If you are concerned about yourself or a colleague contact

The Doctors’ Health Advisory Service

Hotline

nearest you

Australia:
New South Wales/Northern Territory 02 9437 6552
Australian Capital Territory 0407 265 414
Queensland 07 3833 4352
Victoria 03 9495 6011
Western Australia 08 9321 3098
South Australia 08 8232 1250
New Zealand: 0800 471 2654
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I remember the velour chairs on the balcony of the north-facing doctor’s lounge – there were still quite a few smokers back then! I remember sustaining a needle-stick injury on the blood culture bottles that I’d never been taught to use as a medical student.

I remember the fallout from a Northbridge brawl between a Vietnamese gang and a group of Aboriginal men. Thank God the combatants didn’t know they were only a few cubicles apart that night, having their injuries treated.

I recall a great camaraderie with the word Servio emblazoned on our badges and soon-to-be-discarded white coats signifying that we were all working together, as part of a very special institution. I remember putting in a lot of drips!

Anyone who worked at RPH in the ’90s will have their ‘Clive’ story; may God rest his soul. I have changed his name out of respect, but he was a delinquent Aboriginal man who lived in and out of the ED, the Cathedral grounds and surrounding streets. We all, one by one, tended his many wounds and his many troubles. No great city can function without an ED in the middle of it, and any government who thinks it can, just doesn’t get it!

Like mine, your internship will be a patchwork of experiences tinged with a range of emotions. Whatever the feeling, I promise you this: it will be anything but boring.

There will be times when you feel on top of the world – you might just provide the correct answer to that tough question by a formidable consultant; play a small, yet significant part in a patient’s recovery; or assist at surgery for the first time.

But there will also be periods when you question everything that you have learned so far. As you become drawn into demanding rotations, fierce competition, incessant study, and mundane assignments (discharge forms, anyone?), exhaustion will grow, patience will shrink.

It is at times such as these that the advice and support from colleagues, senior doctors and mentors can be invaluable. The Australian Medical Association (WA) offers you just this. The Association provides a range of services for members, including expert legal and IR support to help you deal with any issues that may arise during the course of your career. Our experienced Industrial Officers work hard to lobby government for better remuneration and working conditions for doctors – right from senior salaried specialists to junior doctors.

Our member benefits extend to professional and lifestyle offers, training courses and seminars, the opportunity to network with your peers, and to become involved with our campaigns for a better health system, a healthier community and the improved welfare of doctors.

The AMA (WA) has long championed medical leadership, recognising that doctors should be involved in healthcare delivery.

The Association provides many opportunities for Doctors in Training (Interns, Residents and Registrars) to become involved with developing policy positions and determining our demands of government. There are two Doctors in Training (DiT) who sit on our Council. As a former Chairman, I am proud to report that the DiT Committee is one of our most vocal, passionate and relevant groups.

Current co-Chairs, Dr Chris Wilson and Dr John Zorbas are the latest to successfully represent the interests of junior Doctors at both the highest levels of the Association itself, and in representations to hospital administration on a range of issues, including access to leave, part-time positions, RMO recruitment and research opportunities.

For me, the AMA is a place where I have struck strong career connections and enduring friendships with people from across the country and overseas. I can assure you that it will be the same for you.

The AMA offers you friendship, professional support, leadership, the highest standards in health and social policy, and a constant reminder that you are valued by your profession and by society.

We look forward to engaging with you and being with you every step of the way as you begin the path on what will be a most fascinating journey.

Congratulations again, and welcome!

Dr Michael Gannon
President
Welcome from AMA (WA) Doctors in Training (DiT) Committee

DR CHRIS WILSON & DR JOHN ZORBAS, Co-Chairs DiT Committee

Congratulations on surviving medical school! Now starts a career that is both challenging and extremely rewarding.

As you hit the wards you’ll quickly realise there’s more to being a doctor than the day-to-day care of patients – that’s where the AMA (WA) Doctors in Training (DiTs) come in.

Internship is an amazing time – you’re seeing patients, making decisions and getting paid for it! People know you’re on your ‘P’ plates so they give you lots of support, plenty of guidance and a more gentle roster. But do you really need an internship? Does the current model of hospital-based exposure to general, surgical and emergency medicine offer benefit to you and the wider community? These are just a couple of the questions being asked in a current review of medical internships initiated by the federal government.

The review appeared to be set up with an agenda in mind and this was confirmed when the initial options proposed advocated for wholesale and radical change, despite a unified voice from doctors in training saying the current system actually works pretty well.

So who is the national voice for DiTs? Its the AMA’s Council of Doctors in Training (CDT). Just like AMSA was your national representative during medical school, CDT champions DiT issues like bullying and sexual harassment, training pipeline bottlenecks and the internship review.

CDT is made up of AMA DiT representatives from around the country and across the spectrum of medical disciplines, giving it a strong and considered platform for the advancement of DiT issues.

Locally, the AMA (WA) DiT Committee is your representative group. The committee meets monthly to discuss issues directly affecting DiTs and medical students, and is open to all DiT members of the Association. The committee has representation on a raft of internal and external committees to ensure the voice of DiTs is not just heard but also sought when decisions affecting us are being made. At the local level we have DiT representation on the AMA (WA) Council, Interhospital Liaison Committee, Council of General Practice and PMC (WA) Committees. On an national front, the AMA (WA) DiT Committee provides representation to the AMA’s Council of Doctors in Training (CDT).

The AMA (WA) DiT Committee has a proud reputation of being the strongest local advocate for hospital-based DiTs across the country. We tie in with the RMO Societies at each hospital to ensure we have a good understanding of ‘on the ground’ issues at all sites. In 2015, our key focuses have been access to leave, DiT welfare, changes to the DiT travel allowance and the upcoming negotiations for the 2016 AMA Industrial Agreement.

We also surveyed our members for their thoughts on current issues like access to leave, hospital culture and overtime (among many other aspects of hospital life) and published the responses as a ‘Hospital Health Check’. The results made difficult reading for hospital executives and the Department of Health but was a positive step towards solving many of the issues facing DiTs. We plan to re-survey next year to see what progress has been made.

Again, on behalf of the DiT Committee and the AMA we’d like to congratulate you on completing your studies and embarking on your medical career. There’ll be plenty of challenges ahead, but with those challenges will come opportunities to both grow professionally and to grow the profession. We’d encourage you to take an active part in your RMO Society, the PMC JMO Forum and the AMA DiT Committee. With your help we can continue our tradition of strong DiT involvement in 2016.
AMA(WA)
Intern Cocktail Function
Tuesday 23rd February 2016
6pm
Welcome from AMA Council of Doctors in Training Chair

AMACDT: Your Voice, Your Organisation

DR DANIKA THIEMT,
Chair, AMA Council of Doctors in Training

Congratulations! After many long years of study, late nights and stressful exams, you are here! Internship.

From both myself, and the entire Australian Medical Association, congratulations and welcome to the profession.

Internship is a great time. The elation of finishing your studies and the excitement to start your career is overwhelming, dulled only by those nerves that every first-time doctor has experienced. As you transition away from being a medical student and towards your professional career, you will start to leave the comforting embrace of AMSA and your medical student society. Just as these organisations were a part of your medical training, the Australian Medical Association and the Council of Doctors in Training is a part of being a doctor and we welcome you with open arms.

The elation of finishing your studies and the excitement to start your career is overwhelming, dulled only by those nerves that every first-time doctor has experienced.

The Australian Medical Association Council of Doctors in Training (AMA CDT) is your professional association, representing all medical practitioners in training. This includes all interns (you!) right up to fellows. AMA CDT advocate on a wide range of issues important to doctors in training, including medical training capacity and quality, doctors’ health, safe working hours, and health system funding. It’s through the AMA's advocacy, alongside AMSA, that increases in the number of internships have been achieved in recent years.

AMA CDT’s major concern is your training and your training experience. It is our job, as your organisation, to ensure that you experience the best prevocational and vocational medical training that the Australian health care system has to offer. It is our job to advocate for thorough and robust medical workforce planning to ensure that our workforce is sustainable and fulfilling the needs of our society. We will continue to fight hard to maintain the high quality of Australia’s medical education system as you progress throughout your training.

As the AMACDT Chair, it is my job to ensure that Doctors in Training are recognised as a crucial part of the medical profession and critical stakeholders in the Australian health system.

Most importantly, it is my job to ensure that AMACDT remains connected to and relevant to you, the junior members of our profession.

The AMA also speak out about important public health issues, including global health, climate change, alcohol related harms, and the social and environmental determinants of health. Have a look on the AMA website (www.ama.com.au) for our latest advocacy in these areas.

Ultimately, the AMA is only as strong as its membership. Help us to ensure that the Australian health care system has a bright future by becoming a member and standing alongside us.

Your intern year is as much for learning as it is for working. Don’t be afraid to slow down and take it all in – you have years of training ahead of you and you will look back on your internship with fondness. It may be difficult but just as you have made it through your training so far, you will make it through your internship and you will be a better doctor for it. Remember that even your bosses started their careers as junior doctors – it is all up from here!

Welcome to the professional and welcome to AMACDT. We wish you the very best of luck for your intern year and the bright futures you have ahead of you.
Some level of self-doubt is healthy

**DR KATHLEEN ROONEY**,
Intern, Sir Charles Gairdner Hospital

Consultant: So you doubt yourself?
Me: I doubt myself all the time (Why else would I take a band-aid dot with me every time I go to put a cannula in?)
Consultant: Good. You should.

While his response could be interpreted in a number of ways, I like to think he meant that a certain level of self-doubt is healthy in a doctor.

With what seemed like a constant flood of inpatients, this first term has offered an important lesson in taskjuggling and time management. The busy days have passed with varying degrees of consistency that go more or less like this:

See the patients. Work out the jobs. Prioritise the jobs. Do the jobs. Find someone to repeat the job because you did it wrong. Confirm that the jobs have been done. All the while, attempting to appease the volatile relationship I’ve developed with my pager.

To get everything done in a timely and efficient way it can feel as though you enter a zone where actions become automatic and your thought processes somewhat impersonal.

What I’m eternally grateful for, are the moments that pleasantly break this robotic mindset of intern routine. They happen surprisingly often, and I think of them as a welcome interruption to my bubble of self-perceived efficiency, whether they occur under happy circumstances or not.

Like the patient with aggressive metastatic cancer who would seek out a witty dialogue each time I saw him, despite his pain and knowledge that his life would end within the week. Or the elderly lady who was using the laminated hand-washing poster to frantically waft the air out of her room, because she had a visitor coming and had been particularly flatulent that morning. Needless to say, we both found ourselves laughing uncontrollably.

These first few months have also been invaluable to my understanding of many non-clinical matters. Learning to awkwardly navigate the intricate world of hospital politics – an all too important skill; complemented well by an introduction to the unavoidable realities and pitfalls of the healthcare system, and the restrictions placed on all those operating within it.

It has also been a powerful exercise in observation – there is so much to see and learn from the working environment. As new Interns we are pre-conditioned to endure continual evaluation by those around us. I think it’s important, however, to recognise that we are also at liberty to appraise those we work with – silently of course. The practising styles of more experienced doctors; the way colleagues interact with each other and how that can impact on outcomes, both clinical and non-clinical – these are all observations that can be used by junior doctors to define the type of clinicians we might hope to become, and perhaps even influence the manner of system we will help run in a decade’s time.
The junior doctor term has changed, and I find myself walking the halls of the newest kid on the block – Fiona Stanley Hospital – where the walls are clean, the paper is scarce, and I have been forced to come to terms with my poor sense of direction.

Thankfully, the only place I need to navigate at this stage is the Emergency Department (ED), a 70-bed hive of activity at all hours of the day and night.

ED is a variable feast: from the little old lady who has fallen over yet again, to the kid who's put something up their nose, to the drug-induced psychosis patient who makes you wonder why you ever decided to become a doctor.

But despite the variability in presentations, I think you could sum up the role of an ED Intern on any given day as follows – medical assessment of patients 20 per cent, communication with colleagues and patients 50 per cent, documentation 20 per cent, IV cannulation 5 per cent, food/coffee/toilet break 0-2 per cent, waiting for the blood gas machine to stop its cleaning cycle 3 per cent, whilst trying to hold your s*** together 100 per cent of the time. If you consider documentation as a form of written communication, this results in 70 per cent of a JMO’s time spent communicating with others in some form or another.

Effective communication: a necessity for junior doctors

**DR NATALIE SMITH**, Intern, Fiona Stanley Hospital

Effective communication is essential in modern medicine. Medical knowledge and skill are an important requirement, but if you can’t communicate your findings to anyone else, these skills become meaningless. This may sound simple, but what I’ve discovered over my short medical experience is that you have to tailor your information depending on who you are speaking to. This is not as simple as separating people by discipline or specialty, but is done on an individual basis.

As a junior doctor, you find yourself learning the likes and dislikes of different bosses, the little variances in their practice that if known ahead of time, can make your life a whole lot easier. The expectations of your role by one boss can be completely different to another, and at the end of the day, you can’t always win.

ED is somewhat unique, where you play a fun game called “convince the specialty to take your patient before they breach the 4-Hour Rule.” My ultimate failure at this game was epitomised when my 3am brain forgot the name of the olecranon when describing a fracture to the Orthopaedic Registrar – a moment of sheer panic and embarrassment, to say the least.

In a busy environment such as ED, it is easy to refer to patients by bed number or diagnosis, and forget there is a real person hidden underneath the disease. This kind of approach is detrimental to patient care, and to your own sanity as a medical practitioner. Prioritising good communication with patients and involving them in their own care, allows you to go home with a sense of fulfilment, rather than a book full of patient identification stickers with no meaning.

**Prioritising good communication with patients and involving them in their own care, allows you to go home with a sense of fulfilment …**
Insight into Intern-al Workings at Charlies, FSH & RPH

Shift work and rotating rosters yield poor fitness habits

DR JOE DERWORT, Intern, Royal Perth Hospital

Prior to starting my internship, I like many of my colleagues, had the seemingly simple goal of maintaining the same level of physical fitness I had enjoyed throughout my studies. I didn’t go into the year expecting that I’d end it with a six-pack, be able to run ultra marathons, or go 12 rounds with Pacquiao. I’d simply hoped that I’d at least be able to continue a similar level of physical health that I had managed to keep during med school. A few 8k jogs a week and a game of basketball or two was all I’d really need.

This has, however, proved to be a far more formidable task than I had previously given credit. All of a sudden, excuses seem to be getting in the way of heading to the gym or out for a run. I’ve started to miss weekly basketball games due to conflicts with my rostered shifts. I’ve started to consider a midnight McDonalds run on the way home from a late night ED shift to be perfectly acceptable. And it’s a steep, slippery slope. As I’ve developed these poor habits, I’ve found myself with less energy and less motivation – exacerbating the initial problem.

Doctors are commonly perceived to have a greater health status than the general population. In fact, to the contrary, junior doctors are at increased risk of developing poor mental and physical health.
People have developed different approaches to pursuing physical targets whilst working shifts. Fitness tracker technology utilising GPS such as fitbits and smartphone health applications have allowed us to track our every step during and after work. Those who have daily goals can incorporate physical activity during work and make up the remainder with afterwork exercise. While I haven’t yet jumped aboard this most recent fitness craze, they are devices that regularly reinforce a person’s health status. Simply tracking your own physical activity can allow you to isolate deficiencies in your regime, and prompt changes where possible.

While I haven’t as yet found my personal solution to the problem, I’ve isolated some key steps to maximise my capacity to exercise:

• Keeping on top of proper nutrition during the day, including adequate hydration, optimises the chance of a post-work run.
• Taking advantage of opportunities to exercise wherever possible.
• Combining socialising with team sport exercise is effectively like hitting two birds with one stone. This can, however, prove difficult to maintain with changing rosters.

It can be easy to use the job as a ready-made excuse to become physically inactive. Time constraints and exhaustion from workload and stress add fuel to the fire. However, it’s essential that we all take an active role in maintaining our physical and emotional wellbeing. While physical health may sound like a small aspect of life right now, it can become increasingly so if neglected for too long.

…”

… it’s essential that we all take an active role in maintaining our physical and emotional wellbeing.
CBA Premier Banking is the AMA (WA)'s trusted banking provider.

For more information about the AMA / CBA Premier Banking, contact:
AMA (WA) Membership on 9273 3055 or membership@amawa.com.au
or visit www.amawa.com.au
Join the AMA. The AMA is the only organisation that effectively advocates for the profession as a whole. Doctors in Training are particularly vulnerable because they don’t join organisations and are by nature a fragmented workforce. The AMA is the only organisation that will effectively advocate for you on issues like Intern places, training places, changes to training programs and issues with your employer.

Join an MDO. As a Doctor in Training, you are covered by the State Government’s Medical Indemnity Policy in relation to medical negligence claims made against you that arise from the provision of medical services to patients in the public health system. However, there are a number of exemptions that are not covered by this indemnity arrangement, such as:

- Coronial investigations
- Medical Board inquiries
- Royal Commissioners
- Disciplinary proceedings

Having your own top-up medical indemnity insurance is essential and gives you the security of knowing that you will have your own independent representatives providing you with assistance, support and legal advice.

Golden Rules for Interns – From Those Who Have Been There!

- Professional Services Review Committee investigations
- Hospital inquiries

Keep copies of documents such as your contracts of employment, overtime and call back claims, payslips and rosters and, of course, your leave application forms. It will enable you to cross-check issues and the AMA will need this information should it be necessary to pursue matters on your behalf.

Check your payslips. Doctors in Training have discovered many errors in their fortnightly payslips and the AMA has advocated on behalf of members to rectify those errors.

Help out your fellow Interns – swap shifts with them if you are able and you will be repaid with the same when you need it.

Treat your patients like people, not collections of diseases.

When you’re in your patient’s presence, don’t talk about them – talk to them. Educate your patients. This is part of helping them medically.

Don’t be afraid to ask for help. If you don’t find it with the first person you ask, ask someone else.

Respect each other. Be sure to respect all your fellow doctors and treat them all equally regardless of gender, race or age.

Care about your patients, but care about yourself too. Take time for lunch/coffee/a breath of fresh air!

Lack of experience doesn’t mean lack of talent. Ignore those who limit your abilities. Be the best doctor you can be.

If you believe you have something to say, then say it. Some Seniors don’t like being questioned, but often they’re the ones who need it most.

No task is beneath you. Helping tie a patient’s shoe laces, fetching them a glass of water, holding their hand when they cry. You are a fellow human being first and a doctor second. Be kind, patient and compassionate.

It’s OK to be nervous – being nervous reminds you that you are taking care of people who are sick, and you can’t be nonchalant about it.

Step back from time to time and realise how amazing your job is. You get to help people at the times they are most in need. Medicine is challenging, stimulating, complex, and most of all, very rewarding.

Take responsibility for your actions. If you haven’t ordered a test or performed an examination – admit it.

Take the time to establish rapport and trust with patients, their families and your colleagues throughout the hospital system.

If you’re sick take sick leave. If you come to work, you will be expected to perform at 100%. If you can’t, you will only cause yourself and your patients grief and you may also infect your colleagues.

If you encounter problems in the workplace, don’t let it fester. Talk to a trusted senior colleague, your peers, hospital administration or the AMA. Our Doctors in Training Committee representatives and staff are there to assist members with workplace issues.

MDA National
www.mdanational.com.au
What is Salary Packaging?
Salary packaging is a process where you restructure the way you take your salary in order to save tax. This process can effectively convert your current cash salary into a ‘package’ which includes both cash salary and payment of other benefits. Salary packaging doesn’t change the amount you’re entitled to, just the way in which you get paid.

The first step involves giving up a portion of your regular cash wage each pay period. Don’t panic! It’s a sacrifice that reaps rewards. By reducing your cash wage each pay cycle you are entitled to a reduction in the amount of income tax you pay on your wage.

Next, you convert the amount of cash salary that you have sacrificed into other benefits such as rent payments, car lease, utility bills – this makes up the difference for the amount of cash salary you sacrificed out of your regular wage.

The result is that you still get the same total amount of salary, but pay less tax – leaving more money in your back pocket!

What About Fringe Benefits Tax?
Fringe Benefits Tax is specifically designed to tax salary packaging arrangements. If you’re considering salary packaging, make sure you seek advice to make sure your arrangement is exempt from Fringe Benefits Tax or the resulting tax bill will most certainly wipe out any potential savings.

Salary Packaging Explained
Salary packaging can be a great way for doctors to get ahead financially but many don’t get around to organising it, or simply don’t realise how much they are missing out on.

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<th>Details</th>
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<th>Salary Package</th>
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<tr>
<td>Less: Amount Sacrificed</td>
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<tr>
<td>Taxable Income</td>
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<td>Net wages paid by hospital</td>
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<tr>
<td>Add: Reimbursement of amount sacrificed</td>
<td>–</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$54,244</strong></td>
<td><strong>$57,728</strong></td>
</tr>
</tbody>
</table>

In WA, there are two packaging providers who administer the arrangement on behalf of your employer and yourself. Specific information about how to sign up and what can be packaged can be obtained from these providers.

Need more information?
HCN 6444 5000  
hcn@health.wa.gov.au

Paywise 1300 132 532  
info@paywise.com.au  
www.paywise.com.au

Smart Salary 1300 476 278  
www.smartsalary.com.au
5 Reasons to Join AMA (WA)

1. **Advocacy**
   Contribute to shaping the future of your profession and the healthcare industry

2. **Workplace Relations Advice**
   Specialist industrial relations team at your disposal

3. **Industrial Support**
   Make sure you’re getting a fair deal in your pay and conditions

4. **Belong to a Strong Network**
   Be part of the most recognisable and respected peak medical association in Australia

5. **Member Events & Commercial Benefits**
   Get exclusive access to member publications, events and savings on products. A full list of our member benefits can be found at www.amawa.com.au

Visit [www.amawa.com.au](http://www.amawa.com.au) and complete the online application form.
The savings are up to
12% bigger
with us.

As an AMA (WA) member receive a discount of
up to 12% on all Hospital and Essentials cover.

- Discount is ongoing each year you retain your AMA (WA) membership
- Unsure if you’re receiving the AMA (WA) HBF discount? Contact the team at HBF
- From March 2015, on the death of a HBF Member, the spouse and dependents
  on the Membership will receive 6 months complimentary health insurance
- To access this exclusive discount, contact HBF’s AMA (WA) Corporate
  Membership team on 1300 132 549 or email corphealth@hbf.com.au

AMA members are required to quote their AMA membership number
which can be obtained from the AMA Membership Office: 9273 3055 or
membership@amawa.com.au
The AMA: A One-Stop-Shop for Doctors in Training – Professional and Industrial Services

Membership of the AMA gives you access to a comprehensive range of professional and industrial services including:

- Political advocacy
- Award negotiation
- Local industrial representation
- Member-only seminars, workshops and events
- Member-only communications, some specifically written for junior doctors
- Social and networking events
- Commercial benefits

**Political Advocacy**

The AMA advocates on behalf of Doctors in Training (Interns, Residents and Registrars) on a wide range of public hospital issues. Our priorities for 2016 include the availability of training positions, junior doctor access to leave entitlements and flexible work arrangements for trainees.

Specific to Doctors in Training, the AMA will be seeking to remind governments, the media and the public of significant shortages within the WA medical workforce and the consequent need to ensure that sufficient training positions are available to provide career pathways for Doctors in Training who can ultimately fill the gaps in the workforce. The AMA continues to advocate on behalf of DIIs in relation to employment entitlements and is closely monitoring resourcing for the new Fiona Stanley Hospital to ensure that the needs of Doctors in Training are met in the establishment of new facilities.

**Award Negotiation**

During 2013, the Association held negotiations for the next round of Industrial Agreements to cover all salaried medical practitioners. The AMA’s proud history of negotiating significant increases to salary rates and allowances has benefited salaried practitioners over many years, and you will now be a beneficiary of the work of our dedicated staff.

The Association consults extensively with Doctors in Training to identify priorities for each round of Award negotiations and you will have an opportunity to contribute directly to this process.

The next round of negotiations are due to commence by 1 April 2016.

**Local Industrial Representation**

Industrial officers can provide specialist advice and assistance to junior doctors on a range of issues including:

- Contracts and offers of employment;
- Disputes which arise during the course of your employment;
- Accessing your industrial entitlements including leave;
- Underpayment and overpayment of salaries;
- Assistance with disciplinary processes; and
- Complaint handling processes.

**Member Exclusive Events and Seminars**

Confirmed dates for these events in 2016 will be available on the AMA (WA) website: www.amawa.com.au

- Intern Cocktail Party
- CV and Interview Skills Workshop
- Getting Started in Clinical Research Workshop
- Risk Management and Medico-legal Obligations
- CPR for Members
- Completing a Death Certificate
- Volunteering and Working Abroad
- Medico-Legal Minefield
- Lifting the Veil on the Coroner’s Court
- Financial Planning for Young Doctors
- Myth Busters – Distinguishing Fact from Fiction

**Member Only Communications**

AMA members receive:

- Medical Journal of Australia
- Medicus
- Australian Medicine
- Industrial Updates
- E: DiT (National E Newsletter for Doctors in Training)
What are the ordinary hours of work under the Agreement?
A full-time practitioner’s ordinary hours of work are an average of 40 hours per week. Rostered hours worked shall not exceed 75 hours in 7 consecutive days and not more than 140 hours in any 14 day period. Practitioners shall be rostered for a minimum period of 3 hours and can be rostered for a maximum of 15 hours for a day shift. However, Practitioner’s starting work after 12 noon shall not be rostered for more than 12 consecutive hours. Practitioners will not be rostered to work split shifts.

How is overtime paid?
Paid hours in excess of 80 hours in any two week pay cycle shall be paid at the rate of 120%. Paid hours in excess of 120 hours in any two week pay cycle shall be paid at the rate of 125%.

What penalty rates apply under the Agreement?
- Hours worked between 6pm and 12 midnight on any weekday shall be paid at the rate of 120%.
- Hours worked between 12 midnight and 8am on any weekday shall be paid at the rate of 125%.
- Hours worked on Saturday shall be paid at the rate of 150%.
- Hours worked between midnight Saturday & 8am Monday shall be paid at the rate of 175%.
- Hours worked between midnight Saturday & 8am Monday shall be paid at the rate of 250% or if agreed at the rate of 150% with time off in lieu of the public holiday.

How much notice is the hospital required to give for rosters?
Practitioners shall be given a minimum of 7 days’ notice of rosters prior to their commencement. Except in cases of emergency, or if the practitioner agrees, rosters shall not be amended during their currency.

What are the rest break entitlements apply under the Agreement?
A practitioner shall be entitled to a paid rest break of 30 minutes within each rostered period of duty. If a roster period exceeds 10 hours then the practitioner shall be entitled to a second paid rest break of 30 minutes.

What do I calculate the applicable penalty rate?
If a practitioner works hours which would entitle that practitioner to payment of more than one of the monetary penalties payable (ie: public holidays, overtime, on-call and call back, shift and weekend work) only the highest of any such penalty shall be payable.

How much sick leave am I entitled to?
A full time practitioner shall be entitled to 80 hours sick leave per year which shall accrue from year to year. Sick leave in excess of two consecutive days shall be paid upon receipt of a medical certificate or reasonable evidence.

What is a meal allowance and when does it apply?
A practitioner who works more than 10 hours (exclusive of breaks) or is required to work overtime which means the practitioner takes a meal away from the usual place of residence is entitled to a meal allowance of Breakfast $10.30, Lunch $12.65 and Dinner $15.20 and supper $10.30. (NB: These rates are updated from time to time).

What are the parental leave provisions under the Agreement?
A practitioner who is the primary care giver is entitled to 14 weeks paid parental leave (which is included in the maximum 52 weeks unpaid parental leave after 12 months continuous service).

What are the long service leave provisions under the Agreement?
A practitioner shall be entitled to 13 weeks long service leave after ten years continuous service in the first instance and for subsequent service after each 7 years of continuous service.
Payment for Public Holidays

Hours worked on a public holiday shall be paid at the rate of 250%, or, if the practitioner and employer agree, at the rate of 150% and the practitioner shall be entitled to a day in lieu.

If a practitioner is rostered off duty on a public holiday, the practitioner shall be paid as if it was an ordinary working day, or if the employer agrees be allowed to take a day in lieu.

How much annual leave am I entitled to?

A full-time Practitioner shall be entitled to a minimum of 160 hours annual leave on full pay after 52 weeks continuous service. The entitlement accrues pro rata on a weekly basis. A practitioner may also accrue a maximum of 40 hours additional leave associated with performance of on-call or working ordinary hours on Sundays/Public holidays.

What are the on-call entitlements under the Agreement?

Practitioners at or below level 13 rostered ‘on call’ shall be paid an hourly allowance of $11.17 (from 1/10/2015). No practitioner shall be required to be on call more frequently than one day in three.

What are the call-back entitlements under the Agreement?

Practitioners who are ‘called back’ to work shall be paid a minimum of 3 hours as follows:

- For any work between 6.00am and midnight at the rate of 150%.
- For work on Sunday between 6.00am and midnight at the rate of 175%.
- For any work between midnight and 6.00am at the rate of 200%.
- If the call back period exceeds three hours, the practitioners shall be paid at the rate of 200% for each additional hour.

If a practitioner completes the work they were recalled for they are not obliged to remain at work for 3 hours, however if a practitioner is called out and recommences work within 3 hours of starting work on a previous recall, the practitioner shall not be entitled to a further minimum 3 hour payment.

Payment for ‘on call’ practitioners commences from the time the practitioner starts work. For those not on call, call back shall be paid from the time the journey back to work commences.

Please note that when you are paid for a call back you will be deducted the on call payment for the corresponding hours.

How much Professional Development Leave (PDL) am I entitled to?

A DIT is entitled to 3 weeks of PDL. One week of PDL is accruable (ie: if not used in that calendar year it will accrue to the next year). The other 2 weeks are non-accruing leave (ie: must be applied for in the calendar year). If you do not apply for the leave, you will lose it. If however, you apply for the leave (we recommend you do this early on) and the employer is not able to authorise that leave, it will accrue to the next year.

What are the notice provisions under the Agreement?

- For contracts of 12 months or less – 4 weeks’ notice.
- For contracts of more than 12 months but equal to or less than 2 years – 6 weeks’ notice.
- For contracts of more than 2 years but equal to or less than 3 years – 8 weeks’ notice.
- For contracts of more than 3 years – 12 weeks’ notice.

The responses detailed above are provided as a general guide only and must NOT be taken to be a definitive statement of the Agreement. Whilst every attempt has been made to ensure the contents of this summary are accurate, AMA (WA) and its Officers expressly disclaim liability for any act or omissions done in reliance on the information provided or for any consequences whether direct or indirect of any such act or omission.
## Doctors in Training – Salary Rates Guide

### Base and PDA (1st pay period on or after 1-Oct-15)

<table>
<thead>
<tr>
<th>Pay Level</th>
<th>Hourly rate</th>
<th>PDA</th>
<th>Fortnightly PDA</th>
<th>Overtime Hrs &gt;80</th>
<th>Hrs &lt;120 in fortnight</th>
<th>Hrs &gt;120 in fortnight</th>
<th>20%</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>250%</th>
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<tbody>
<tr>
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<td>$75,051</td>
<td>$35.97</td>
<td>$5,491</td>
<td>$210.52</td>
<td>$53.95</td>
<td>$71.93</td>
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<tr>
<td>RMO Yr 1</td>
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<td>$39.56</td>
<td>$5,491</td>
<td>$210.52</td>
<td>$59.35</td>
<td>$79.13</td>
<td>$7.91</td>
<td>$9.89</td>
<td>$19.78</td>
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<tr>
<td>RMO Yr 2</td>
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<td>$210.52</td>
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* PDA – Professional Development Allowance

All figures used in the above example have been rounded to two decimal places and should be used as a guide only.

### Composite Salary (Base + PDA) 1st pay period on or after 1-Oct-15

<table>
<thead>
<tr>
<th>Pay Level</th>
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<tbody>
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<td>Intern</td>
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<tr>
<td>Resident Medical Officer</td>
<td>$88,048 – $105,384</td>
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<td>Senior Registrar</td>
<td>$168,427 – $176,161</td>
</tr>
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</table>

* PDA – Professional Development Allowance

AMA (WA) Pay Calculator – Our Guide to your Fortnightly Pay

Think your pay may be incorrect? Utilise our Pay Calculator to get an estimate of your income for that particular fortnight.

Visit www.amawa.com.au
As an Intern, deciphering your payslip may seem like the least of your worries. However, the AMA (WA) recommends that you check your payslip each fortnight to ensure that you are being paid correctly.

Use the mock-up below to familiarise yourself with the payslips. The diagram also highlights the areas you need to keep an eye on each fortnight.

### NORTH METRO AREA HEALTH SERVICE

**Employee Name:** Pantelis, Leah  
**Send to:** PANTELIS, LEAH  
**Address:** 14 Stirling Highway  
**NEDLANDS WA 6009**

**Emp No:** CGNM123456  
**Payroll Date:** 11/01/2016  
**Address:** 14 STIRLING HIGHWAY  
**NEDLANDS WA 6009**  
**ABN No:** 123456789101  
**Period No:** 536  
**HR Contact:** HCN PAYROLL SERVICES  
**Telephone:** 1300 553 927  
**Full-Time Salary:** $75,051.00

#### 1. TAXED EARNINGS

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<th>Hours</th>
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<th>Description</th>
<th>Amount</th>
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</thead>
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<td>9.0</td>
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<td>9.0</td>
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<tr>
<td>10.0</td>
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<td>PENS 50%</td>
<td>179.85</td>
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<tr>
<td>8.0</td>
<td>26.9775</td>
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<td>0</td>
<td>0</td>
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<tr>
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<td>0</td>
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<tr>
<td><strong>Total</strong></td>
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#### 2. UNTAXED EARNINGS

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<tbody>
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#### 3. TOTAL TAXABLE EARNINGS

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</thead>
<tbody>
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</table>

#### 4. TAX

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<tbody>
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<td>TAXATION</td>
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#### 5. DEDUCTIONS

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</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
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#### 6. SUPERANNUATION

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<tbody>
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<td>SUPER Contributions NEW GESB SUPER WS6</td>
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#### 7. NET PAY

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<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
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</tbody>
</table>

### GENERAL INFORMATION:

**DISBURSEMENTS (BANKED)**

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<th>Bank Account</th>
<th>Amount</th>
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**LEAVE**

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<tr>
<td>LONG SERVICE LEAVE</td>
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<td>W</td>
</tr>
<tr>
<td>MED PRACT AL ADDIT LVE</td>
<td>3.00</td>
<td>H</td>
</tr>
<tr>
<td>PROF DEV LV ACCRUING</td>
<td>0.15</td>
<td>H</td>
</tr>
<tr>
<td>PROF DEV LV NON-ACCRUE</td>
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<td>H</td>
</tr>
<tr>
<td>SICK LEAVE – FULL PAY</td>
<td>3.06</td>
<td>H</td>
</tr>
<tr>
<td>TOIL PUBLIC HOLIDAY</td>
<td>0.00</td>
<td>H</td>
</tr>
</tbody>
</table>

**O/CALL M/OFF**

On call allowance for junior doctors

**P/HOL OBSERV**

Public holiday (observed) when rostered off duty on public holiday, paid as if the day was an ordinary working day

**SLFP NO MC**

Sick leave with no medical certificate on full pay

**SLWOP NO MC**

Sick leave without pay with no medical certificate

### Comments

- Are your base hours correct? Check against your roster. The AMA (WA) advises that you keep copies of your rosters in case of any pay dispute.

- Are you shift penalties been calculated correctly?

- Have you been paid appropriately for public holidays?

- Professional Development Allowance for Interns is $210.52 as at October 2015

- Are your leave balances accruing each fortnight?

- Are any deductions in leave correct?

The legend below explains the most commonly used codes you may find on your payslip.

- **BASE HOURS**
  Base hours – as a full time employee this ought to be 80 hours per fortnight (minus any observed/working public holidays)

- **PROF DEV ALL**
  Professional development allowance

- **PENS 20%**
  Penalty of 20% for working between 6pm and 12 midnight on any weekday

- **PENS 50%**
  Penalty of 50% for hours worked on a Saturday

- **PENS 75%**
  Penalty of 75% for hours working between midnight Saturday and 8am Monday

- **U/R O/T 1.5**
  Overtime (unrostered) for hours worked in excess of 80 hours per fortnight paid at 150%

- **U/R O/T 2.0**
  Overtime (unrostered) for hours worked in excess of 120 per fortnight paid at 200%

- **O/T 1.5**
  Rostered hours worked in excess of 80 hours per fortnight paid at 150%
As an AMA (WA) member service, our Industrial Team can provide one-on-one assistance relating to identified salary and entitlement errors (including underpayment and overpayment).

If you are experiencing problems in rectifying pay errors, you can have the issues dealt with by following these steps:

- Check that your pay is correct/establish there is an error by utilising the Pay Calculator on the AMA website;
- Having established that there is an error, approach your hospital payroll to verify the error and seek their assistance in correcting the error. Be sure to follow up any verbal contact in writing;
- After having verified the error with hospital payroll, seek payroll assistance in having the error corrected by HCN. If hospital payroll does not/is not willing to assist you, approach HCN directly and seek a correction of your payroll error. Be sure to follow up any verbal contact in writing;
- Keep records of all contacts made or attempted with hospital payroll and HCN;

If you are not able to make any progress after having followed this process, please contact the AMA (WA) Industrial Team on 9273 3000 to assist you or email mail@amawa.com.au.
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sales@amamedicalproducts.com.au
+61 8 9273 3022
Facebook: amamedicalproducts
Twitter: @amamedicalprods
For well over a decade, AMA Medical Products has worked hard to develop a solid reputation as a market leading supplier and distributor of high quality medical products. Keen to fortify its national footprint, the organisation has now launched a modern, user-friendly e-commerce store.

“Establishing an online presence has been a key part of our growth plan,” said AMA Medical Products General Manager, Anthony Boyatzis.

“And we are proud of the final result – a portal that has been designed for ease of use, and which incorporates best-practice, user-friendly features that we have come to expect from modern e-commerce stores.”

Continually expanding product range
The new online store provides the medical profession, including practice managers, nurses, and GPs across the country with an unparalleled range of products, which is being updated weekly – all from a single trusted supplier.

The major product categories of equipment, consumables, and surgical instruments as well as vaccines and pharmaceuticals remain comprehensive, while the medical textbook range has also been updated.

“The efficiency and scale of our e-commerce store means that we are able to buy our products at attractive prices, and pass those cost efficiencies onto our clients.”

Mr Boyatzis said.

Exclusive access
The new AMA Medical Products online store will also continue to be the exclusive distributor of some of the most highly-regarded local and international medical products manufacturers.

“We are the exclusive or preferred distributor for industry leaders including Patterson’s Medical, InterAcoustics, Cardiac Science, Welch Allyn and Vitalograph,” Mr Boyatzis said.

“By building relationships with leading international manufacturers who do not market their products in Australia, we provide clients with world-class products, to which they might not otherwise have access.

“This approach has seen us partner with manufacturers including EDAN Instruments from China and NUUBO of Spain.”

An Australia-wide network
AMA Medical Products is a truly national medical supplies distribution network. This means whether you are in Perth, Cairns, Byron Bay, Adelaide or anywhere in between, you will have access to the best quality and widest range of products possible.

“We have built a strong reputation in WA, and the rest of Australia, as a trusted supplier of medical products. Now, with the launch of our new e-commerce store, we bring our service delivery into the 21st century, providing practice managers, GPs and medical professionals with a contemporary, user-friendly experience,” Mr Boyatzis said.

The AMA Medical Products online store is www.amamedicalproducts.com.au.

For more information, the toll free number is 1800 626 292 and a direct line to the Customer Service team is (08) 9273 3022.
Financial Services

AMA Financial Services is a wholly owned Subsidiary of the Association offering quality products tailored to the needs of the Member, in the areas of Insurance, Superannuation and Financial Advice.

Of particular interest to Interns would be:

- Income Protection – covering your most important asset – your ability to earn an income
- Travel Insurance – both Single and Multi Trips
- Legal Expenses – just in case – includes cover as a Salaried Practitioner

For all your needs contact AMA Financial Services 1300 763 766 or visit www.amafinancialservices.com.au

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Looking to gain some management skills?

AMA Training Services offers a nationally accredited course – Diploma of Leadership and Management (BSB51915) that can be completed over a two to three year period on a pay as you go basis.

Diploma of Leadership and Management

Course Content: Total 12 Units of Competency

4 Core Units of Competency below:
- BSBLDR501 Develop and use emotional intelligence
- BSBMGT517 Manage operational plan
- BSBLDR502 Lead and manage effective workplace relationships
- BSBWOR502 Lead and manage team effectiveness

8 Elective Units of Competency (additional units available):
- BSBCUS501 Manage quality customer service
- BSBMGT502 Manage people performance
- BSBMGT516 Facilitate continuous improvement
- BSBHRM405 Support the recruitment, selection and induction of staff
- BSBINN502 Build and sustain an innovative work environment
- BSBRSK501 Manage risk
- BSBWOR501 Manage personal work priorities and professional development
- BSBPMG522 Undertake project work

Self Paced Learning
This is an ideal model for people to achieve the qualification. Work at your own pace and complete within a nominal duration of between 24 to 36 months (or earlier).

2016 SPECIAL MEMBER PRICE $4,950
Prescribing 101

Not much changes between your last day as a medical student and first day as an Intern – apart from the title! There is no profound change in knowledge base or skill set.

But your most important accessory is your pen. Black or Blue is best. Avoid other colours unless you want to battle it out with a pharmacist.

Now you prescribe because you have to, so here are some quick tips to help get you scribbling safely.

The Medication Chart
- Front page – single does medications (eg resus drugs)
- Front page – telephone orders. Utilise this on your ward cover shift when you can’t get to a patient straight away. Don’t forget to ask about allergies before prescribing.
- Inside of medication chart
  - Variable dose medications (most commonly gentamicin)
- The patient’s regular medications
- Back page – PRN medications. Do your colleagues a favour and put some pain relief, anti–emetics and aperients for all your patients on admission. When prescribing PRN medications, you should also include an indication in the space provided.

The Anticoagulation Chart
- DVT prophylaxis should be considered in every hospitalised patient.
- Common reasons NOT to give prophylaxis include;
  - Bleeding
  - Anticoagulation for another cause
- The front of chart – single dose drugs, prophylaxis orders and therapeutic anticoagulation orders.
- The middle sheets – heparin infusion including dosing strategies for VTE and ACS.
- The back sheet – LMWH recommendations for dosing, Warfarin recommendations for dosing AND reversal.

A Legal Order
For a medication to be given safely in a hospital it must have a legal order – if done correctly this will also save you precious time.

A legal order consists of:
- PATIENT – Check the label (and if you start a new chart, place a sticker on it).
- ROUTE – IV/PO/inh. This will depend on whether the drug is bioavailable for the given route. For example, naloxone is not bioavailable via oral route. Some drugs come in multiple oral formulations i.e. Oxycodeone TABS vs CAPS (S8 prescriptions need to be very specific!).
- DRUG – Use generic names (it helps everyone out).
- DOSE – With correct unit of measure. If you use (ii) then you must write the strength of the tablet next to the name.
- TIME/FREQUENCY – Date with 24 hour times. You must write the times in the boxes provided.
- YOUR SIGNATURE AND PRINTED SURNAME – The prescriber must be identifiable for an order to be valid.

IMPORTANT TIP – All prescriptions should be written in a legible manner.

Prescribing Checklist
1. Allergies – What are they? Could it be a side effect? Will other drugs in that class affect the patient?
2. Admission – Why have they been admitted? If they have been admitted with syncope from postural hypotension then withholding their antihypertensive may be necessary.
3. Bloods – Do they have any renal or liver dysfunction? Is it iatrogenic? Eg Flucloxacillin causing liver dysfunction and worsening renal function due to Vancomycin. So you need to adjust the dose due to impaired renal function?
4. Check Obs – This may prompt you to withhold or commence new medication.
5. DVT – Do they need prophylaxis or do they need anti–coagulants withheld? Most surgeons have their own preferred anti–coagulant regime – ask the Registrar.
6. Drug Boffins – When stuck or unsure ask the pharmacist. They are very approachable and know more about medications than the doctors (unless pharmacy was your undergrad – if so everyone will ask you instead).
7. Extra Tests – Some drugs will require that the patient have a drug level or blood test following administration. Eg gentamicin and warfarin. Don’t forget to submit the path forms in advance.
8. Oxygen charts are here to stay and need to be renewed regularly. If your patient has COPD do NOT give unrestricted oxygen and aim for sats 88–92%.
**General Tips**

- Check the med chart of your patients everyday on the ward round. It sounds silly but it's hard to remember everything on a busy ward. Stop things that are no longer required and rewrite any changes clearly with the new date.
- Check on Friday afternoons that your patients' charts have enough room for the weekend – ward call should not have to do your rewrites.
- Fill variable dose medication amounts in before going home (ward call also hates doing this).
- Let the nurse know when you start a new medication. Their daily nursing plan is done before rounds so they won't know if you have started something new.
- Therapeutic Guidelines rocks. If unsure about the dosing or drug then look it up.
- The PBS website will become your friend in organising discharge scripts. Look out for streamline codes that will save you time on the phone and prevent the pharmacist having to hound you.
- Do your discharge scripts on Friday if the patient is going home on the weekend (ward call hates doing this too).
- Don't forget IV fluids! While not a medical prescription per se, they are still ongoing therapy that requires review.

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### REGULAR MEDICATIONS

<table>
<thead>
<tr>
<th>Year 20–16</th>
<th>Date and Month</th>
<th>DOCTORS MUST ENTER administration times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Medication item description</td>
<td>Day</td>
</tr>
<tr>
<td>7/10</td>
<td>Paracetamol</td>
<td>PO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VARIABLE DOSE MEDICATION**

<table>
<thead>
<tr>
<th>Year 20–16</th>
<th>Date and Month</th>
<th>Route</th>
<th>Dose</th>
<th>Frequency</th>
<th>Time intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10</td>
<td>GENTAMICIN</td>
<td>IV</td>
<td>240mg</td>
<td></td>
<td></td>
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</tbody>
</table>

**ADULT INITIATION DOSING FOR WARFARIN – TARGET INR 2-3 – For Guidance Only**

<table>
<thead>
<tr>
<th>Day</th>
<th>INR</th>
<th>Suggested Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&gt;3</td>
<td>5 mg</td>
</tr>
<tr>
<td>2</td>
<td>&gt;1.5</td>
<td>5 mg</td>
</tr>
<tr>
<td>3</td>
<td>&lt;1.5</td>
<td>5 mg</td>
</tr>
</tbody>
</table>

**VTE Prophylaxis**

- **ENOXAPARIN**
  - **Route:** Subcut
  - **Dose:** 40 mg SC DAILY

### REGULAR DOSES – PROPHYLACTIC DOSES (Subcutaneous and fixed dose oral anticoagulants)

<table>
<thead>
<tr>
<th>Year 20–16</th>
<th>Date and Month</th>
<th>Route</th>
<th>Dose</th>
<th>Frequency</th>
<th>Time intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/11</td>
<td>Enoxaparin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/11</td>
<td>JH</td>
<td>BAKER</td>
<td>6192</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Note: This dosage regimen takes about 6 days to achieve therapeutic INR, longer in those under 60 years. Consider dose modifications in the presence of interacting drugs. INR testing is recommended at morning blood rounds. Warfarin/Anticoagulant in use.
To request an application package for the 2016 – 2017 Medical ID Card

telephone 9273 3055 or email membership@amawa.com.au

The card is only available to financial members of the AMA.
Internship 101 – Junior Doctor Wellbeing

DR ROSALIND FORWARD, (Intern, DiT Committee)

Congratulations on making it to your internship! As you start work, you will find life is changing in a big way.

You have gone from being the big fish (most senior medical student) in a little pond (university), to being a little fish (intern) in a big ocean (the health system) and this leaves you vulnerable as you return to the bottom of the food chain. It is therefore critical at times such as these that you take care of yourself and your peers, physically, mentally and socially.

Junior doctors play a key role in the health system and the care for patients. Without us patients don’t get their medications charted, discharge scripts, or discharge summaries. We are the eyes and ears on the floor – we pick up what’s going on and relay it up the chain; we are the translators providing patients information which they can actually understand, as most find the ward round too intimidating and too fast to ask questions about what is going on or what those big words the consultant said actually mean; we improve patient understanding; and, provide a little bit of compassion, helping bridge the patient-doctor gap.

The demands of junior doctors are unending – there are always more tasks to be done, and when you are the little fish, it is much harder for you to say no, stand up for yourself or ask for help, which can have a huge impact on your health.

We all think that we will be fine or it won’t affect us, but you will be working in a high stress environment where all the bugs are at their strongest.

Here are a couple of handy tips to keep you physically and mentally well:

- Keep hydrated – carry a small water bottle/or have one handy in the doctors room
- Try and eat regularly and healthily – keep healthy snacks in your pocket
- Have lunch when you can
- Make a large meal and freeze portions for lunch/dinner on other days – this way you don’t have to cook as often
- Keep the nurses on side – professionally and socially
- Try and get some exercise – team sports and activities are great as you can motivate each other but can be hard if you are doing shift work so have some other buddy activities
- Have your own GP
- If you need to see your doctor make an appointment and just leave work (take your half day!!)
- If you are unwell stay home, the hospital will function without you (and you will not be passing bugs onto others)
- Treat yourself to something special occasionally
- Ask your colleagues for help – and listen to their concerns
- Let your team members know you are struggling or needing some more support/guidance
- Prioritise your tasks – you will never get everything done
- Accept that some things may not be as detailed or thorough as you would like
- Keep up some sort of nonmedical activity or social group

If you are feeling stressed, overwhelmed or not sure what to do – support is available.

Good luck – you will love it!
When you’re focused on a career in helping others with their health, it can be hard to admit when you need help yourself.

It’s important to recognise the signs that you or a fellow colleague might be experiencing stress or mental health problems. If left untreated, stress and acute distress can lead to depression and anxiety disorders, severely impacting on your mental and physical health.

The good news is that there are many types of effective, easily accessible supports and treatments available. Help is out there, so nobody should be afraid to ask for it.

**Depression**

Depression is more than just a low mood – it’s a serious illness. 1 in 6 Australians will experience depression in their lifetime, but with the right treatment most people recover.

**How do you know if a person is depressed and not just sad?**

A person may be depressed, if for more than two weeks they have felt sad, down or miserable most of the time, or lost interest or pleasure in most of their usual activities, and experienced some other symptoms which include:

- No longer going out
- Poor attendance at work
- Withdrawing from friends and family
- Relying on alcohol and sedatives
- An inability to concentrate
- Feeling overwhelmed, irritable, frustrated or indecisive
- A loss of confidence
- Physical symptoms including constant tiredness, headaches, muscle pains and sleep problems
- Significant weight loss or gain

**Recommended Depression & Anxiety Support Services**

- **Doctors Health Advisory Service**
  http://dhas.org.au/
  Provides personal advice to medical practitioners facing difficulties.

- **Beyond Blue**
  www.beyondblue.org.au
  Information on depression, anxiety and related disorders, available treatments and where to get help.

- **Mental Health in Multicultural Australia**
  www.mmha.org.au
  Mental health information for people from culturally diverse backgrounds.

- **Blue Pages**
  www.bluepages.anu.edu.au
  Information about depression compiled by the Australian National University’s Centre of Mental Health Research.

- **Lifeline**
  www.lifeline.org.au
  24/7 crisis support and suicide prevention services

- **AMA WA (and DiT group)**
  www.amawa.com.au
  Can help you with everything from unfair rosters, unpaid overtime and workloads.

- **JMO Health Site**
  http://www.jmohealth.org.au/
  Case studies, assessment tools, strategies, links to more help.

- **WorkSafe WA**
  Great tools on stress, bullying, aggression.

- **Act, Belong Commit**
  www.actbelongcommit.org.au/
What would you do if you knew your pay was wrong? Or you were worried about your employment contract? What if your employer tried to vary/amend your existing contract? These things do happen. Who will you turn to if it happens to you? Below are examples of actual cases that doctors have had to deal with and how the AMA helped them.

### Junior doctor’s pay dispute

Dr Jane Weston* had been rostered for 76 hours during a fortnight in which a public holiday fell. Although her employer paid her correctly in accordance with the clause relating to Public Holidays, they failed to pay her in accordance with the Payment of Overtime clause which required them to pay her for 4 hours at the penalty rate of 150%.

**As a member of the AMA Dr Weston was able to access the following:**

- Assistance in raising the matter with both the HCN and the Health Industrial Relations Service
- Requiring the employer to comply with the overtime provisions of the Agreement

**How did AMA membership benefit Dr Weston?**
The AMA ensured that the error was rectified and Dr Weston received the outstanding amount of pay.

### Concerns about a proposed contract of employment

Dr Marie Thomas* was offered a position at a regional hospital but had some concerns about the provisions contained in her proposed contract of employment in relation to:

- **Salary**
- **On call allowance**
- **Accommodation arrangements**

**As a member of the AMA Dr Thomas was able to access the following:**

- A detailed review of the contract
- A comparison of the terms of the contract with the current industrial agreement
- The drafting of a comprehensive letter to the hospital outlining areas of deficiency in the contract

**How did AMA membership benefit Dr Thomas?**
As a result of the advice provided by the AMA, Dr Thomas received an employment package which met with her satisfaction and was consistent with the provisions of the Industrial Agreement.

### Secondment issues

Dr Brian Collins* had agreed to be seconded to a Regional Hospital as part of his next term rotation. During his current rotation he was rostered to work nightshift and would not conclude his final shift until Sunday morning. Dr Collins was required to commence work at 0800hrs on Monday. The Department in which he was working was not prepared to vary the roster and neither was the Regional Hospital. Dr Collins had tried to swap his last shift.

**Medical Administration advised that there was no reliever available but did not provide any other alternative nor took the issue up on behalf of Dr Collins.**

**As a member of the AMA Dr Collins was able to access the following:**

- The AMA immediately made contact with Dr Collins’ employer and spoke with the Director of Clinical Services

**How did AMA membership benefit Dr Collins?**

- The Hospital acknowledged their responsibility in resolving the matter
- Dr Collins was provided with sufficient time to recover from the night shift, sufficient time to travel to the Regional Hospital and was not financially disadvantaged as a result of not being able to commence with the Regional Hospital on the Monday

*The above are real cases but all names have been changed.*

### No membership – no free help

In all of the above examples, the help and services the doctors received were provided free of charge because they were all members of the AMA. If they hadn’t been members of the AMA, the Association would have referred them to a private solicitor for legal advice and assistance who would have charged commercial rates.

For more information regarding our Non-Member Policy, visit [www.amawa.com.au](http://www.amawa.com.au)
AMA (WA) Junior Doctor of the Year 2016
(Dr Camille Michener Legacy Award)

The annual AMA (WA) Junior Doctor of the Year (Dr Camille Michener Legacy Award) was inaugurated in 2010 to recognise the exceptional contribution of Dr Michener to the medical profession, her colleagues and the patients she felt privileged to serve.

The Award recognises the significant and outstanding contribution of our Doctors in Training in the areas such as teaching and education; leadership and advocacy; and doctor’s wellbeing and community service. These were all activities and values significant to Camille.

The Award establishes a fitting legacy to all that Camille achieved in her short time with us and will ensure that we celebrate the ongoing contributions that our Doctors in Training make amongst their colleagues, the profession and in and for the Community.

In 2015, the Award recipient was Dr John Zorbas. An inspirational leader, Dr John Zorbas established the RMO Society at Joondalup Hospital and was elected its inaugural President. Dr John Zorbas is a leading advocate in Western Australia for pursuing good working conditions for Doctors in Training.

The winner of the Award receives a cheque for $3,000 to assist with further professional development.

For further information, or to submit a nomination, visit http://camille.amawa.com.au.

Do you know a Doctor in Training who has made an exceptional contribution to the medical profession?

We will be calling for nominations in early 2016, so if you know a Doctor in Training who meets the criteria consider nominating them!
Contacts

**Australian Medical Association (WA)**
14 Stirling Highway
Nedlands WA 6009
08 9273 3000
membership@amawa.com.au

**Australian Health Practitioner Regulation Agency (AHPRA)**
Level 1, 541 Hay Street
Subiaco WA 6008
1300 419 495

**Health Corporate Network (HCN)**
81 St Georges Terrace
Perth WA 6000
08 6444 5000
HCN@health.wa.gov.au

**Postgraduate Medical Council of Western Australia (PMCWA)**
Level 1, B Block
189 Royal Street
East Perth WA 6004
08 9222 2125
PMCWA@health.wa.gov.au

**Royal Perth Hospital**
197 Wellington Street
Perth WA 3000
08 9224 2244

**Fremantle Hospital**
2 Alma Street
Fremantle WA 6160
08 9431 3333

**Sir Charles Gairdner Hospital**
Hospital Avenue
Nedlands WA 6009
08 9346 3333

**Fiona Stanley Hospital**
102-118 Murdoch Drive
Murdoch WA 6150
08 6152 2222
AMA (WA) BENEFITS AND SERVICES ACCESS POLICY

One of the main roles of the AMA (WA) is to protect and support the individual and collective needs of our members’ workplace and industrial interests.

The AMA (WA) is not a government funded organisation. The work done on behalf of members is funded by the collective annual subscriptions of the Association’s membership. These funds are directed into activities and services that directly benefit members and align with the goals and objectives of the Association.

Membership subscriptions allow the Association to employ skilled and experienced staff who protect members’ interests, defend their rights and improve their workplace terms and conditions. There are no resources available to help doctors who have not joined the Association.

Clearly, most WA doctors are aware that non members benefit from many of the Association's activities. These include important representations such as the improved pay and conditions that come from AMA (WA) negotiated salaried agreements and securing Government funding for improved private practice infrastructure.

However, non members are not eligible to receive AMA benefits and services. This includes the invaluable service of one-on-one assistance when a member encounters problems in the workplace. At some time in their career, most WA medical practitioners face a workplace dispute or problem of some sort. This could be a bullying colleague or manager, an error in pay or leave entitlements, an unjust accusation, issues with management directives, undergoing Medicare review, private practice partnership issues or a range of contractual disputes. Only AMA members have the security of knowing they can access the Association's expert staff and extensive resources to deal with such a problem.

As the Association does not provide assistance to non members, it is in your interests to join before a problem arises. In the same way that no-one expects to buy insurance for a car that has already been written off, there should be no expectation that the AMA (WA) will assist in resolving a pre-existing problem. If you join in good faith and a workplace or industrial issue subsequently arises, you will receive the Association's full support – even if you have been a member for only a short time. There is no waiting period for problems that arise after you join.

New Members Joining with Pre-existing Problems:
The AMA (WA) Council, while encouraging all medical practitioners to join the Association and enjoy the benefits that membership provides, is committed to imposing strict limits on the access to membership services of those who seek to join the AMA with pre-existing problems and unresolved disputes.

The AMA (WA) Benefits and Services Access Policy provides guidelines which ensure that the highest standard of workplace and industrial advice is provided on an equal basis to all financial members.

1. Non members are not eligible for assistance
2. Non members are not eligible to access any member benefits or services
3. Where a medical practitioner joins the AMA and a problem develops after the date of joining, then the member shall be entitled to advice and assistance immediately
4. Where a medical practitioner joins the AMA, that member is eligible to access all member benefits other than the Fellowship Examination discount on the membership subscription (requires 3 years prior membership)
5. Where a non member seeks advice about an existing problem or a member seeks assistance in relation to a problem that arose prior to the time they joined the AMA, no assistance will be granted (save that advice may be given in exceptional circumstances), subject to the provisions of Point 6 below
6. In the interests of progressing the objectives of the AMA, a special exemption may be granted at the discretion of an authorised Executive staff member whereby Point 5 may be waived in whole or in part

New members with pre-existing problems and disputes will be offered the following options for assistance:

1. Initial advice through consultation with an AMA (WA) Executive Officer
2. Referral to an appropriate outside Agency if one exists
3. Full or partial assistance may be provided at the discretion of an authorised Executive staff member in special circumstances where more than one member is affected by a workplace or industrial problem or circumstances otherwise evident (e.g. mental health), depending on the nature of the issue

For Point 3 above to be considered, it is incumbent upon the non member to disclose the nature of any existing problems or disputes at the time of making application to membership. Failure to do so may result in any subsequent approach to an authorised Executive staff member, under the provision of Point 3 above, failing a discretionary ruling.

Unfinancial Members

Unfinancial members are not entitled to any workplace or industrial assistance or access to any member only benefits or services until such time as they pay the annual subscription and any arrears.

November 2015