issues which are directly relevant to you as interns, and the future of the medical workforce for South Australia.

High-quality training
We are committed to ensuring that there are sufficient high-quality, internships and trainee positions available for all graduates of South Australian universities. This is a critical issue which has, after many years of warning, finally come to a head for the 2015 clinical year and which has been further exacerbated by the Federal Government’s abolition of the PGPPP and the associated intern places. We continue to advocate for the implementation of proper network-based internships, especially in the Northern Adelaide Local Health Network, and for a more efficient and equitable prevocational job allocation system. The construction of the new Royal Adelaide Hospital, and the provision of appropriate junior doctor space within it, is another key focus for our advocacy.

Workplace, culture and safety
The AMA(SA) DiT Committee is passionate about supporting and maintaining a positive culture within the South Australian medical profession, and ensuring that our junior doctors are supported to provide the highest quality care in a safe work environment. We are actively engaged in the ongoing design and roll-out of the Enterprise Patient Administration System, highlighting issues to be addressed and advocating for junior doctors, for whom the system would have significant impacts – potentially even more so than for some others. The AMA will also continue to focus on promoting the health and wellbeing of doctors.

Collaboration
We are always looking to work constructively with other organisations including SA MET (South Australian Medical Education and Training), the Medical Colleges, the Resident Medical Officer Societies, the South Australian Salaried Medical Officers Association and the medical student societies at each University.

There are a huge range of reasons why you should join the AMA(SA) as an intern, as are further outlined in this Guide. Not only do we provide strong advocacy on your behalf, but there is also a strong and increasing value proposition for joining (see the Membership Benefits section of this publication on page 10). The AMA(SA) DiT Committee is a welcoming and relaxed Committee. It represents a great way to meet like-minded junior doctors from around the state in a wide range of different training programs, and to have fun while contributing to advocacy. We encourage any interested intern to get in touch! Email Tracey at tracey@amasa.org.au.

Top Ten Tips to Surviving Your Internship

1. Do not be afraid to ask questions. You are in the earliest stages of your career; no-one expects you to know all the answers.
2. Despite best efforts, you will miss things and forget to order some tests. Do not lie to try and cover this up, honesty is always the best policy.
3. Efficiency and organisation are king. Writing down your jobs and systematically completing them will ensure your day runs as smoothly as possible. Prioritise those tasks that are most urgent and whether you use tick boxes, task lists or the electronic handover, stick with the system that works for you.
4. Before you finish seeing each patient, check that they have a med-chart, warfarin/variable drug dose and if needed, IVT. It will save unnecessary pages and the cover intern will thank you.
5. If you order a test, follow-up the result. If you do not know what the result means, ask someone senior to you.
6. When you need to get a consult, make sure you have all the patient’s notes in front of you and quick access to a computer. Also ensure that you have a specific goal/question for the consult to direct the conversation.
7. Be polite and use your manners; if someone goes out of their way to help you, make sure you thank them sincerely. It’s amazing how nicely people will treat you when you are nice to them and it will make your mum proud.
8. Do not forget to look after yourself; eat lunch, stop to use the bathroom and to hydrate. Unless it’s a code blue, most things can wait at least 30 minutes for you to feel human again.
9. Hold onto those things outside of the hospital that you enjoyed as students. You are still allowed to play sport/exercise/read fiction/watch a movie and see your friends for dinner without feeling guilty.
10. Despite what it may be called, remember that “work” can actually be a lot of fun.
On behalf of the Australian Medical Association’s national Council of Doctors in Training (AMACDT), congratulations on completing your medical degree and welcome to the beginning of your prevocational training!

Just as AMSA and the medical societies were part of being a medical student, the Australian Medical Association (AMA) is part of being a doctor. The AMA is the peak representative body for medical practitioners in Australia, with issues concerning doctors-in-training (DiTs – that’s you!) forming a large part of its agenda. The AMA also speaks out about important public and global health issues, including climate change, the social determinants of health, and alcohol-related harms. AMA Members get full benefit from our organisation’s powerful advocacy, workplace support and a range of benefits tailored to the professional, educational and lifestyle needs of junior doctors.

As Chair of the AMACDT, my role is to ensure that doctors-in-training are recognised as crucial stakeholders in the Australian health system and that your AMA remains connected with you, its members.

AMACDT’s advocacy activities focus on improving medical workforce planning, quality in medical education and training, and workplace conditions, such as safe working hours and doctors’ wellbeing. The strength of the AMA’s membership provides a platform from which we can work with other key stakeholders, meet with policy leaders and politicians, and engage the media about these important issues.

The AMACDT also produces useful resources for DiTs, often in collaboration with AMSA. We recently launched a Guide to Clinical Images and the Use of Personal Mobile Devices and you may have already seen the AMA’s Online Guide to Social Media and the Medical Profession or the Guide to Working Abroad for Australian Medical Students and Junior Doctors. If not, you can download them free at the AMA website – www.ama.com.au. While you’re there, why don’t you take a look at the AMACDT’s recent policy statements on issues important to doctors in training?

The AMA is only as strong as its membership. With a ‘tsunami’ of medical graduates in every state, increasing pressure on prevocational and vocational training places and stretched health budgets, it is a critical time for junior doctors and the medical profession in Australia. Now, more than ever, is the time for the voice of doctors in training to be heard. I urge you to join your AMA, and in doing so, help shape and improve the future of the Australian health system.

Good luck for your internship, and in the future career you choose. The AMA knows that you will make an important contribution to the health of your patients and their communities.

Dr James Churchill
Chair, AMA(SA) Council of Doctors-in-Training, 2014
AMA national advocacy: speaking out for you

Medical training places
The medical training pipeline remains under pressure, with significant numbers of new graduates seeking prevocational and vocational training places. The AMA has lobbied successfully against several proposals to establish new medical schools, which would only place further pressure on available training places.

As a result of AMA and AMSA advocacy, the number of prevocational and vocational training places has markedly increased in recent years, including up to 100 additional Commonwealth-funded intern places each year.

The AMA continues to advocate for effective, comprehensive National Training Plans through the National Medical Training Advisory Network, in order to ensure that Australian-trained medical graduates are able to access sufficient prevocational and vocational training places, based on community need for health services.

Scrap the Cap
The AMA took the lead role in the Scrap the Cap campaign, which opposed the former Government’s proposed $2,000 cap on tax deductions for work-related self-education expenses.

Shortly after its election, the new Government abolished the policy measure, ensuring that doctors can continue to claim the costs of work related self-education, which is fundamental to delivering high quality medical care for patients.

Senior Medical Officer Contracts
The AMA was heavily involved in the dispute with Queensland Health over SMO contracts, which had significant implications for salaried medical officers across the country through the potential for flow on to other states/territories.

The AMA and ASMOF successfully fought against many of the more draconian provisions of the proposed contracts and achieved are much fairer and more balanced arrangements for Queensland SMOs, including access to arbitration, unfair dismissal and independent dispute resolution.

AMA-BeyondBlue Mental Health Roundtable
Following the release of the significant BeyondBlue report in October 2013, the AMA and BeyondBlue hosted a profession roundtable in June 2014 to develop an action plan for addressing the mental health of doctors and medical students. The Mental Health Action Plan was produced and distributed to a wide range of professional and regulatory organisations, to promote concrete actions to address the underlying factors putting pressure on doctors’ health and wellbeing.

The Medical Board of Australia also announced that it will fund doctors’ health advisory services, which is something the AMA has been calling for since 2012.

Release of AMA-MIIAA Guide to Clinical Images

Doubling of PIP teaching incentive
The AMA successfully lobbied the Government to increase the PIP teaching incentive, having developed a proposal in 2012 showing that it was inadequate. The May 2014 Federal Budget announced an extra $117 million to double the PIP teaching incentive for teaching medical students.

GP infrastructure grants
The AMA effectively prosecuted a campaign against the former Government’s GP Super Clinic program, highlighting that it was an expensive program that failed to reach the vast majority of the community and also supported unfair competition against existing practices. The new Government has abandoned this program and, in the May 2014 Federal Budget, the Government announced $52.5 million in funding for a rural and regional infrastructure grants program focused on supporting existing practices.

Expanding training places for GPs
The AMA’s 2013 GP Campaign for the Federal Election and subsequent 2013/14 Federal Budget Submission called on the Government to increase the GP training program intake. The Government responded in the May 2014 Federal Budget and allocated an additional 300 GP training places, which increases the number of general practice training positions from 1200 to 1500 in 2014/15.

The AMA also welcomes the Government commitment to look closely at the value of exposure of junior doctors to rural practice after AMA advocacy on the negative impact of the Budget changes to the Prevocational General Practice Placements Program (PGPPP) and the need to develop a new model to provide junior doctors with prevocational experience in general practice, particularly in rural areas.

More flexibility for BMP graduates
Bonded medical graduates will be able to work in any rural or remote town with a population of less than 15,000 under reforms to rural workforce incentive programs, even when it is not a district of workforce shortage. These changes are a positive response to AMA advocacy and will provide more flexibility for BMP graduates who want to live and work in rural Australia.
Dr John Floridis
John completed his medical degree at Flinders University in 2013.

Life as an intern

medicSA asked 2013 AMA student medal winner John Floridis about how life is treating him as a junior doctor. John, who studied at Flinders University, is interning at the Royal Darwin Hospital.

Is ‘life as an intern’ anything like what you imagined?
My final year placements at university provided me with a good insight into internship. However, it was quite a surreal feeling the first time I officially signed my name against a medication or fluid order. It has definitely been a busy, but enjoyable year thus far.

What would be the highlight so far for you as an intern?
For me, the most memorable moment was receiving an unexpected letter from a patient expressing their sincere appreciation, following their experience in hospital. It wasn’t necessarily the medical care provided, but it was the simple act of saying hello and having a genuine conversation with him every day during his admission. Patients are human beings, not a hospital record number. Regardless of how busy I am on the ward, I try to make time to ensure I learn something about each patient – it could be their occupation, their migration history or their prior achievements. I have also enjoyed the camaraderie, peer support and opportunities to teach medical students throughout the year.

What would be the greatest challenge you face as an intern?
The administrative and logistical hurdles that one encounters every day are challenging. The red tape involved in hospital systems can sometimes impede efficiency and be tedious. As I progress through internship, I have learned how to navigate this landscape more effectively. However, I’m optimistic that paperless systems across Australian hospitals should streamline these processes in the near future, to enhance patient care and flow.

Who would you say has been your greatest mentor and why?
I have three mentors, who I hold in very high regard. Firstly, Professor Michael Kidd (President of the World Organisation of Family Doctors) is one of the most humble individuals I’ve met, given his amazing achievements throughout his career. Dr Derek Louey is a passionate emergency physician at Flinders Medical Centre and a dedicated teacher, who inspires medical students and junior doctors. Finally, there is Dr Diane Howard, an impressive general physician at the Royal Darwin Hospital who has dedicated her life to serving the needs of Northern Territorians.

In terms of the political / healthcare landscape, how do you see things shaping up for interns?
We are moving through a challenging time for both current and prospective interns. For those commencing internships in 2015, the possibility of South Australian-trained medical students missing out on jobs is confronting and concerning. The impact of losing funding for the PGPPP (Prevocational General Practice Placement Program) not only reduces the overall number of intern positions, but also reduces crucial early exposure to general practice. The training pipeline beyond internship is also reaching a bottleneck with training pathways becoming increasingly competitive, resulting in many interns having to relocate to secure employment in their chosen field. However, I believe the quality of training will not be affected, with various regulatory bodies such as SA MET (SA Medical Education and Training) ensuring that interns develop the skills required to practice with competence and confidence.

What do you look forward to when internship is complete?
I will be taking a small holiday to relax, reflect and rejuvenate prior to commencing a resident year. I look forward to working alongside incoming interns, and supporting them through the journey, in the same way I was supported. I also hope to increase my involvement with teaching next year and work on several research projects.

Why did you join the AMA?
I believe the AMA plays a key role, not only in advocating for the stability and progression of our profession, but more importantly for the wellbeing of our patients. Health care spending is a major political focus at present, and organisations such as the AMA stand for a health care system that provides accessible and affordable health care to Australians. The advocacy work that occurs behind the scenes is vast, selfless and extremely professional. Having been involved with the AMA(SA) as a councillor during my time as a medical student, I did not think twice about joining as a doctor.
My first ‘day’ as an intern was a night shift and I recall thinking to myself, as I sat in my scrubs nervously awaiting handover, that I would never forget the first case I would see that night: it would be with me forever, and in many years when I was a senior consultant, I would regale my juniors with the poignant story of this patient and how amazing it was to finally be ‘the doctor’. It was going to be awesome. But you know what? I cannot for the life of me remember who they were or what their problem was. All I can remember was that it was in the East Wing of the Royal Adelaide Hospital, that I was as nervous as hell, and that it was bloody good fun. And that is the key thing I think to say about internship: it’s great fun.

Internship is a wonderful experience and something you should be eagerly anticipating. Internship, at least for me, represented the first time in my medical training when I genuinely felt I was contributing in a meaningful way (even if it was a small way) to improving the health of patients. This makes every day much more satisfying and rewarding compared with life as a student. The busyness and responsibility make life more, not less, enjoyable and they also help the days go by quickly. In addition to this, your learning accelerates rapidly as the decisions you make and the reasons you made them stick indelibly (or at least less...deliby) in your mind compared with the words of your old physiology professor that used to flit in and out unavoidably. It’s amazing to reflect half-way through the year on where you were clinically twelve months earlier and to consider how your proficiency and competence has changed over that time.

The list of positives goes on: you are paid, and paid well, for the work that you do, and this opens up a range of exciting opportunities, whether that be looking at real estate or simply treating yourself. You always have senior support available and, with it, an understanding that you’re still finding your feet, especially in the early days. You can also start working towards your future career, but at your own pace, without the immense pressure of study and examinations that plagues our poor seniors. There is also a fantastic culture of camaraderie and fun that exists between interns and junior doctors more generally, and being a part of that is hugely enjoyable. Also, you can join the AMA as a full member! It is basically thumbs-up all round.

There is a list of ‘top ten tips to surviving your internship’ in this publication (page 3) which I think is genuinely very helpful. The key thing I would add is that looking after yourself in a broad sense is important. You are not a student anymore and if you stayed up all night to watch the Premier League or whatever, it invariably will affect your performance the next day, and that will impact patient care: you cannot hide at the back of the lecture theatre if your patient is deteriorating! One important lesson I have certainly learned this year is that it is your professional responsibility to manage your life so that you can perform appropriately at work, and this is a bit like a positive feedback loop: if you feel well and perform well at work, you will enjoy it more, and everything gets better and better. Two other brief tips to mention would be that, firstly, applications for jobs for the following year come out surprisingly early, so do not be caught off-guard (see page 8) and, secondly, you can learn a great deal from other interns with respect to knowledge and skills, and all the little nifty tricks people develop for getting things done, so make sure you engage with your colleagues.

“One important lesson I have certainly learned this year is that it is your professional responsibility to manage your life so that you can perform appropriately at work, and this is a bit like a positive feedback loop: if you feel well and perform well at work, you will enjoy it more, and everything gets better and better.”
Applying for PGY2 jobs: get an early start

The first few months of internship can feel quite busy as you are adjusting to working life and learning how to get things done in the hospital. However, it is important to keep in mind that the application process for jobs the following year happens frighteningly soon and, given the ever-increasing competition for prevocational and vocational training places, it is critically important that you submit the best possible application for your next job. This article is intended to provide you with some preliminary advice about the process, but the key messages are to be aware of the timeframes and to be prepared.

Please note that this article is based on prior practices, and it is possible that SA MET (South Australian Medical Education and Training) may change the application process, so please see their website (www.saimet.org.au) for the definitive information.

Quick summary

- Some vocational training positions are not allocated by SA MET, so if you are considering applying for such a position you need to investigate the process and the relevant deadlines;
- Seek out trainees in your desired program or area of interest to ask about specific processes or procedures for the particular training pathway;
- Two to three references from supervising consultants in your first two intern rotations are necessary for the SA MET application process for resident jobs;
- Thoroughly investigate the situation to ensure you make an informed decision regarding your preferences for jobs, noting the increasing demand for all positions;
- Invest time in preparing for all interviews so that you maximise your chance of securing a position you want;
- The Australian Medical Association (South Australia) is considering delivering sessions on job applications, curriculum vitae writing and interviews in 2015, so keep an eye out for these.

Applications

SA MET is responsible for administering the application and allocation process to effectively all prevocational jobs, and a majority of vocational training places. However, there are some notable exceptions, such as Emergency Medicine training, General Practice training and a range of other vocational training places; therefore, if you intend to apply for vocational training directly from internship, it will be essential to investigate the relevant application processes and ensure you are aware of the important dates.

The SA MET applications usually open in late May and close in late June. Late submissions are not accepted, so you need to ensure that you get in on time. The application process is relatively straightforward, requiring some basic information, along with your curriculum vitae and two or three references. The references are particularly important. They need to be from senior clinicians (i.e. consultants) with whom you have worked clinically, meaning that references from Medical School or research projects are not suitable.

Given the timing of applications, it is effectively necessary to garner two to three references from your first two rotations of the year. It is technically possible to use a supervising consultant from your third rotation, but this should be considered a back-up option only, given the limited time you would have spent with them and the time pressures involved.

Approaching consultants for references can be daunting, but the vast majority are fully aware of the importance of the process and are willing to assist you in your future endeavours. Vocational training programs and streamed prevocational places (e.g. surgical resident years) generally prefer references from consultants in the relevant area, so if you are considering applying for such a position then this may be relevant in terms of your rotation preferences for the internship year. Once a consultant has agreed to provide a reference for you, the next step is to log their details into the online SA MET system; the clinician then receives an automated email inviting them to submit your reference, and you are notified when they complete this. Sometimes it is necessary to remind referees that they need to complete the references by the deadline, which is usually a few weeks after applications actually close.

Preferences

Applicants are required to nominate three jobs for which they are applying, from most preferred to least preferred. Obviously the likelihood of receiving an offer is a simple function of the supply of relevant places, candidate demand and the competitiveness of the individual applicant. SA MET has detailed information online regarding the technicalities of the application process, if this is of interest.

The unfortunate reality is that there is an ever increasing pool of graduates competing for a limited number of prevocational and vocational training places. There are reports from eastern states that large numbers of junior doctors are not receiving job offers. The situation in South Australia is less clear, but SA MET does release a publication outlining the results of the allocation process in January each year for the preceding allocation; it may well be worth reviewing this when it is available in January 2015 so that
you can develop a good impression of the prior competitiveness of the positions which you are interested in applying for.

Although we cannot offer any advice on what preferences might be best for you, we do think it is advisable to consider the specific situation that applies to you and to thoroughly investigate this to ensure you make informed decisions. For example, if you are interested in surgical training, it may not necessarily be wise to apply only for surgical resident years if these are highly competitive and if you are not very confident of receiving an offer for one of these positions. This is because, if you do not receive an offer for any such position, you will not be considered for any of the general positions which (at least historically) have been less competitive due to their greater availability.

It is generally noted that applicants tend to be more highly ranked by health services to which they are known, presumably because the clinicians and administrators are familiar with the individual in question. However, this should not deter you from seeking opportunities outside of the hospital in which you are an intern, and you should consider whether switching hospitals may improve your exposure to consultants or procedures, or perhaps offer a better work-life balance. In previous years health services have not received information about where you have ranked the jobs that you have applied for and you are not obliged to disclose this to them.

**Interviews**

Most places for which applicants can apply will have associated interviews. These are an opportunity for the health service to meet you and, equally, for you to get to know them. Interviews also represent an opportunity to demonstrate your enthusiasm and suitability for the position in question and to advantage yourself in the allocation process. General tips about job interviews all apply to interviews for medical jobs, but there are some suggestions outlined below nonetheless:

- Ensure you are well informed about the exact nature of the job that you are interviewing for, what your responsibilities would be, and so on;
- Although interviewers are unlikely to be impressed by rote-learned answers, you can predict you will be asked key questions such as why you are applying for the job and what you can bring to the position;
- Sometimes questions asked during interviews are similar from year to year; it may be possible to develop a notion of what you are likely to be asked and many candidates practice interviews with their colleagues;
- If possible, use specific examples when answering questions; although interviewers will have access to your curriculum vitae, cover letter and application, they have many candidates to interview and so it is worthwhile specifically reminding them about your skills / attributes / achievements during the interview itself;
- Interviews are often held during working hours and this can make things difficult and more stressful; if possible, arrange time off to attend interviews in person. It is possible to conduct interviews over the telephone but this is much less preferable;
- Interviewers sometimes ask hypothetical questions or for you to respond to a clinical or ethical dilemma. These are generally not designed to assess clinical knowledge (although not necessarily for vocational training places) but more focussed on your approach; remember that there is not necessarily a ‘right’ answer and that the interviews are more likely to be interested in your underlying reasoning and your priorities;
- If unsure about the dress code, ask someone who has been to the interview before, remembering it is generally relatively straightforward. However, the selection of preferences and the nuances of applying and interviewing are complex and require a considerable investment of time and care to ensure you give yourself the best possible chance of success.

**How can the AMA(SA) help you?**

Applying for your job after internship is important and deserves your full attention. Fortunately the process through the SA MET system is generally relatively straightforward. However, the selection of preferences and the nuances of applying and interviewing are complex and require a considerable investment of time and care to ensure you give yourself the best possible chance of success.

The AMA(SA) is here to support junior doctors. If you are interested in medical education and training in general then you are strongly encouraged to join our Doctors-in-Training Committee, via which you can learn more and contribute to our advocacy – please contact us if interested. The AMA(SA) also intends to significantly enhance its ability to support junior doctors in making decisions about their careers and in applying for positions, and is considering delivering sessions on job applications, curriculum vitae writing and interviewing in 2015, so keep an eye out for these. If you have any feedback about the kind of information/support you would find most helpful, please do not hesitate to contact us.

All the best with your applications!
Membership Benefits

In addition to its state and federal advocacy activities, the AMA also offers a range of member benefits and resources for doctors at all stages of their careers. For more information, visit amasa.org.au.

**Special membership card**
The AMA(SA) Ambassador Membership Card brings tangible benefits through the savings it offers. It can be used at many outlets across Australia to access discounts on dining out and accommodation, and a variety of entertainment offers. Sign up, and enjoy better prices!

**Publications**
AMA(SA) membership comes with a free subscription to the *Medical Journal of Australia* – Australia’s leading fortnightly scientific and academic medical journal, as well as *medicSA*, for SA news and views.

**Representation**
The AMA has a strong representative structure which ensures that AMA positions and advocacy are well informed by members representing a range of fields and areas of expertise, including doctors in training, who are represented on our state and federal councils, and through our DiT Committee and DiT Council.

**VW and Skoda**
Volkswagen and Skoda vehicles are cheaper for AMA members, who can receive a discount off the list price: a deal that could save you thousands! Just see your local VW or Skoda dealership for full terms and conditions, or visit www.ama.com.au/memberservices.

**AMA Gold Card**
- $80 annual card fee
- Complimentary enrolment in different reward programs (saves $80)
- Value for AMA members
- Other AMEX cards also available

**Norman Waterhouse Lawyers**
A South Australian commercial law firm, Norman Waterhouse Lawyers provide legal advice for personal and professional matters. As an AMA(SA) member you will receive 5% off normal rates.

**Hood Sweeney**
Hood Sweeney is a South Australian professional services firm providing valued accounting and other financial advice to health professionals. Hood Sweeney specialises in helping young doctors establish themselves to ensure a secure financial future. AMA(SA) Doctors in Training receive their first tax return free, a 20% discount on accounting and taxation services and a 20% discount on establishment of a new self-managed superannuation fund.

**Commonwealth Bank**
As an AMA member you can receive access to discounts on interest rates and a reduction of fees for new Home Loans, and Investment Home Loans, as part of the Wealth Package, as well as access to special tailored packages. You will also have access to a Personal Relationship Manager who will be your single point of contact. As well as assisting you in achieving financial growth, we provide superior customer service to help you better manage your finances on a day to day basis. Contact (08) 8361 0101 for more details.

**Powerbuy – Save up to 50%**
Save up to 50 per cent on selected IT products and services with deals on brands including Dell, Apple, Lenovo, HP, Fuji, Xerox and NETGEAR.

**The Qantas Club – Save up to 25%**
Receive great discounts off one-year and two-year membership fees with Qantas Club.
1 year – $390.60 (save $119.30)
2 year – $697.50 (save $227.50)
Please contact the AMA on 1300 133 655 to obtain an application form.

**Virgin Australia Lounge – Save nearly $300**
Significantly reduced rates to Virgin Australia Lounge.

**Adelaide BMW**
AMA(SA) members are eligible to receive Platinum member benefits when they purchase a BMW Vehicle through Adelaide Motors. These benefits include:
- Complimentary BMW Service Inclusive for 5 years / 80,000km
- Corporate pricing
- Reduced dealer delivery charges
- Reduced rate on a BMW Driving Experience course

**The Singer and Turner Travel**
The Singer and Turner Travel Associates is a boutique travel agency based in Norwood and has access to the best value wholesalers, tour operators, cruise lines and airlines. They provide tailor-made itineraries and create holidays with a difference.

**Hertz**
Hertz car rental company offers discounted rates for AMA members. Hertz also offers free membership of the Hertz #1 Gold Club, which grants club members VIP treatment both in Australia and worldwide. AMA members can also earn Virgin Velocity Points.

**Good Life Health Clubs**
15% off all Club Saver Gym Membership for AMA(SA) members, plus a 7-day free pass.
What are the ordinary hours of work under the award?
The ordinary hours of duty are an average of 38 hours per week. The hours must not exceed 12 hours per shift (excluding meal breaks), 68 hours in any one week or 272 hours in any four week cycle.

How is overtime paid?
Overtime is paid at the following additional hourly rates:

- **Full time employees**
  - In excess of 76 hours in any two week cycle: 50%
  - In excess of 76 hours in any two week cycle that falls on a Sunday: 100%
  - In excess of 110 hours in any two week cycle: 100%

What are the penalty rates under the award?
Any hours worked between the following hours shall be paid at ordinary time plus the appropriate penalty rate as follows:

- Midnight Friday and midnight Sunday: 50%
- In excess of 8 hours on a Sunday: 75%
- At or after 12 Midday and extending beyond 6pm: 15%
- Between midnight and 8am on any day (the overtime and penalty payments above take precedence over this payment, which is not an additional one to them): 25%

On proclaimed public holidays, employees will be paid an additional 150% of the hourly rate for hours worked (conditions apply). Where a public holiday falls between Monday and Friday and the employee is rostered off on that particular day, they will be entitled to have one day added to annual leave for each public holiday.

What are the meal allowances provided under the award?
There are special requirements concerning having meal breaks which are covered in the award.

An intern must not be required to work more than 6 hours without a meal break of half an hour, except in the case of emergencies or where the requirement to facilitate continuity of patient care results in the need for the intern to continue active duty.

An intern who works in excess of 6 hours without a meal break must be paid an additional penalty for all time worked until a meal break is taken and completed, except in the circumstances where an intern has not been expressly instructed by that intern’s superior to continue working in excess of the 6th hour span. The additional penalty payable under this clause is 50% of the Hourly Rate applicable to the intern. Where an intern performs work which attracts overtime and/or weekend penalty rates, this additional penalty is payable in addition to any other penalties that might be payable.

Where an intern is interrupted during a meal break by work such meal break is to be counted as time worked and the period paid for at ordinary time rates.

What are your professional development entitlements?
An intern, not in an accredited training program, is entitled to up to one week of paid leave every year for professional development, which can be accumulated to a total of 2 weeks in any two year period. There are rules on what is considered acceptable training for this leave. In addition, reimbursement for professional development of up to $4,000 per annum (inclusive of any applicable FBT), which can be accumulated up to an amount of $8,000 in any two year period can be paid with approval for full time staff. Lesser amounts apply to part time staff.

“Professional development” means professional development as approved by the intern’s direct line manager who will have regard to the intern’s performance development plan as applicable at the time of approval, provided that the absence of a performance development plan will not preclude an approval.

Note that applications for approval must be made by an intern at least 3 months prior to the anticipated date of commencement of leave except that where the leave is for the purposes of attendance at a scheduled workshop/seminar/course an application must be made at least 6 months prior to the date of commencement of leave to allow for appropriate arrangements to be made for ongoing service needs.
Also, it is recognised that part of the average of 38 hours per week for interns is specifically designed to allow them to undertake training and educational activities. Such activities may include tutorials, lectures, grand rounds, and consultations with other medical officers on the understanding that the principal object of such activities is to develop, maintain or improve the skills and knowledge of the intern. Rosters should take that into account having regard to practicality and local arrangements.

**How much sick leave are interns entitled to?**
Maximum sick leave shall be calculated by the following formula:

\[
\text{Average no. of hours rostered duty} \times \frac{91.2}{38} = \text{Maximum no. of hours entitlement per financial year (taken to nearest hour)}
\]

This equates to 12 days per year for full time employees.

As a professional precaution, the AMA(SA) also encourages you to consider taking out income protection insurance.

**What is personal leave and how much are interns entitled to?**
An intern, other than a casual employee, with responsibilities in relation to their family who need their care and support due to personal injury, or for the purposes of caring for a family member who is sick and requires the intern’s care and support, or who requires care due to an unexpected emergency, is entitled to up to 10 days (or the equivalent in hours) of their accrued sick leave entitlement in any completed year of continuous service [pro rata for part-time employees] to provide care and support for such persons when they are ill. There are specific conditions around this leave that must be met.

**What are the maternity and adoption leave provisions under the award?**
An employee, other than a casual employee, who has completed 12 months of continuous service is entitled to 16 weeks of paid leave for maternity or adoption. The payment will be at the employee’s ordinary rate of pay excluding allowances and penalties.

**What are the annual leave provisions under the award?**
An employee who is not a casual employee is entitled to the following calendar days of annual leave entitlements in addition to paid public holidays:

- Regularly rostered for duty over 7 days of the week: 35 days
- Not regularly rostered over 7 days of the week but is regularly required to be on call or duty on 7 days of the week, including Saturdays and public holidays: 35 days
- Not rostered or required to be on duty or on call over 7 days of the week: 28 days

**Note on long service leave**
You should be aware that if you leave your employment with the State Government your accrual of long service leave ceases and you lose all of the years earned (before 7 years). If there are opportunities to take leave without pay this should be sought as this may well preserve long service leave entitlements.

**What are the notice provisions under the award?**
An employer must give 2 weeks’ notice to the employee.

**Rates of pay**

- **From 14.4.14 per annum**
  - Intern: 66,147
  - Medical Practitioner:
    - 1st year: 71,161
    - 2nd year: 72,161
    - 3rd year: 78,174
    - 4th year: 90,801
    - 5th year: 98,618
    - 6th year: 104,633
    - 7th year: 110,646
    - 8th year: 116,659

Hourly rate – means annual salary calculated as a weekly amount divided by 38.

**Definitions**
Intern – means an employee who has graduated from an accredited Australian/New Zealand School of Medicine and has been granted provisional registration by the Medical Board of Australia pursuant to Part 7, Division 3 of the Health Practitioner Regulations National Law (South Australia) Act 2010.
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